



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH ANNUAL HEALTH SECTOR PERFORMANCE REPORT 2023/24



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ANNUAL HEALTH SECTOR PERFORMANCE REPORT FINANCIAL YEAR 2023/24

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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
CAST	Community Awareness Screening and Testing
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CSO	Civil Society Organization
CHEW	Community Health Extension Worker
DHIS	District Health Information System
DPTHibHep	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
HCDP	Human Capital Development Programme
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
IMAM	Integrated Management of Acute Malnutrition
IMMR	Institutional Maternal Mortality Rate
IMR	Infant Mortality Rate
IP	Implementing Partner
IPMR	Institutional Perinatal Mortality Rate

IPT	Intermittent Preventive Treatment for malaria
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
JMS	Joint Medical Stores
JRM	Joint Review Mission
KCCA	Kampala City Council Authority
KRA	Key Result Area
LG	Local Government
LLIN	Long Lasting Insecticide Treated Net
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
NTDs	Neglected Tropical Diseases
OPD	Out Patients Department
PHC	Primary Health Care
PHP	Private Health Providers
PMTCT	Prevention of Mother-to-Child Transmission of HIV
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
TB	Tuberculosis
THE	Total Health Expenditure
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
UVRI	Uganda Virus Research Institute
VHT	Village Health Team
VLS	Viral Load Suppression
WHO	World Health Organization

Foreword



I commend all health workers in Uganda from the public and private sector for the resilience and commitment towards delivery of quality health services amidst all the health system challenges and recurring Public Health Emergencies.

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 2023/24 is the fourth report during the NDP III period. The report compilation process is joint involving all key stakeholders and will be presented and discussed at the 30th Joint Review Mission in October 2024.

On behalf of the Ministry of Health I would like to sincerely appreciate the contributions of the various Ministries, Departments and Agencies, Health Development Partners, the Civil Society Organizations, Religious Organizations, Cultural Leaders, the Private Sector and the Community in implementation of the National Health Strategy as elaborated in the Human Capital Development Program Implementation Action Plan under the NDP III and related health institutions strategic plans. The Uganda Demographic Health Survey 2022 findings show that we are making remarkable progress towards reducing maternal and child morbidity and mortality, however, we are having emerging challenges like the growing burden of Non-Communicable Diseases and injuries. I, therefore, urge all stakeholders in the health and non-health sectors to embrace and strengthen the existing partnerships, multi-sectoral collaboration and coordination mechanisms and continue supporting the health sector on our journey to Universal Health Coverage.

I commend all health workers in Uganda from the public and private sector for the resilience and commitment towards delivery of quality health services amidst all the health system challenges and recurring Public Health Emergencies.

The Ministry of Health will continue providing the necessary strategic direction and advocating for increased Government of Uganda health spending to reduce out of pocket health expenditure and the resultant catastrophic health expenditure.

This report provides evidence-based data and therefore should be widely disseminated and utilized for policy dialogue, advocacy, planning, operational research, resource mobilization and allocation to the health sector.

For God and My Country

Hon. Dr. Jane Ruth Aceng Ocero

MINISTER OF HEALTH

Acknowledgement

In line with statutory requirements, Government reviews the annual performance of the health sector to assess progress on agreed outputs, performance of the health sector and come up with strategies and recommendations on how to improve health care service delivery.

The annual Health Sector Performance Report for Financial Year 2023/24 provides progress of the overall health sector performance against the NDP III Key Result Areas as well as the MoH Strategic and operational plans.

Sector performance cannot be improved and sustained without the dedicated efforts of all categories of health workers, working under sometimes challenging conditions, especially in the rural and hard-to-reach areas of the Country. I commend the dedicated and productive health workers, and I implore those health workers whose work ethic, behaviour and conduct hold back the sector progress, to improve.

I wish to thank the Health Policy Advisory Committee members for always giving policy guidance to the sector and for their contribution in the compilation of this report and preparation of the Joint Review Mission.

Special gratitude goes to the Ministry of Health Planning, Financing and Policy Department for the technical leadership, the JRM Task Force and Secretariat that ensured that this annual report was compiled in time. I would also like to thank the Clinton Health Access Initiative (CHAI) for the support during the report compilation workshop.



Dr. Diana Atwiine
PERMANENT SECRETARY



“ I wish to thank the Health Policy Advisory Committee members for always giving policy guidance to the sector and for their contribution in the compilation of this report and preparation of the Joint Review Mission.

Executive Summary



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This Annual Health Sector Performance Report for Financial Year (FY) 2023/24 is the fourth in the National Development Plan (NDP) III period and it mainly focuses on the progress in implementation of the respective institutional 5-year Strategic Plans and Ministerial Policy Statement sub-programme priorities for FY 2023/24. The report will be presented and discussed by all stakeholders during the 30th Health Sector Joint Review Mission (JRM) in October 2024. The report and JRM recommendations captured in the Aide Memoire will guide planning, programming and budget allocation for the next FY 2025/26.

The Human Capital Development Plan (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”; and the KRAs are increased life expectancy, reduced neonatal, infant, under 5 and maternal mortality, and reduced fertility rate. The vision of Uganda’s health sector is “A healthy and productive population that contributes to economic growth and national development”.

The projected population for the year under review was 47,438,078 including 1,702,278 known refugees.

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

NDP III KEY RESULT AREAS

At goal level life expectancy at birth has increased from 63.7 years in 2014 to 68.2 years in 2024 barely short of the NDP III target for the year of 68.7 years. This is attributed to improvement in childhood mortality rates as they core in determining the life expectancies at birth, as well as increased effectiveness of other health and welfare interventions.

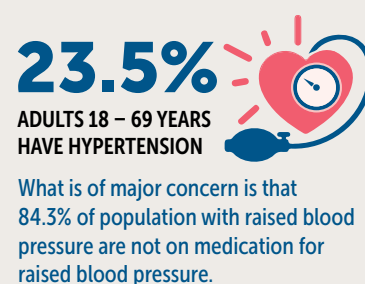
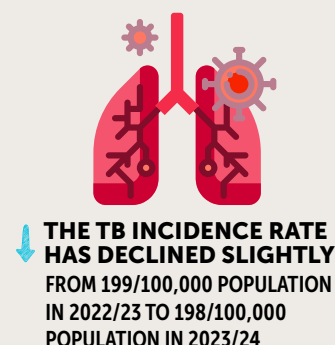
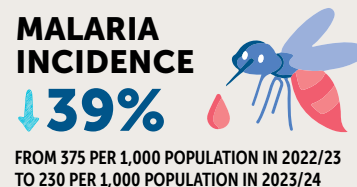
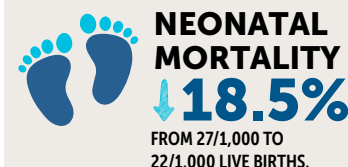
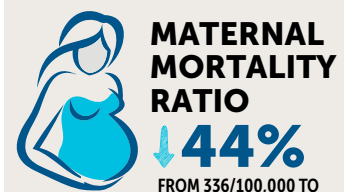
The health sector contributes directly to 6 KRAs under the NDP III. The assessment was based on 29 indicators, of which the sector achieved targets for 14 (48.3%), made some progress in 8 (27.6%) and did not achieve 7 (24.1%). Three of the indicators were not assessed due to lack of data sources.

Based on the Health Professional Councils registries, the planned 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. There is need to institutionalize the National Health Workforce Accounts to track the entire health workforce in the country. Staffing level in the public health facilities was 34% based on the new human resource structure.

The number of new HIV infections per 1,000 susceptible population is 1.23 which is below the projected 2.5 which is an indication of effective interventions though the level of comprehensive knowledge of HIV prevention methods is still low at 56% for men and 54% for women 15 – 24 years.

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 which is still far from the NDP III target for the year of 33/1,000; and infant mortality rate reduced by 16.3% from 43/1,000 in 2016 to 36/1,000 live births in 2022 achieving the NDP III target of 35.6% by 2023/24, and neonatal mortality rate also reduced by 18.5% from 27/1,000 to 22/1,000 live births short of the NDP III target of 20/1,000 live births by 2023/24. (UDHS 2022)

The TB incidence rate has declined slightly from 199/100,000 population in 2022/23 to 198/100,000 population in 2023/24 and this is attributed to intensified case finding during the accelerated TB Community Awareness Screening and Testing (CAST) campaigns and improved diagnostics. There is a 39% reduction in the malaria incidence from 375 per 1,000 population in 2022/23 to 230 per 1,000 population in 2023/24 which is still above target of 170 per 1,000 for the year under review. The MoH carried out malaria prevention and control interventions such as IRS in West Nile, and Bukedi regions, seasonal malaria chemoprophylaxis in Karamoja sub-region and LLINs mass distribution. The proportion of mortality due to communicable diseases (Malaria, AIDS and TB) has reduced by 57.2% in 2020/21 to 50.8% in 2022/23 and 40.4% in 2023/24.



THE PROPORTION OF THE POPULATION 18-69 YEARS WITH

DIABETES

↑ **3.3%**

MORTALITY ATTRIBUTED TO INJURIES

↑ **6%**

ALCOHOL ABUSE RATE

↑ **4.4%**

↓ **10%**
STUNTING AMONG CHILDREN UNDER 5 REDUCED BY

↓ **27.5%**
THERE WAS A DECLINE IN WASTING AMONG CHILDREN UNDER 5

OBESITY

PREVALENCE OF OBESITY IS HIGHEST AMONG WOMEN

WOMEN

↑ **12.3%**

MEN

↑ **6.2%**

CHILDREN UNDER 5

↑ **3.4%**

TEENAGE PREGNANCY

↓ **24%**

IN 2022 (URBAN 21% AND RURAL 25%).

DPT₃ COVERAGE

INCREASED BY ↑ **9%**

ZERO DOSE CHILDREN

↓ **5%**

MR1 COVERAGE

↑ **94%**

According to the Global Health Statistics report 2023, mortality rate attributed to unsafe water, sanitation and lack of hygiene (WASH) has reduced from 54 per 100,000 population to 28.1 per 100,000 population. This is a result of the improved sanitation coverage from 19% in 2019/20 to 44% by 2024 (Census Report 2024), and improved hand-washing facilities from 34% in 2019/20 to 47% in 2024 (Census Report 2024).

Up to 23.5% of adults 18 – 69 years have hypertension (SBP > 140 and/or DBP > 90 mmHg) with no significant variation between males (23.4%) and females (23.5%). What is of major concern is that 84.3% of population with raised blood pressure are not on medication for raised blood pressure. The proportion of the population 18 – 69 years with diabetes has increased from 2.5% in 2019/20 to 3.3% in 2023 (males 2.6% and females 3.9%). (STEPS 2023) Mortality attributed to injuries increased from 4.5% in 2022/23 to 6% in 2023/24 and still below the annual target of 9%. Alcohol abuse rate has increased from 3.4% (STEPS 2014) to 4.4%. (STEPS 2023). 5% of respondents experienced family/partner problems due to someone else's drinking. (STEPS 2023).

In respect to nutrition, stunting in children under five reduced by 10% from 29% in 2016 to 26% (male, 22.9% and females, 29.2%) in 2022, and there was 27.5% decline in wasting among children under five from 4% in 2016 to 2.9% in 2022 (urban 2.1%, rural 3.2%). Prevalence of obesity is highest among women has increased from 7.5% in 2014 (STEPS 2014) to 12.3% (STEPS 2023) and from 1.8% (STEPS 2014) to 6.2% among men (STEPS 2023), and children under 5 years 3.4% (UDHS 2022).

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.

The Total Fertility Rate (TFR) has declined from 5.8 (Census 2014) to 5.4 (UDHS 2016) to 5.2 (UDHS, 2022) and 4.5 (UBOS, Census Report 2024) achieving the NDP III target of 4.5 by 2024/25. Adolescent birth rate among women 10 – 19 years has reduced significantly from the 128 per 1,000 (WHS 2022) to 31 per 1,000 women in that age group. 61 per 1,000 women aged 15-19 years give birth annually compared to 1 per 1,000 women among those aged 10-14 years. (UBOS, Census Report 2024) 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 country has made some progress towards reducing unmet need for family planning for all women and whereas there was a reduction from 20.8% to 20.5% in 2023/24, this progress was not significant to make us achieve the annual target of 14%. The estimated number of total women using a modern method of contraception has grown to 4,208,000 users from 4,132,000 in the previous year. This has translated into 1,571,000

unintended pregnancies being prevented, over 390,000 unsafe abortions averted, and 3,500 maternal deaths averted.

Health insurance coverage in Uganda is still very low. According to UDHS 2022, only 1% of women and men aged 15 – 49 years had heard of health insurance and were insured. This is the same as the Census 2024 finding of 1% health insurance coverage (Males 1.1% and females 1%).

KEY HEALTH OUTCOME INDICATORS

Out of the 27, the sector achieved 40.8% (11/27) compared to 42% (11/26) in FY 2022/23; made some progress though did not achieve the annual target for 25.9% (7/27) compared to 4% (1/26) the previous year; minimal, no progress or decline in 33.3% (9/27) compared to 54% (14/26) in FY 2022/23. This shows improved performance over the last year.

DPT₃ coverage increased by 9% from 87% in FY 2022/23 to 92% (1,871,756/2,045,203). 50% of the LGs had DPT₃ coverage of less than 90% based on the WHO recommendation and these should be targeted for defaulter tracking with catch-up vaccination. Zero Dose children declined slightly to 5% (102,260) during the FY 2023/2024 compared to 6% (138,434) during FY 2022/2023. Measles Rubella first does (MR1) coverage increased from 88% (1,722,982/1,969,033) in FY 22/23 to 94% (1,927,993/2,045,203) in FY 2023/24. However, the coverage is still very low at 41% implying that many children have not completed their full vaccination doses.

The UDHS 2022 findings showed that all (99.9%) households surveyed own at least once insecticide treated net (ITN). By end of the FY, government had distributed a total of 27.8 million nets throughout the country. A total 10 million households were reached with a household coverage of 91% (10,976,458/12,040,171) achieved. In households with at least one ITN, 62% of the de facto population slept under an ITN the night before the survey. The behavioral gap between ITN access and use has sharply increased from 13% in 2018-19 to 37% in 2022. There is need to intensified BCC on ITN use as one of the key interventions for malaria reduction.

The proportion of HIV positive pregnant women initiated on ARVs for EMTCT increased from 94% in FY 2022/23 to 95% in the review period achieving the target. The proportion of HIV exposed infants with the first DNA/PCR test within 2 months of age increased from 88% in FY 2021/22 to 91% in FY 2022/23 however there is a decline to 81% in FY 2023/24 due to low retention rates of mother-baby pair on ART and loss to follow-up. Bugisu, Busoga, Acholi and Karamoja regions have the lowest coverage of 1st DNA/PCR test within 2 months of age.

ART Coverage for all ages declined from 98% to 96.8% (1,444,813/1,492,410) April to June 2024 though still above the target of 95%. This performance is attributed to the continued implementation

THE PROPORTION OF HIV POSITIVE PREGNANT WOMEN INITIATED ON ARVS FOR EMTCT INCREASED TO

↑ 95%



THE PROPORTION OF HIV EXPOSED INFANTS WITH THE FIRST DNA/PCR TEST WITHIN 2 MONTHS OF AGE INCREASED TO

↑ 91%



23%

FEMALE RESPONDENTS AGED 30-49 YEARS HAD EVER BEEN SCREENED FOR CERVICAL CANCER

ANC 4TH VISIT COVERAGE

INCREASED BY

↑ 6.3%



MATERNAL DEATHS

AMONG 100,000 HEALTH FACILITY DELIVERIES REDUCED BY

↓ 8.4%



FACILITY BASED FRESH STILL BIRTHS HAVE REDUCED BY

↓ 11%



VITAMIN A

SECOND DOSE COVERAGE DECLINED FROM

↓ 70% TO 47%



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. ART retention rate at 12 months increased by 5.3% from 77% in FY 2022/23 to 82.3% by Q4 FY 2023/24. Lowest in South Central (79%), West Nile (79%), Bunyoro (79%), Kampala (76%) and Karamoja (75%). ART Viral Load Suppression Rate among all PLHAs on treatment has improved from 94.1% in FY 2022/23 to 96% in FY 2023/24. Viral suppression was lower among children 0-9 years (87%), adolescents 10-19 years (89%); and males (92%).

TB Case Notification Rate decreased from 212 per 100,000 population to 198 per 100,000 in FY 2023/24, though it was still above the estimated target of 171 per 100,000 population. This is a positive development through the ongoing under the TB CAST+ Campaign and community TB screening using Mobile TB Clinics and Portable X-rays with CAD to increase case finding and curtail the community transmission of TB. Moroto district has the highest notification rate of 771 cases per 100,000 population above the national average. There is improvement in the treatment success rate from 89.5% in FY 2022/23 to 91.3% in FY 2023/24, above the national target of >90%. The DR TB treatment coverage has also been on an upward trend, with 64% (748) treatment coverage in FY 2023/24. Equally, the TSR for the completed DRTB cohort 2021 improved to 89% compared to 88% for the completed cohort 2020 patients.

The proportion of leprosy patients presenting to health facilities with Grade 2 disability at the time of diagnosis reduced by 4.5% from 19% in 2022/23 to 10.5% in FY 2023/2024. The treatment success rate also increased from 76.8% in FY 2022/23 to 89% in FY 2023/24. Over the last 4 FYs, the West Nile region has reported the highest number of new leprosy cases, with over 79% (244) of the cases in FY 2023/24 largely among the refugee population.

During this reporting period all the four zoonotic diseases detected were managed timely - Congo Crimean Hemorrhagic Fever, Rift Valley Fever, Anthrax and Rabies. Several other public health emergency incidents and disease outbreaks were responded to, and these included Yellow Fever, Conjunctivitis (Red Eyes), Measles, Rabies and Cholera. There was also food poisoning in Mukono, Luwero & Jinja districts, floods/mudslides in Rwenzori and Bugisu/Bukedi regions.

96% (49 out of the 51) target districts achieved elimination by FY 2023/24. MoH is still carrying out mass treatments and surveys for trachoma in Moroto and Amudat.

Hepatitis B vaccination at birth was introduced into the routine immunization program in October 2022. During the FY2023/2024, Hepatitis B Birth dose vaccination coverage increased to 36% from 10% in FY 2022/2023.

Tobacco use has declined from 9.6% (16.8% males and 2.9 females) in 2014 to 8.3% (15% males and 2.4% females). (STEPS 2023). This gives a non-smoking rate of 91.7% in Uganda.

During FY 2023/24, HPV1 coverage was at 172% and HPV2 at 74%. The over performance of HPV vaccination is attributed to more girls above 10 years of age reached from cohorts of girls who had missed HPV during the previous years.

According to the 2023 STEPS survey, 23% of the female respondents aged 30 – 49 years had ever been screened for cervical cancer compared to 9.9% in 2014. Whereas, among women aged 15–49, 77% have knowledge of cervical cancer, but only 58% of them have heard of cervical cancer testing. Only 13% of women aged 15-49 have received cervical cancer screenings. According to UDHS 2022, only 7% of women aged 15 – 49, have undergone examinations or tests for breast cancer.

The coverage of IPTp3 stagnated at 54% (1,024,771/1,907,369) during FY2023/24 which is below the target of 77%. Higher coverages were reported in Kigezi (72%) and Ankole (72%) regions while lower coverages were reported in Bunyoro (45%) and Kampala regions (35%).

Anaemia screening at first prenatal visit stagnated at 23% for the last 3 FYs and is significantly below the target of 60% for the year. The poor performance is primarily attributed to insufficient laboratory supplies for hemoglobin estimation at all levels. The proportion of pregnant women with Hb levels below 11g/dl at first ANC visit increased slightly from 7.5% to 8.0%. The Proportion of pregnant women receiving ferrous sulphate/folate supplement on first visit-stagnated at 67% in the last two FYs.

ANC 4th Visit coverage increased by 6.3%, to 49.1% (1,119,557 out of 2,278,100 estimated pregnancies) in FY 2023/24 from the 46%. The proportion of pregnant women delivering at health facility deliveries increased slightly from 64% in FY 2022/23 to 65% (1,478,999/2,278,100 estimated pregnancies) in FY 2023/24. The proportion of HC IVs providing CeMNOC (C/S and blood transfusion) increased by 15% to 60% (159/266), and the proportion of HC IVs conducting C/S increased to 87.2% (232/266) from 86% (218/254) largely because of increase in number of HC IVs reporting.

Maternal deaths among 100,000 health facility deliveries reduced by 8.4% from 90.3/100,000 in FY 2022/23 to 82.7/10,000 in FY 2023/24. A total of 1,222 health facility based maternal deaths were reported (HMIS 105) and of these 95.4% were notified and 94.8% reviewed in FY 2023/24 compared to 94.1% in the previous FY. Among the maternal deaths reviewed, obstetric haemorrhage remains the leading cause of maternal deaths accounting for 45% of deaths in the FY 2023/24 followed by hypertensive disorders of pregnancy which stagnated at 16%.

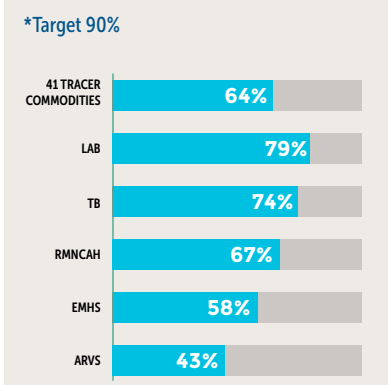
Facility based fresh still births have reduced by 11% from 6.4 per 1,000 deliveries in the previous FY 2022/2023 to 5.7 per 1,000 deliveries in FY 2023/2024. Over the past two years the regions of Kampala, Bunyoro, and Acholi have had the highest perinatal mortality deaths. Perinatal death reviews increased to 61.3% in FY 2023/24 from 43.1% in FY 2022/23. However, perinatal death notification reduced to 61.3% from 63.4% in the previous year. Birth asphyxia remains the leading cause of early neonatal death followed by complications of prematurity and septicaemia over the past 5 years.

Vitamin A second dose coverage declined from 70% to 47%. Some districts, like Butaleja, Buvuma, and Arua, report very low coverage rates (32- 38%), while others, including Wakiso, Gulu, and Kitgum, show moderate progress (42-44%).

ESSENTIAL MEDICINES AND HEALTH SUPPLIES

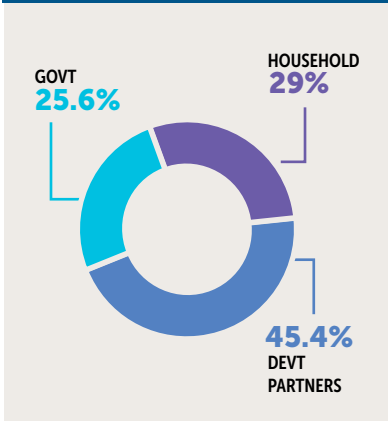
The average availability of a basket of 41 tracer commodities in the last quarter of FY 2023/24 was 64% in 4,211 reporting health facilities (GoU & PNFPs), compared to 58% in FY 2022/23. The Lab basket had the highest average availability of 79% in the last quarter of FY 2023/24, followed by TB (74%), RMNCAH (67%) and EMHS (58%). The 43% availability of the ARVs basket captures the old regimen and

ESSENTIAL MEDICINES AND HEALTH SUPPLIES



overall availability of supplies for a basket of 41 Commodities and health supplies at Central Level Warehouses (NMS and JMS) also reduced from 82% in FY 2022/23 to 70% in FY 2023/24

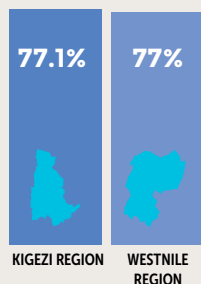
TOTAL HEALTH EXPENDITURE



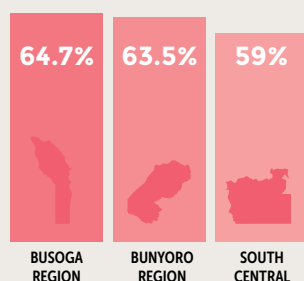
HEALTH SUBPROGRAM APPROVED BUDGET
UGX 4,052 TRILLION
 UP FROM 3,685 TRILLION

LG PERFORMANCE

HIGH PERFORMING REGIONS IN FY 2023/24

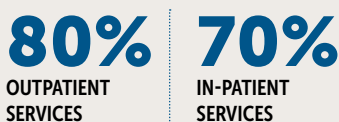


LOW PERFORMING REGIONS IN FY 2023/24



HEALTH FACILITY PERFORMANCE:

PUBLIC FACILITIES:



PNFP FACILITIES:



PHP FACILITIES:



therefore does not reflect the actual availability of the current ARV regimen. A new list of 50 items including the recommended first and second-line ARV tracers was uploaded on the DHIS2 at the end of August 2024 and therefore, expect to accurately trace availability of the ARVs basket beginning this FY. On the other hand, overall availability of supplies for a basket of 41 Commodities and health supplies at Central Level Warehouses (NMS and JMS) also reduced from 82% in FY 2022/23 to 70% in FY 2023/24.

There was an 24.8% increase in the budget for EMHS at NMS from UGX 464 billion in FY 2022/23 to UGX 548 billion in FY 2023/24. This is inclusive of the credit line and program commodities. Significant increase was realized for Public Health Emergencies (298%), UHI (84.5%), nutrition commodities (75.1%), HIV & TB Laboratory Commodities (48.5%), HC IVs (73.4%), RRHs (50.1%) and HC IIs (48.8%). There was no increase in the budget allocation for NCD commodities.

The EMHS Credit Line funding towards PNFP health facilities has remained same over the last 5 years. The available funding only covers 37% of the PNFP sector need leaving a huge gap of 63%.

HEALTH FINANCING

According to the latest Uganda's National Health Accounts (NHA) of FY 2020/21, contributions during that period were as follows; HDPs at 45.4%, Private sector (mainly household out-of-pocket and voluntary health insurance schemes) at 29% and Government at 25.6%.

The same report also indicated that the Total Health Expenditure in FY 2020/21 was UGX 8.71 trillion, compared to UGX 7.79 trillion in FY 2019/20. Whereas the Current Health Expenditure (CHE) was UGX 8.41 trillion in FY 2020/21 compared to UGX 7.39 trillion in FY2019/20.

In FY 2023/24, the approved budget for the health subprogram increased by 10% from UGX 3,685 trillion in FY 2022/23 to UGX 4,052 trillion. A similar increase of 10.6% was realized between FY 2022/23 and 2021/22 where the approved budget for the health sub-program was UGX 3.685 trillion up from UGX 3.331 trillion in the previous year.

The share of the health budget to the national budget was at 7.7% compared to 7.6% the previous year. Although this falls below the Abuja Declaration of 15% the rate of growth of the health budget reflects a consistent average share of above 7% over the period indicating government's continued commitment to improving the health needs of the population. Nevertheless, discounting for inflationary factors and increasing population growth rates result in a very low per capita allocation to health of UGX 81,859 (USD 22.4 against the WHO recommendation of USD 86) that is inadequate to achieve UHC by 2030.

In line with advocacy for government expenditure on health, the government contribution has risen by 10% from 52% to 62% in eight years whereas that of the HDPs dropped by the same percentage points during the same period suggesting a good trend for increasing domestic resource allocation.

The overall budget absorption (releases spent) performance for FY 2023/24 was 82% for the entire health sector compared to 87% for last FY. Additionally, the budget execution rate (budget spent) was 74% and the proportion of the budget released was at 90% which was a decline from the previous Fiscal Year. The main reasons for low absorption include weak performance by externally funded projects due to delays in granting no objections, procurement delays and restructuring of the UCREPP activities. The votes also faced constraints in paying pension and gratuity due to delays in verification while several of the LGs could not absorb due to the recruitment freeze.

LOCAL GOVERNMENTS PERFORMANCE

The national average score for the LG League Table increased from 71.8% in FY 2022/23 to 72.6% in FY 2023/24. 48.6% (71/146) of the LGs scored above the national average of 72.6%. Overall, the regional LG scores have improved in all regions. Kigezi region ranked first with 77.1% followed by West Nile (77.0%). Busoga (64.7%), Bunyoro (63.5%) and South Central (59%) have remained the lowest performing regions.

HEALTH FACILITY PERFORMANCE

The HCs provided 81% of the outpatient services and 29% of the inpatient services down from 89% of outpatient and 43% respectively. Public facilities contributed for 80% of outpatient services and 70% of inpatient services, while PNFP facilities accounted for 14% of outpatient services and 25% of inpatient services. The PHP facilities accounted for 6% of outpatient services and 4.8% of inpatient services. It should however be noted that there is generally limited reporting by PHP facilities.

The average Bed Occupancy Rate (BOR) for National Referral and Specialised hospitals was 83% (Butabika NMRH has the highest BOR (210%) and 73% for RRHs and large PNFPs Soroti, Lira and St. Kizito Matany had BOR over 100% while Mengo, Lubaga, St Francis Nsambya and Entebbe RRH had BOR below 50%. The BOR for general hospitals was 46% down from 47% with Kapchorwa GH reporting the highest bed occupancy rate at 210%. The average BOR at HC IVs increased from 48% in FY 22/23 to 51.6% in FY 23/24. The ALOS also increased from 2 days in FY 22/23 to 2.2 days in FY 23/24. 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.

COMMUNITY HEALTH



28,302

VHTS WERE TRAINED ACROSS 38 DISTRICTS

5,329

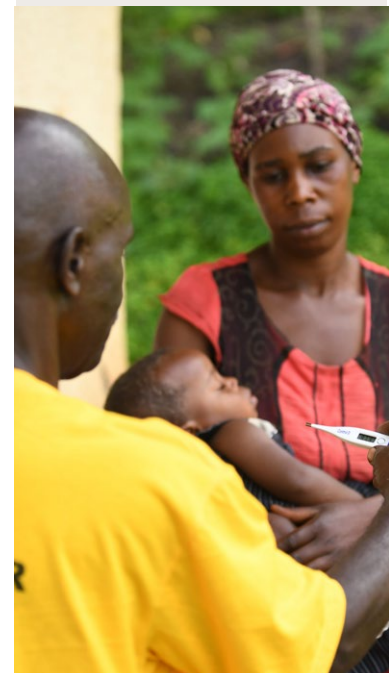


VHTS WHO RECEIVED TRAINING IN ECHIS WERE PROVIDED WITH MOBILE PHONES.

334
CHEWS



COMPLETED TRAINING AND WERE DEPLOYED TO EXTEND ESSENTIAL HEALTH SERVICES TO HOUSEHOLDS



COMMUNITY HEALTH

A total of 28,302 VHTs were trained across 38 districts. This includes an additional 19,618 VHTs trained in 20 districts with support from UCREPP coordinated by the HPEC Department. 5,329 VHTs who received training in eCHIS were also provided with mobile phones. MoH undertaking CHEWs training in Kazo, Kyotera, Namutumba & Maracha Districts. Aiming to strengthen community health systems, a total of 334 CHEWs completed training and were deployed to extend essential health services to households. The CHEW program has expanded to an additional eight districts (Kazo, Kyotera, Maracha, Namutumba, Ngora, Kyenjojo, Koboko and Nakaseke) with support from the Global Fund and the World Bank. In these districts, CHEWs have completed an intensive 6-months training and have been equipped and trained.

CONCLUSION

Overall, the sector has made good progress towards achieving the NDP III Health Subprogram goal as shown by the increase in life expectancy, reduced neonatal, infant, child and maternal mortality, and reduced total fertility rate. Improvement in implies increased effectiveness of health and welfare interventions. These need to be sustained going forwards.

In respect to the planned interventions, the sector achieved 48.3% and made some progress in 27.6% of the NDP III Key Result Areas indicators; and achieved 40.8% and made progress in 25.9% of the outcome indicators. The major factors leading to non-achievement of several indicators were lack/inadequate funding, challenges in distribution of EMHS leading to reduced availability at health facilities, lack of reliable data including low reporting by the private sector and low community uptake of some public health interventions due to low-risk perception, low awareness, misinformation about interventions.



CHAPTER 1

Introduction



1.1 BACKGROUND

The Annual Health Sector Performance Report (AHSPR) for Financial Year (FY) 2023/24 has been compiled by the Ministry of Health (MOH) as an institutional Monitoring and Evaluation requirement. It documents the Sector's progress, challenges and lessons learned and proposes ways of moving the health sector forward in line with Uganda's National Development Plan 2020/21 – 2024/25 (NDP III).

This year's Annual Health Sector Performance Report (AHSPR) is the fourth in the NDP III period. It details the progress in implementation of the health subprogram interventions and actions for the FY 2023/24. It also includes performance of the regions, LG Health Sector, Regional Referral Hospitals (RRHs), General Hospitals (GHs) and Health Center (HC) IVs. These were measured using the Standard Unit of Outputs (SUO) in form of District and Regional League Table as well as Health Facility performance.

This report will be the basis for planning, programming and budget allocation for the next FY 2025/26 following the 30th Health Sector Joint Review Mission (JRM) in October 2024.

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



Dr Charles Njuguna the WHO Country Representative administers the Polio vaccine to a pupil at the official launch of the Polio Vaccination Campaign at Busamaga Grounds in Mbale City.

Vision

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

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"*

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 2023/24

The key Priorities for the Health Sub-programme in FY 2023/24 were:

- (a) Expanding community-level health promotion, education, and prevention services in all programs to reduce exposure to communicable and non-communicable conditions risks with targeted interventions in Local Governments (LGs) with low coverage.
- (b) Prevention and Control of Communicable Diseases: this aimed at scaling -up malaria prevention undertaken in the high burden regions. In addition, there was a focus on improvement in HIV/AIDS care and follow up to achieve the target of 95% and Increased awareness in the community and training of health workers for early detection and management of TB and leprosy given the manifestations and dangers posed by these diseases.
- (c) Prevention and Control of Non-Communicable Diseases and injuries (NCDIs): Sensitization on prevention of RTIs especially in South Central, Kampala, North Central and West Nile Regions with the highest number of RTIs. Emphasis was on early detection, screening and management of NCDs.
- (d) Improving Health Service Delivery: Improving the quality of services at the Lower-Level Health Facilities to further decongest the referral hospitals from provision of Primary Health Care (PHC) services. Scale up the 5S-CQI approach to improve quality of care; restructuring and recruitment of critical cadres at all levels, functionalize the Regional Equipment Maintenance workshops to adequately maintain equipment, renovation and equipping of dilapidated hospitals and health centers on a case by case basis, establish regional supervisory structures, conduct facility assessments, performance reviews, functionalize the LG Health Management Teams, Hospital Management Boards and Health Unit Management Committees. Increasing access to quality specialised care at the referral hospitals and Centres of Excellence. Improving availability and management of medicines and health supplies including blood.
- (e) Improvement of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services. Specifically, functionalizing theatres at Health Centre (HC) IVs by equipping (fridges, power back up & laboratory reagents) to provide blood transfusion services, appropriate staffing (doctors and anaesthetists) to reduce maternal and neonatal deaths and other medical emergencies; implementation of the revised Male Involvement Strategy to increase male participation in family planning and utilization of other RMNCAH services; and improve maternal and perinatal death reviews.
- (f) Support health systems improvement in health information management and use, research, and technology. Digitalizing of the hospital medical records for efficiency, performance management, improving accountability, reduction of medicine leakages to reduce shortages. Conduct research and promote health innovations.
- (g) Strengthen public-private partnerships in areas of reporting, financial access and investments in health.

1.4 THE PROJECTED DEMOGRAPHICS FOR FY 2023/24

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 2023/24

Demographic Variables	Proportion	Population
Total population	100%	45,562,000
Males	49.1%	22,370,942
Females	50.9%	23,191,058
Children under 1 year	4.3%	1,959,166
Children under 5 years	17.3%	7,882,226
Children below 18 years	53.1%	24,193,422
Adolescents and youth (young people) (10 –24 years)	35.1%	15,992,262
Expected pregnancies	5%	2,278,100
Expected deliveries	4.8%	2,186,976
Women of reproductive age (15 - 49 years)	24.6%	11,208,252
Refugees		1,702,278
Total Including refugees		47,264,278

UBOS Mid-year population projections 2023

1.5 THE PROCESS OF COMPILING THE REPORT

The process of compiling the AHSPR was participatory involving all departments and the Technical Working Groups (TWGs) composed of MoH, Health Development Partners (HDP), Private Sector, Medical Bureaus and Civil Society Organizations (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 the Clinton Health Access Initiative (CHAI). The draft report was shared with all Heads of Departments and Civil Society Organizations TWGs for validation. The final draft was presented to the Senior Management Committee (SMC) and the Health Policy Advisory Committee (HPAC) for endorsement and approval by MoH Top Management Committee.

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 Housing and Population Census Report 2024
- (ii) Uganda Demographic Health Survey 2022
- (iii) Uganda STEPS Survey for NCDs 2023
- (iv) Integrated Financial Management Information System (IFMIS)
- (v) Quarterly Program Budgeting System Reports 2023/24
- (vi) Annual Health Sector Performance Report 2022/23
- (vii) Local Government Performance Assessment Report, 2023
- (viii) Supervision Performance Assessment and Recognition Reports
- (ix) Maternal and Perinatal Death Review Report 2023/24
- (x) World Health Statistics 2023

CHAPTER 2

Overall Sector Performance and Progress

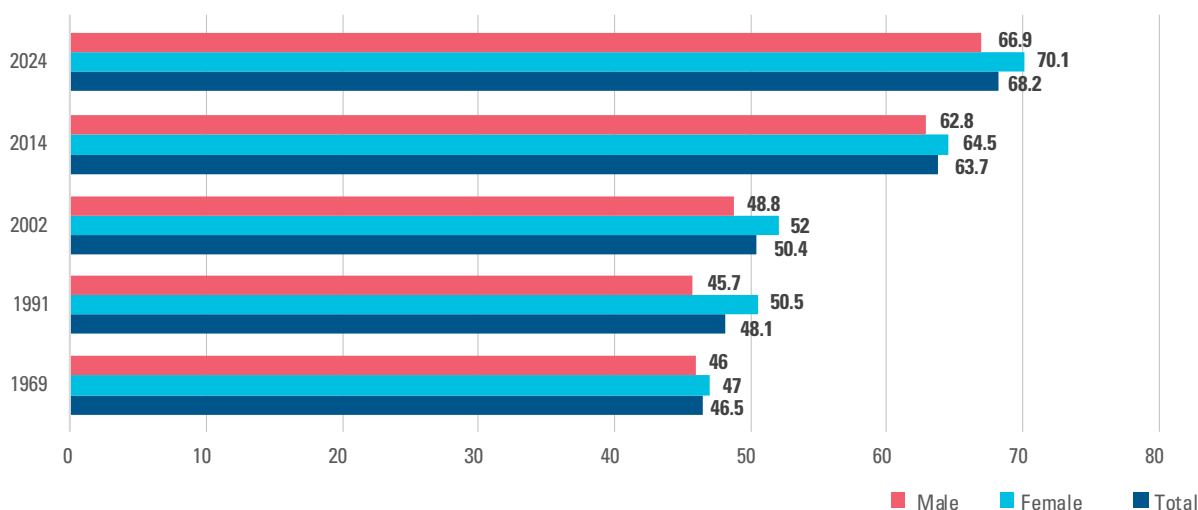


Chapter two provides an overview of the health sector performance for FY 2023/24 covering analysis of the; i) health sector against NDP III HCDP Key Results Areas (KRAs), ii) Diseases Burden, iii) Intermediate outcome indicators, and key inputs including medicines and health supplies, and financing.

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

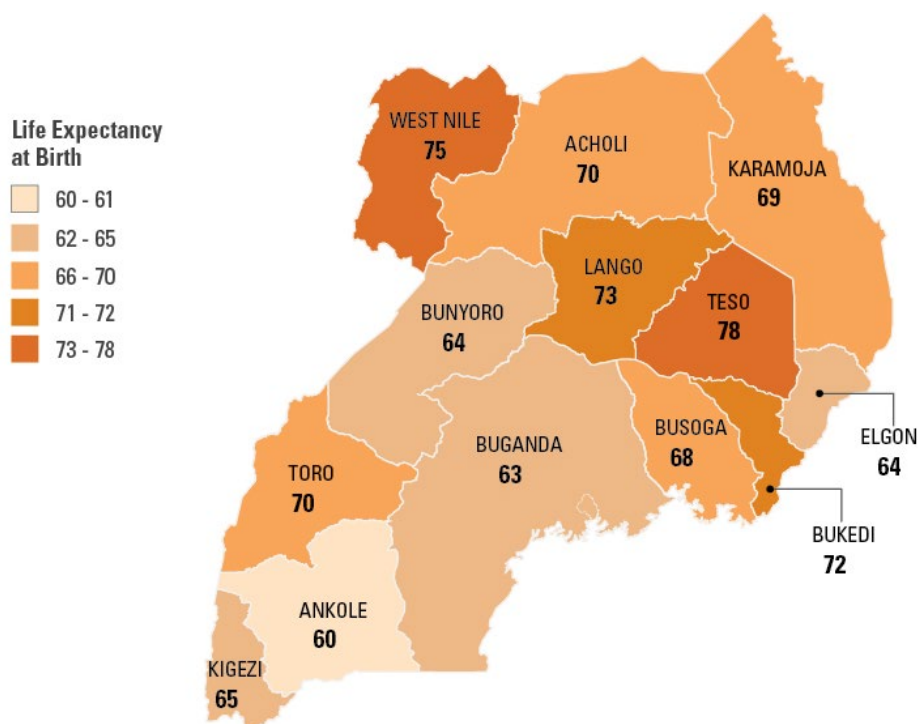
At goal level life expectancy at birth has increased from 63.7 years in 2014 to 68.2 years in 2024 barely short of the NDP III target for the year of 68.7 years. The life expectancy at birth for males (66.9 years) was lower compared to their female counterparts (70.1 years). (Figure 1) Between 2014 and 2024, males and females gained more 4 years and 6 years in their life expectancy at birth respectively. (UBOS, Census Report 2024) This is attributed to improvement in childhood mortality rates as they core in determining the life expectancies at birth, as well as increased effectiveness of other health and welfare interventions. Teso has the highest life expectancy of 78 years and Ankole has the lowest life expectancy at birth of 60 years. (Figure 2).

FIGURE 1: LIFE EXPECTANCY AT BIRTH BY CENSUS YEARS



Source: UBOS, Census Report 2024

FIGURE 2: MAP SHOWING LIFE EXPECTANCY AT BIRTH BY SUB-REGION



The health sector contributes directly to 6 KRAs under the NDP III. The assessment was based on 29 indicators, of which the sector achieved targets for 14 (48.3%), made some progress in 8 (27.6%) and did not achieve 7 (24.1%).

TABLE 2: SUMMARY OF PERFORMANCE AGAINST THE NDP III KEY RESULT AREAS IN FY 2023/24

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	5 (41.7%)	3 (25%)	4 (33.3%)	3
3	Improvement in the social determinants of health and safety	5 (62.5%)	2 (25%)	1 (12.5%)	-
4	Reduced fertility and dependence ratio	2 (66.7%)	1 (33.3%)	0	-
5	Universal Health Coverage	-	2 (66.7%)	1 (33.3%)	-
6	All key forms of inequalities reduced	-	-	1 (100%)	-
2023/24	Score (n = 29)	14 (48.3%)	8 (27.6%)	7 (24.1%)	3
2022/23	Score (n = 31)	15 (48.3%)	6 (19.4%)	10 (32.3%)	1
2021/22	% score (n = 24)	12 (50%)	1 (4.2%)	11 (45.8%)	9
2020/21	% score (n = 24)	14 (58.3%)	4 (16.7%)	6 (25%)	8

KRA 1: IMPROVED SKILLS MIX

There was an increase in the available health workers per population evidenced by an increase from 9,121 to 9,388 doctors, and from 108,208 to 119,132 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 34% based on the new human resource structure.

The health workforce accounts system is not fully functional. The iHRIS can only track health workers in the public 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 (34% based on the new structure).

KRA 2: REDUCE MORBIDITY AND MORTALITY OF THE POPULATION

The sector achieved only 36.4% (4/11) of the assessed targets under this KRA including reducing the number of new HIV infections to 1.23/1,000 population below the target of 2.5/1,000, annual cancer incident cases reported through the routine health information system was 35,968 below the target of 40,000; maternal mortality ratio was 189/100,000 against the target of 236/100,000. According to the Global Health Statistics report, the mortality rate attributed to WASH has reduced by 40% from 54/100,000 in 2019/20 to 28/100,000 in 2022. However, under five illness attributed to diarrhoeal diseases have remained high with an increase to 7.6% in FY 2023/24 from 7.1% in 2022/23. The high number of diarrhoea cases reported may be attributed to viral diarrhoea and fever related diarrhoea as there has been improvement in WASH practices.

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 which is still far from the NDP III target for the year of 33/1,000; and infant mortality rate reduced by 16.3% from 43/1,000 in 2016 to 36/1,000 live births in 2022 achieving the NDP III target of 35.6% by 2023/24, and neonatal mortality rate also reduced by 18.5% from 27/1,000 to 22/1,000 live births short of the NDP III target of 20/1,000 live births by 2023/24. (UDHS 2022). The proportion of mortality due to communicable diseases (Malaria, AIDS and TB) has also progressively reduced to 40.5% in FY 2023/24 compared to 50.8% in FY 2022/23 though above the planned target of 35% for FY 2023/24.

TB and malaria incidences are still high although there was a reported 21% reduction in confirmed malaria cases to 230/1,000 population in FY 2023/24 compared to 375/1,000 in FY 2022/23. Key malaria prevention interventions carried out such as: IRS in West Nile and Bukedi regions, seasonal malaria chemoprophylaxis in Karamoja sub-region and LLINs mass distribution with 98.8% coverage have contributed to the reduction in morbidity and mortality due to malaria.

Up to 23.5% of adults 18 – 69 years have hypertension (SBP > 140 and/or DBP > 90 mmHg) with no significant variation between males (23.4%) and females (23.5%). What is of major concern is that 84.3% of population with raised blood pressure are not on medication for raised blood pressure. The proportion of the population 18 – 69 years with diabetes has increased from 1.8% in 2014 to 3.3% in 2023 (males 2.6% and females 3.9%) (STEPS 2023).

KRA 3: IMPROVEMENT IN THE SOCIAL DETERMINANTS OF HEALTH AND SAFETY

Achieved targets for 66.7% (6/9) of the indicators and made some progress in 33.3% (3). Prevalence of teenage pregnancy (15 -19) has reduced to 13.6% (Census 2024) from 24% in 2022 and 25% in 2016. In respect to nutrition, stunting in children under five reduced by 10% from 29% to 26% (male, 22.9% and females, 29.2%), and there was 27.5% decline in wasting among children under five from 4% in 2016 to 2.9% in 2022 (urban 2.1%, rural 3.2%). Mortality attributed to injuries has also reduced from 4.6% based on health facility records. A number of community deaths especially due to road traffic accidents are not reported through the health facilities. Prevalence of obesity is highest among women at 12.3% compared to men at 6.2% (STEPS 2023), and children under 5 years 3.4% (UDHS 2022).

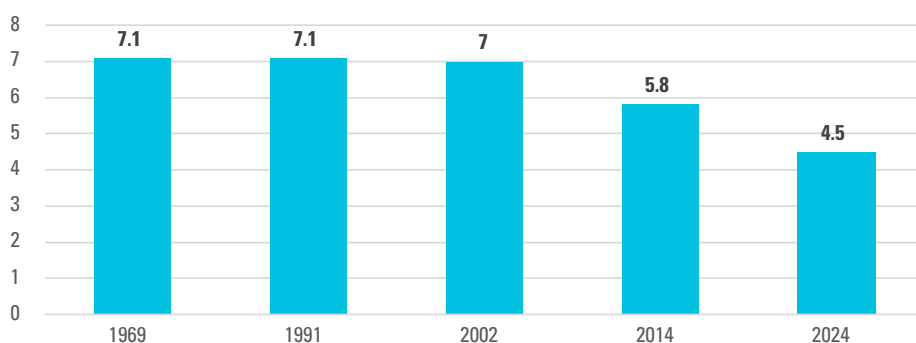
Alcohol consumption in Uganda is high with 31.1% of population 18 – 69 years being current drinkers (past 30 days) compared to 28.5% in 2014. 9.7% drank in past 12 months (not current), 17% past 12 months abstainer, and 41.6% lifetime abstainers. Alcohol consumption is highest in men at 44.6% compared to women at 19.1%. Up to 50.2% women are lifetime abstainers compared to 32% men. (2023 STEPS survey)

10.9% of population 18 – 69 years consume alcohol daily (13.4% men and 6.8% women), while 4.4% are high-end level drinkers (>60g of pure alcohol on average per occasion among men and >40g of pure alcohol on average per occasion among women) compared to 3.4% in 2014. 5% of respondents experienced family/partner problems due to someone else’s drinking. (STEPS 2023).

KRA 4: REDUCED FERTILITY AND DEPENDENCE RATE

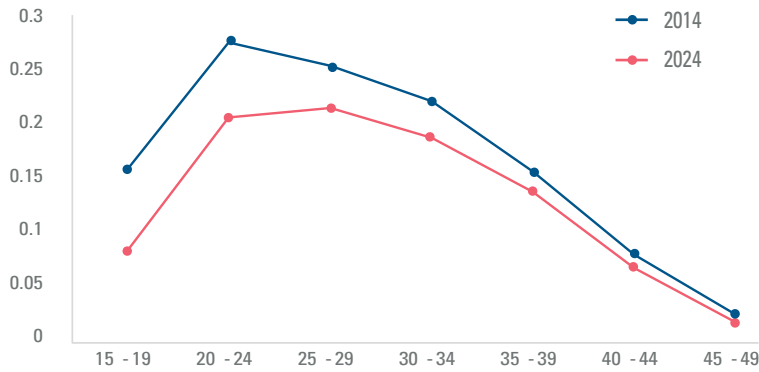
The Total Fertility Rate (TFR) has declined from 5.8 (Census 2014) to 5.4 (UDHS 2016) to 5.2 (UDHS, 2022) and 4.5 (UBOS, Census Report 2024) achieving the NDP III target of 4.5 by 2024/25. The general fertility rate shows that there were 129 births for every 1,000 women in the reproductive age group (15-49 years).

FIGURE 3: TOTAL FERTILITY RATE IN UGANDA 1969 – 2024



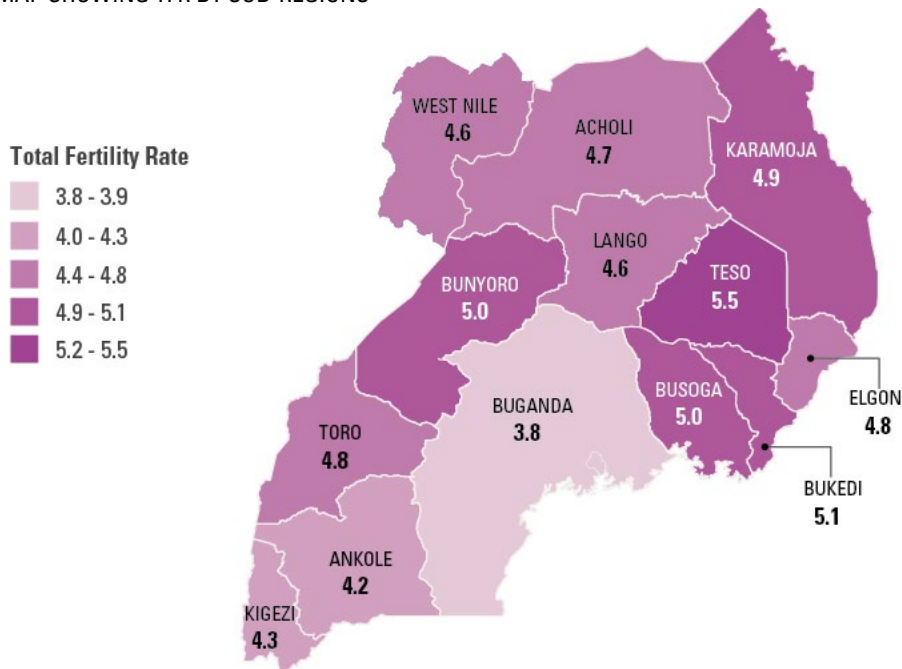
Source: Census Report 2024

FIGURE 4: AGE SPECIFIC FERTILITY RATE BY CENSUS YEARS



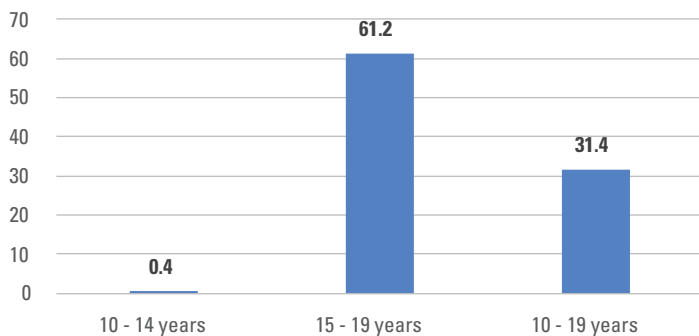
Overall, Teso region has the highest total fertility rate of 5.5 and Buganda having the lowest total fertility rate of 3.8. (Figure 5)

FIGURE 5: MAP SHOWING TFR BY SUB-REGIONS



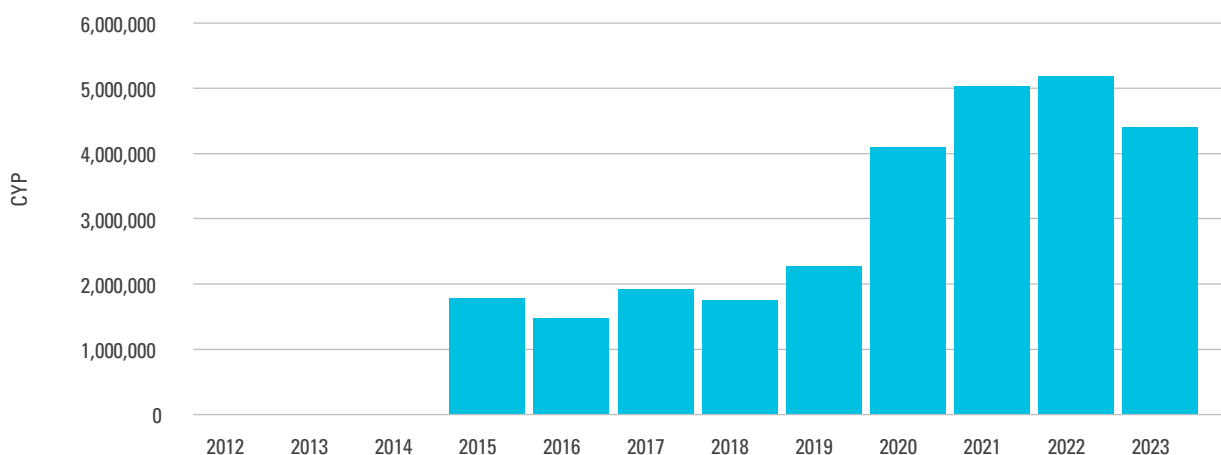
Adolescent birth rate among women 10 – 19 years has reduced significantly from the 128 per 1,000 (WHS 2022) to 31 per 1,000 women in that age group. 61 per 1,000 women aged 15-19 years give birth annually compared to 1 per 1,000 women among those aged 10-14 years. (UBOS, Census Report 2024)

FIGURE 6: ADOLESCENT BIRTH RATE PER 1,000 WOMEN



The country has made some progress towards reducing unmet need for family planning for all women and whereas there was a reduction from 20.8% to 20.5% in 2023/24, this progress was not significant to make us achieve the annual target of 14%. We have also witnessed a slight reduction in the modern contraceptive prevalence rate (mCPR) for all women from 34.6% to 34.1%. Despite this small 0.5% reduction, the estimated number of total women using a modern method of contraception has grown to 4,208,000 users from 4,132,00 in the previous year. This has translated into 1,571,000 unintended pregnancies being prevented, over 390,000 unsafe abortions averted, and 3,500 maternal deaths averted. However, we registered a reduction in the couple years of protection to 4,403,935 from 5,188,908 in 2022/23 likely due to stock out of FP commodities due to delayed delivery by NMS.

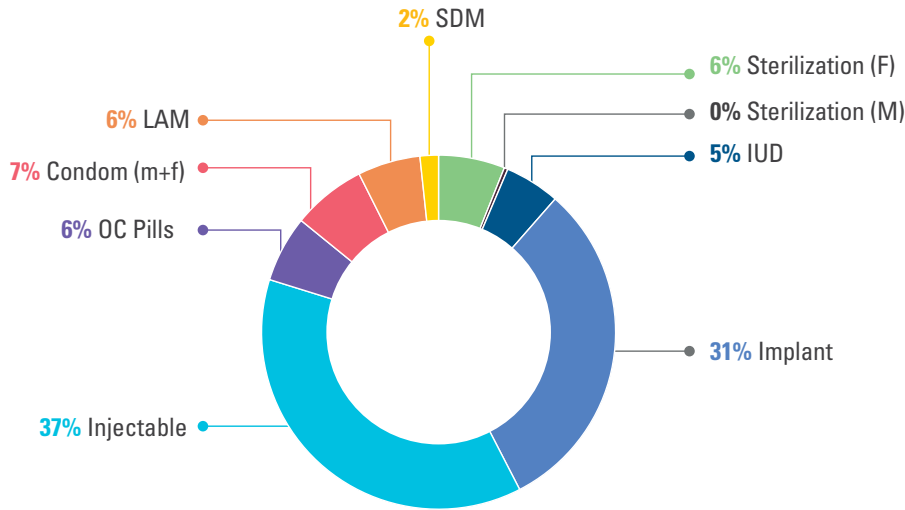
FIGURE 7: TRENDS FOR COUPLE YEARS OF PROTECTION (CYP)



There is also a growing diversity and greater equality between Long Acting and Reversible Contraceptives and Short-Term Methods, with implants and injectables dominating the country’s method mix (Figure 8).



FIGURE 8 : FP METHOD MIX

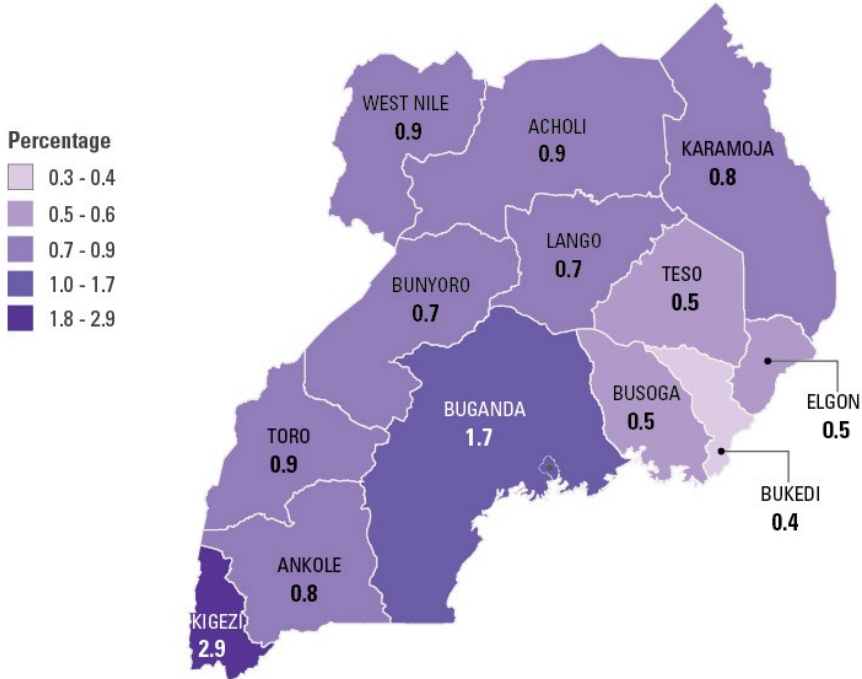


KRA 5: UNIVERSAL HEALTH COVERAGE

Health insurance coverage in Uganda is still very low. According to UDHS 2022, only 1% of women and men aged 15 – 49 years had heard of health insurance and were insured. Insurance coverage was higher among urban women (1%) than their rural counterparts (0.3%). The same pattern holds true for men (4%) versus women (1%). This is same as the Census 2024 finding of 1% health insurance coverage (Males 1.1% and females 1%).

In terms of regional variation, its Kigezi leading at 2.9%, followed by Buganda sub-region (1.7%), and Bukedi sub-region lagging at 0.4%.

FIGURE 9: A MAP SHOWING HEALTH INSURANCE COVERAGE BY REGION



With only 1% of the population having health insurance, there is a need to fast track legislation on the National Health Insurance Scheme and also promote affordable health insurance schemes for complementary packages. Incentives for both private and public health insurance providers can help increase coverage and reduce out-of-pocket expenses for families.



Readiness capacity of health facilities to provide general services. The Health Facility Quality of Care Assessment report, 2023 shows improvement in the quality aspects of health service delivery. The average modular performance for 2023 was 65.2%, 2022 was 61.3% and 2021 was 62.1%. An improvement of 3.1% between 2021 and 2023 was noted. In addition, an improvement across all the modules except **diagnostics services** module which reduced from 52.1% to 47.7%. Details in the table below.

TABLE 3: TRENDS IN THE HFQAP MODULAR SCORES

Module	2023	2022	2021
Leadership & Governance	73.1	70.6	67.6
Human Resources	59.9	55.6	55.3
Health Financing	65.6	64.6	62.8
Health information	65.5	60.9	61.1
Medicines, health supplies, vaccines and Equipment	58.9	49.8	54.4
Health Infrastructure	71.7	59.9	67.9
RMNCAH Services	69.9	66.8	67.7
Community-based care, clinical care, Referral and emergency services	72	71.4	67.9
Diagnostic services	47.7	54.8	52.1
Client-centered care & safety	67.5	58.8	64.3

KRA 6: ALL KEY FORMS OF INEQUALITIES REDUCED

Progress based on the most current Global Monitoring report for UHC 2023 (WHO & WB) which is yet to be updated to capture the UDHS 2022 findings, therefore still reported at 49%.

TABLE 4: PERFORMANCE AGAINST THE 32 KEY RESULT AREAS SHOWING TRENDS FOR THE LAST 4 FYs.

KRA	Description	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Performance 2022/23	Target 2023/24	Performance 2023/24	Remarks
KRA 1	Improved Skills Mix							
	1. Number of health workers (doctors, midwives, nurses) per 10,000 population	18	19	22.5	25.8	23	28	9,388 doctors, 119,132 nurses & midwives registered against a population of 45,955,046.
	2. Number of physicians per 10,000 population	0.1	1.2	1.8	2	1.8	2	(9,388/45,955,046) More physicians have been trained and registered however, the number in actual practice is lower. Only 6,802 (72%) renewed their practicing licenses in 2021
KRA 2	Reduced Morbidity and Mortality of the population							
	Morbidity							
	3. Number of new HIV infections per 1,000 susceptible population	1.3	1.72	1.3	1.21	2.5	1.23	Significant reduction though the level of comprehensive knowledge of HIV prevention methods is still low at 56% for men and 54% for women 15 – 24 years.
	4. Tuberculosis incidence per 100,000 population	234	192	199	199	104	198	This is resulting from the intensified Case Finding Mechanism implemented in the period. Through Community Awareness, Screening, Testing and Treatment Campaigns across the country
	5. Malaria incidence per 1,000 population	293	302	317	375	170	298	A 21% reduction in malaria cases in FY 2023/24 compared to FY 2022/23. Key malaria prevention interventions carried out such as: IRS in West Nile, and Bukedi regions, seasonal malaria chemoprophylaxis in Karamoja sub-region and LLINs mass distribution with 98.8% coverage have contributed to the reduction in the malaria cases.
	6. Hepatitis B incidence per 100,000 population	60	NA	26.5	33.4	35.0	NA	Uganda Hepatitis B prevalence stands at 4.1%
	7. Annual Cancer Incident Cases	80,000	NA	NA	NA	40,000	35,968	Uganda Cancer Statistics -Based on Globocan Age-standardized cancer incidence data 2022, published in 2024
	8. Annual Cardiovascular Incident cases	NA	NA	NA	2,539	4,000	NA	No data source
	9. Incidence of Road accidents	2,348	NA	NA	NA	1,400	NA	No reliable data source
	10. Under 5 illnesses attributed to diarrheal diseases (%)	6.9	7.9	7.7	7.1	3.5	7.6	Attributed to poor WASH practices
	Mortality							
	11. Maternal Mortality ratio (per 100,000)	336	NA	NA	189	236	189	Achieved target due to targeted investments in increasing access to maternal and child services by upgrading / construction of HC IIIs, RBF for PHC and strengthened MPDSR & action.
	12. Neonatal Mortality Rate (per 1,000)	27	20	NA	22	20	22	Some progress though target not achieved. Deaths largely due to prematurity and sepsis.
	13. Under Five Mortality Rate (Per 1,000)	64	46	NA	52	33	52	19% reduction.

KRA	Description	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Performance 2022/23	Target 2023/24	Performance 2023/24	Remarks
	14. Hypertension rate (%)	3.2	3.5	3.5	3.5	2.4	23.5	Increase recorded due to improved data collection through the STEPS survey
	Male	2.1	2.1	NA		23.4		
	Female	4.8	4.8	NA		23.5		
	15. Diabetes rate (%)	2.5	0.9	0.8	0.8	2.1	3.3	STEPS Survey 2022
	Male	0.8	0.8	0.8		2.6		
	Female	0.9	0.9	0.9		3.9		
	16. Reduce proportion of mortality due to communicable diseases (Malaria, AIDS and TB) from 60 in 2017 to 30 by 2025)	60	57.2	52.8	50.8	35	40.4	There is some reduction from the previous FY though target not achieved.
	Malaria		7.5	6.5	7	8	5.7	A total of 2,593 malaria related deaths out of 45,665 total deaths (all causes) were reported at health facilities.
	AIDS		39.2	35.8	39.1	5.9	26.0	
	TB		9.5	5.2	18	1.8	8.7	
	17. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (per 100,000)	54	NA	NA	NA	45	28.1	Global Health Statistics Report
KRA 3:	Improvement in the social determinants of health and safety							
	18. Prevalence of teenage pregnancy (%)	25	NA	NA	24	16	24	
	19. Stunting U5 (%)	29	25	25	25	21	26	Karamoja sub-region has the highest prevalence of stunting (43.9%), wasting (12.5%), and underweight (32.4%) among children under five. Followed by Kigezi sub-region, with high stunting prevalence (41.5%) and overweight (5.9%).
	Male		30.8	30.8			22.9	This shows that females are more stunted than males
	Female		20.2	20.2			29.2	
	20. Wasting U5 (%)	4	3.2	3.2	2.9	2	2.9	
	Urban		4.3	4.3			2.1	
	Rural		2.8	2.8			3.2	
	21. Mortality attributed to Injuries (%)	13	11	16	4.5	9	6	
	Women	24	11.8	11.8	8.4	14	12.3	An increase from 7.5% (STEPS 2014)
	Men	9	2.3	2.3	1.5	5	6.2	An increase from 1.8% (STEPS 2014)
	Children U5	7.5	3.1	3.1	3.4	4	3.4	
	23. Alcohol abuse rate	5.8	2.5	6.5	6.5	5	4.4	STEPS 2023. There were 13,140 OPD attendances due to alcohol use disorder in FY 2023/24
	24. Improved sanitation coverage (toilet)	19	24.5	24.5	44	37	44	Source NSDS Report 2021 & Census Report 2024

KRA	Description	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Performance 2022/23	Target 2023/24	Performance 2023/24	Remarks
	25. Improved handwashing facility	34	44.7	44.7	49.5	46	47	Census Report 2024
KRA 4	Reduced fertility and dependence ratio							
	26. Total Fertility Rate	5.4	NA	NA	5.2	4.6	5.2	No new data since UDHS, 2022
	27. Adolescent fertility rate (Birth rate per 1,000 adolescent women)	132/1,000	111/1,000	111/1,000 (2017 Estimates)	128/1000	130	61/1,000	Census 2024
	10 – 14 years	2/1,000	NA	NA	NA		1/1,000	Census 2024
	28. Unmet need for Family Planning	28	31	22.7	22	14	20.5	
KRA 5	Universal Health Coverage							
	29. Proportion of the population accessing health insurance (%)	5.1	3.9	3.9	2.1	22	1.1	No major variation between males (1.1%) and females (1%)
	<i>Urban</i>		6.4	6.4	NA		NA	
	<i>Rural</i>		2	2	NA		NA	
	30. Out of pocket health expenditure (financial protection for ill health)	42	41	37.1	27.4	26	27.4	
	31. Readiness capacity of health facilities to provide general services	52	58	58	59	75	59	HHFA not undertaken during the review period.
KRA 6	All key forms of inequalities reduced							
	32. Proportion of the population accessing Universal health care, (UHC Index),	45	NA	NA	49	57	49	Based on Global Monitoring report for UHC 2023.

2.2 DISEASE BURDEN

The disease burden has been analysed based on data generated from the Health Information Management System using the District Health Information System Software (DHIS2). A total of 6,546 health facilities are coded and 52.4% are owned by government, 14.8% Private Not-For Profit (PNFP), and 32.8% for the Private Health Providers (PHPs).

TABLE 5: HEALTH FACILITIES BY LEVEL AND OWNERSHIP IN FY 2023/24

Facility Level	Public		PNFP		PHP		Total	
	Number	%	Number	%	Number	%	Number	%
National Referral Hospitals	9	0	0	0	0	0	9	0.1
Regional Referral Hospitals	16	0	0	0	0	0	16	0.3
General Hospitals	54	2	73	8	62	3	189	2.9
Health Centre IVs	199	6	35	4	28	1	262	4.0
Health Centre IIIs	1,435	42	359	37	246	11	2,040	31.2
Health Centre IIs	1,717	50	447	46	1,448	67	3,612	55.2
Clinics	0	0	52	5	366	17	418	6.4
TOTAL	3,430	100	966	100	2,150	100	6,546	100

* Many facilities, particularly PHP have been categorized by districts as nonfunctional and do not report through the MoH DHIS2

2.2.1 Outpatients Department (OPD) Attendances

There was a decrease in the total OPD attendances (new and revisits) by 1.8% to 45,427,970 attendances compared to 46,261,118 in FY 2022/23, giving a **per capita OPD attendance of 0.96** compared to 1.0 in FY 2022/23. OPD attendances for children under 5 years accounted for 17.1% (Males 8.2% & Females 8.8%) of all attendances whereas females above 5 years accounted for 52.6% of all the OPD attendances. Overall, there is a 11.2% reduction in the number of under 5 OPD attendances from 8,723,403 in 2022/23 to 7,747,714 in 2023/24.

TABLE 6: TRENDS IN OPD ATTENDANCES BY AGE GROUP

FY	Under 5 years			5 Above years			Total
	Male	Female	All Sexes	Male	Female	All Sexes	
2023/24	3,740,177	4,007,537	7,747,714	13,798,873	23,881,383	37,680,256	45,427,970
	8.2%	8.8%	17.1%	30.4%	52.6%	82.9%	100.0%
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%
2020/21	4,463,504	4,841,826	9,305,330	13,930,724	23,841,714	37,772,438	46,723,443
	9.5%	10.4%	19.9%	29.8%	51%	80.8%	100%

75.1% of patients attended OPD services from the government health facilities, 13.4% from PNFPs and 11.5% from PHPs.

Up to 64% of the population utilized the Primary Health Care services provided at the lower-level public health facilities (HC IVs, IIIs and IIs) and thus the need for continued investment and improvement of the quality of services as they are more accessible to the population.

TABLE 7: OPD ATTENDANCES BY HEALTH FACILITY LEVEL AND OWNERSHIP IN FY 2023/24

Facility Level	Government		PNFP		PHP		Total	
	Number	%	Number	%	Number	%	Number	%
NRH	701,543	2.1	-	-	-	-	701,543	1.5
RRH	1,601,791	4.7	-	-	-	-	1,601,791	3.5
General Hospitals	2,524,093	7.4	2,102,402	34.6	1,332,534	25.6	5,959,029	13.1
Health Centre IVs	4,614,671	13.5	238,892	3.9	373,546	7.2	5,227,109	11.5
Health Centre IIIs	15,984,217	46.8	1,890,294	31.1	530,386	10.2	18,404,897	40.5
Health Centre IIs / Clinics	8,712,540	25.5	1,851,256	30.4	2,969,785	57.0	13,533,581	29.8
TOTAL	34,138,855	100.0	6,082,844	100.0	5,206,251	100.0	45,427,950	100

In terms of workload, the RRHs have the highest patient load per hospital at 94,223 average OPD attendances per year compared to 31,529 at general hospitals, 19,951 at HC IVs/Community hospitals and 9,022 average OPD attendance per year at HC IIIs. The high patient volume at the RRHs affects quality of care and contributes to the high stock out of commodities. There is need to establish a gatekeeping mechanism to allow referral hospitals provide quality secondary and tertiary care services. This can be through strengthening the HC IV level to deliver the expanded range of services as per the Uganda Essential Health Care Package 2024.

In addition, there is variation in outputs per health facility, e.g. outputs for the different hospitals at the RRH or general hospital level vary. Therefore, there is need to develop a mechanism for resource allocation including medicines and health supplies based on outputs than standardization.

TABLE 8: TRENDS IN OPD ATTENDANCES BY HEALTH FACILITY LEVEL

Level	FY 2021/22			FY 2022/23			2023/24			
	No. of Health Facilities reporting	% of OPD Attendances	Average OPD Attendances	No. of Health Facilities reporting	% of OPD Attendances	Average OPD Attendances	No. of Health Facilities reporting	No. of OPD Attendances	% of OPD Attendances	Average OPD Attendances
NRH	5	0.5%	45,280	5	0.5%	45,307	9	701,543	1.5%	87,693
RRH	16	3.6%	99,451	16	3.4%	91,759	16	1,601,791	3.5%	94,223
GH	190	11.5%	26,796	183	12.6%	29,140	189	5,959,029	13.1%	31,529
HC IV	240	9.8%	18,070	245	11.3%	20,145	262	5,227,109	11.5%	19,951
HC III	1,635	37.8%	10,265	1,879	40.2%	9,252	2,040	18,404,897	40.5%	9,022
HC II	3,413	33.8%	4,396	3,303	29.0%	2,803	3612	12,125,315	26.7%	3,357
Clinic	437	3.1%	3,193	394	3.0%	2,236	418	1,408,267	3.1%	3,369
Total	5,936	100%	7,485	6,025	5,849	100%	6,546	45,427,950	100.0%	6,940

2.2.2 Common Conditions in OPD Attendance

Malaria remains the leading condition accounting for 29.4% of all OPD attendances in FY 2023/24 compared to 31.1% in 2022/23, followed by cough or cold (no pneumonia) at 21.6%, urinary tract infections (5.9%) and skin disorders at 5.7%. It is worth noting that there was an 16% reduction in the number (12,147,796) of malaria cases reported in FY 2023/24 compared to 14,381,183 in FY 2022/23. Similarly, there was a reduction in the number of OPD attendance dues to cough or cold by 8%, however, the number of urinary tract infections increased by 12%. The 93% increase in skin diseases needs to be further investigated. (Table 9).

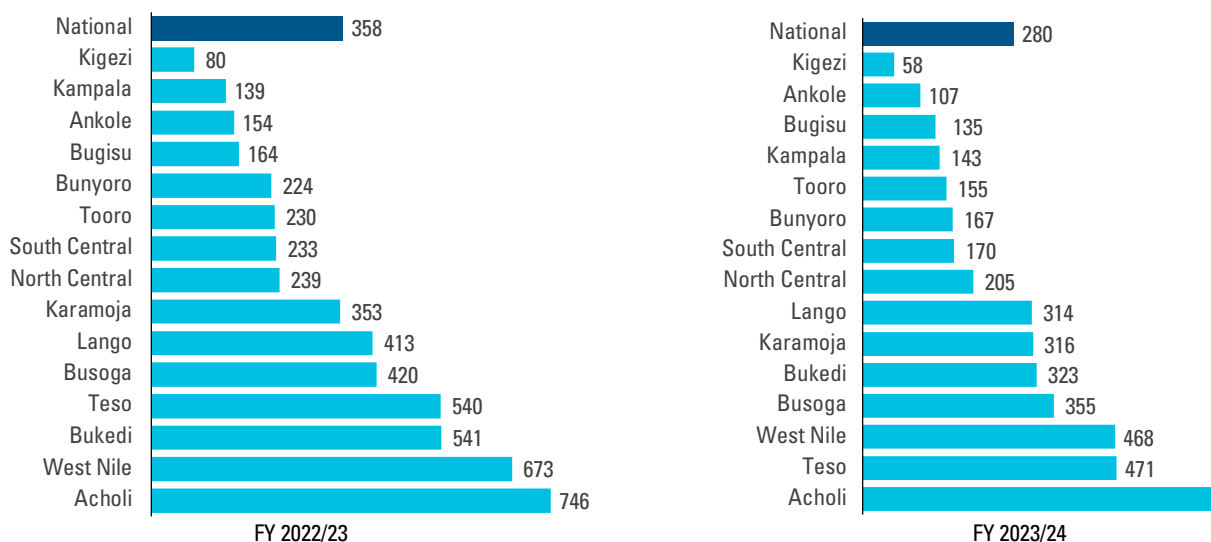
TABLE 9: CHANGE IN THE NUMBER OF CONDITIONS LEADING TO THE TOP CAUSES OF OPD ATTENDANCE

Diagnosis	FY 2020/21	FY 2021/22	% change	FY 2022/23	% change	FY 2023/24	% change
Malaria	13,604,703	14,295,199	5%	14,381,183	0.60%	12,147,796	-16%
Cough or cold	9,113,103	9,113,485	0%	9,347,156	2.56%	8,621,417	-8%
Urinary Tract Infections	2,143,089	2,083,578	-3%	2,102,008	0.88%	2,358,378	12%
Skin Diseases	1,507,755	1,196,614	-21%	1,181,354	-1.28%	2,281,273	93%
Gastro-Intestinal Disorders	1,952,200	1,796,554	-8%	1,819,954	1.30%	1,957,855	8%
Intestinal Worms	1,673,886	1,388,914	-17%	1,224,676	-11.82%	1,249,434	2%
Diarrhoea – Acute	1,509,895	1,170,469	-22%	1,088,847	-6.97%	1,063,049	-2%
Injuries (All causes)	508,245	629,718	23.0%	574,186	-0.70%	843,653	47%
Hypertension	705,380	717,045	1.70%	926,235	29.17%	839,087	-9%
Pneumonia	912,264	982,509	8%	871,363	-11.31%	823,771	-5%

Whereas all regions in the country are affected the most affected were Acholi, Teso, West Nile, Busoga, Bukedi, Karamoja and Lango.

TABLE 10: MALARIA INCIDENCE AND DEATHS BY REGION IN FY 2023/24

Region	Confirmed malaria cases	Malaria cases per 1,000 persons	% of malaria cases to OPD attendance	Test Positivity rate (%)	Malaria deaths
Acholi	1,227,630	659	39.8	63.6	313
Ankole	402,474	107	13.3	21.2	111
Bugisu	342,093	135	18.5	19.5	385
Bukedi	728,487	323	31.8	33.8	145
Bunyoro	484,818	167	26.2	46.9	251
Busoga	1,573,224	355	38.3	26.6	374
Kampala	254,750	143	6.2	17.9	106
Karamoja	424,285	316	30.8	54.1	172
Kigezi	97,280	58	4.8	8.4	21
Lango	832,507	314	39.8	59.4	293
North Central	940,602	205	23.6	40.8	345
South Central	709,161	170	18.6	48.8	231
Teso	1,002,882	471	40.9	51.3	227
Tooro	597,403	155	20.7	45.8	285
West Nile	1,352,442	468	32.8	45.5	323
National	10,970,038	240	27.2	42.2	3,582

FIGURE 10: REGIONAL VARIATION IN THE INCIDENCE OF MALARIA IN THE LAST TWO FINANCIAL YEARS

A number of interventions were carried out to address the malaria epidemic in the country. In the months of December 2023 and March 2024, NMCD carried out key interventions such as: IRS in West Nile and Bukedi regions and LLINs mass distribution. These have contributed to the reduction in the malaria cases in the last quarter of this financial year.

Districts from regions with high malaria burden will be prioritized for trainings and mentorships in malaria mortality audits and integrated management of malaria

A total of 20 (West Nile – 09; Lango – 02; Teso – 02; Busoga – 02 and Bukedi – 07) districts conducted IRS. In these districts 6.8 million people in 1.92 million structures were targeted while 1.7 (88.5%) million structures were sprayed and 6.04 million (89%) people were protected.

All the 11 targeted LGs conducted larviciding interventions (i.e. Mitooma, Otuke, Lira, Lira city, Kabale, Kisoro, Rubanda, Alebtong, Pallisa, Kibuku and Namutumba).

Seasonal Malaria Chemoprevention (SMC) is a malaria prevention strategy that involves administering monthly doses of antimalarial drugs to children up to the age of 5 years ahead of malaria peak transmission season. SMC was conducted in all the nine districts of Karamoja Region targeting a total of 257,019 children of which 268,380 (104%) children were reached and the activity was initiated in May 2023 and concluded in October 2023.



TABLE 11: TOP 20 DISEASE CONDITIONS AMONG OPD ATTENDANCES

Diagnosis	Total	% Of OPD attendance		Under 5		Above 5		Total	% Of OPD attendance
		Male	Female	Male	Female	Male	Female		
Malaria	14,381,183	1,173,888	1,271,591	2,445,479	3,460,881	6,241,436	9,702,317	12,147,796	30.7
Cough or cold - No Pneumonia	9,347,156	1,027,864	1,140,201	2,168,065	2,455,393	3,997,959	6,453,352	8,621,417	21.8
Urinary Tract Infections	2,102,008	39,883	40,182	80,065	591,174	1,687,139	2,278,313	2,358,378	6.0
Skin Diseases	1,181,354	177,214	1,244,461	1,421,675	363,358	496,240	859,598	2,281,273	5.8
Gastro-Intestinal Disorders (non-Infective)	1,819,954	57,755	62,486	120,241	562,112	1,275,502	1,837,614	1,957,855	4.9
Intestinal Worms	1,224,676	118,116	139,474	257,590	365,996	625,948	991,844	1,249,434	3.2
Diarrhoea - Acute	1,088,847	279,538	293,369	572,907	221,004	269,138	490,142	1,063,049	2.7
Injuries (All Causes)	629,718	10,763	9,428	20,191	140,297	97,017	237,314	843,653	2.1
Hypertension	926,235	0	0	0	261,358	577,729	839,087	839,087	2.1
Pneumonia	871,363	199,904	207,174	407,078	166,019	250,674	416,693	823,771	2.1
Pelvic Inflammatory Disease (PID)	478,504	-	2,186	2,186	-	508,486	508,486	510,672	1.3
Tooth extractions	511,924	0	0	0	0	0	0	0	-
Sexually Transmitted Infection	505,125	3,344	3,836	7,180	136,678	358,104	494,782	501,962	1.3
Allergic conjunctivitis	413,812	36,883	39,901	76,784	187,212	234,443	421,655	498,439	1.2
Bacterial Conjunctivitis	352,313	64,415	71,115	135,530	148,008	208,465	356,473	492,003	1.2
Dental Caries	403,989	7,520	9,482	17,002	179,672	248,961	428,633	445,635	1.1
Tonsillitis	474,918	17,416	20,645	38,061	129,560	215,185	344,745	382,806	1.0
Epilepsy	263,843	9,070	7,239	16,309	129,686	134,323	264,009	280,318	0.7
Otitis media acute and chronic	206,678	31,615	48,355	79,970	61,241	85,487	146,728	226,698	0.6
Other eye conditions	-	10,804	12,817	23,621	75,044	97,706	172,750	196,371	0.5
Typhoid Fever	-	6,552	4,131	10,683	71,631	112,376	184,007	194,690	0.5
Diabetes mellitus	330,928	-	-	-	-	-	-	-	-
All other OPD attendance	8,746,590	225,548	223,913	449,461	1,227,543	1,973,318	3,200,861	3,650,322	9.2
Total	46,261,118	3,498,092	4,851,986	8,350,078	10,933,867	19,695,536	30,629,403	39,565,629	100.0%

2.2.3 Injuries among OPD Attendances

A total of 843,653 OPD attendances were due to all types of injuries. Trauma due to other causes accounted for 42% of all injuries, followed by soft tissue injuries at 19% and RTIs due to motorcycles 10%. Injuries related to Gender-Based Violence (GBV) increased by 20.2% from 65,269 in FY 2022/23 to 78,466 cases in FY 2023/24 across all age groups. Notably, 35% (27,383) of these cases involved children under 19 years of age.

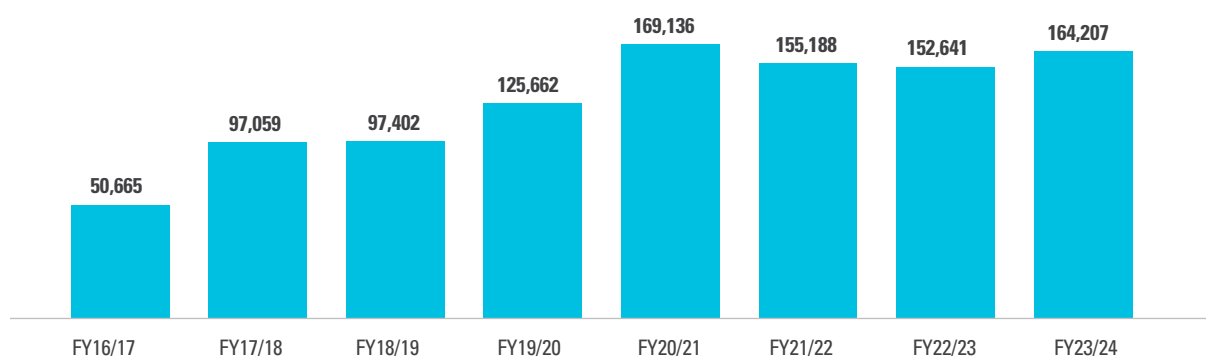
TABLE 12: CAUSES OF INJURIES AMONG OPD ATTENDANCES IN FY 2023/24

Type of Injury	Under 5 years		Total < 5 years	Above 5 years		Total > 5 years	Overall Total	%
	Male	Female		Male	Female			
Injuries (Trauma due to other causes)	14,933	14,636	29,569	154,326	166,744	321,070	350,639	42
Soft tissue injuries	4,764	4,842	9,606	81,975	65,462	147,437	157,043	19
Road Traffic Injuries - Motor Cycle	1,731	1,815	3,546	52,982	31,717	84,699	88,245	10
Injuries due to GBV	4,196	614	4,810	22,115	51,541	73,656	78,466	9
Road Traffic Injuries - Others	1,210	1,192	2,402	20,082	15,628	35,710	38,112	5
Chest trauma/Injury	229	277	506	18,036	18,756	36,792	37,298	4
Burn injuries	4,432	4,334	8,766	17,302	7,392	24,694	33,460	4
Road Traffic Injuries - Motor Vehicle	479	536	1,015	15,941	11,034	26,975	27,990	3
Ocular trauma and Burns	2,210	521	2,731	6,702	5,752	12,454	15,185	2
Road Traffic Injuries - Bicycles	336	429	765	5,679	3,404	9,083	9,848	1
Jaw injuries	136	324	460	3,573	3,334	6,907	7,367	1
Total	34,656	29,520	64,176	398,713	380,764	779,477	843,653	1.00

Source: MoH, DHIS2

The number of RTIs seen at health facilities has increased by 7.6% to 164,207 cases compared to 152,641 in FY 2022/23 giving a RTI incidence of 346 per 100,000 population in FY 2023/24 compared to 331 per 100,000 population in FY 2022/23.

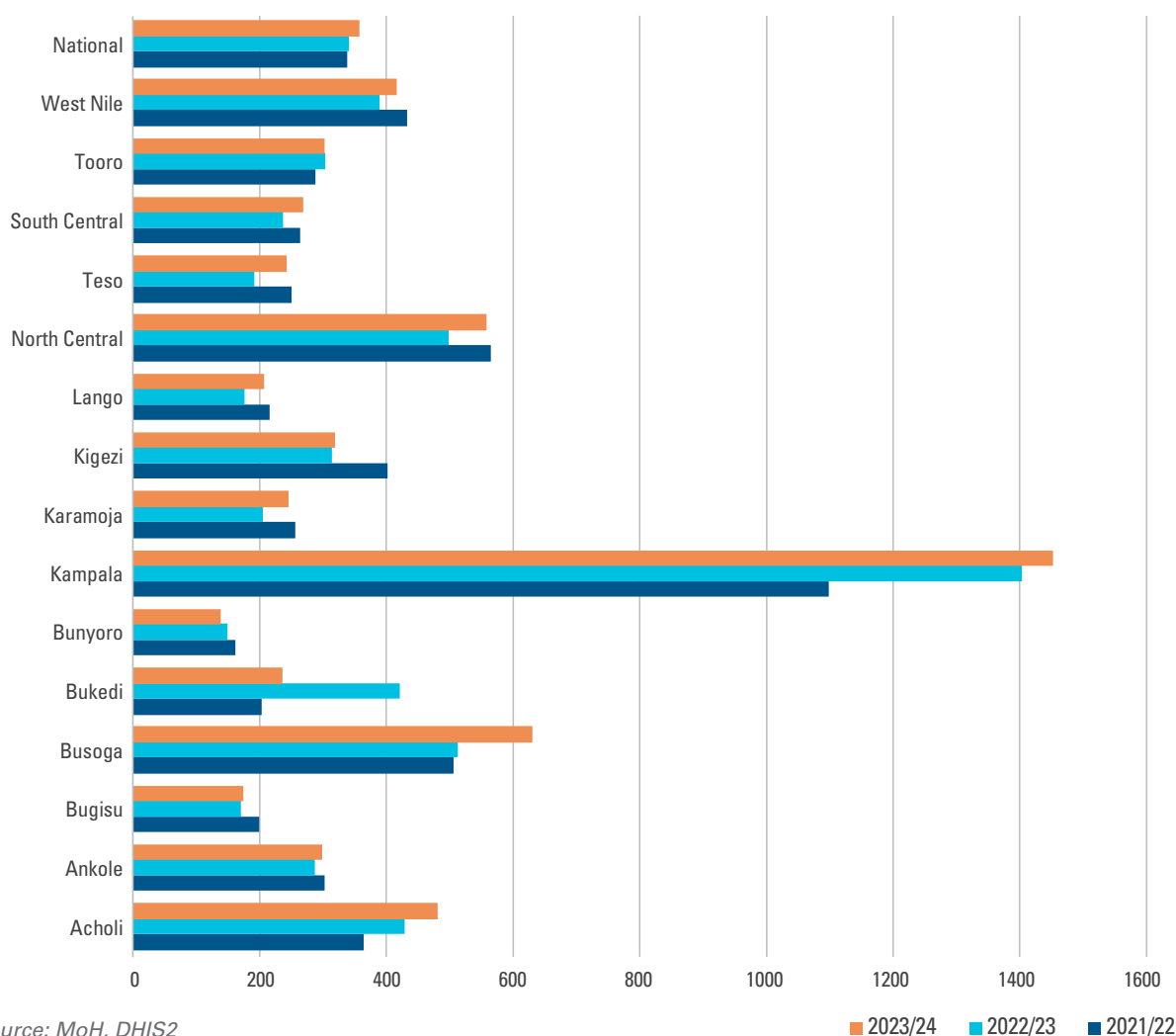
FIGURE 11: TREND FOR RTIS SEEN AT HEALTH FACILITIES



Source: MoH, DHIS2

The rate of RTIs is higher in the urbanized areas of Kampala, Busoga and North Central regions. However, not all RTIs are reported at the health facilities, suggesting that the actual burden may be higher than documented.

FIGURE 12: TRENDS IN REGIONAL VARIATIONS OF RTIS RATES PER 100,000 POPULATION



Source: MoH, DHIS2

TABLE 13: NUMBER AND RATE PER 100,000 POPULATION OF RTIS BY REGION

Region	2021/22		2022/23		2023/24	
	Number of RTIs	Rate /100,000	Number of RTIs	Rate /100,000	Number of RTIs	Rate /100,000
Ankole	3,718	302	2,974	287	10,749	299
Acholi	21,334	364	19,168	429	9,841	481
Bugisu	10,865	199	10,350	170	4,131	174
Bukedi	5,660	203	11,751	421	6,579	236
Bunyoro	7,450	162	8,780	149	6,098	139
Busoga	9,726	506	10,253	513	13,958	630
Kampala	16,901	1,098	15,167	1,402	27,246	1,452
Karamoja	11,220	256	11,373	205	3,571	246
Kigezi	5,539	402	4,507	314	5,675	319
Lango	4,728	216	4,037	176	5,311	207
N. Central	6,158	565	4,734	498	16,914	558
S. Central	20,593	264	26,294	237	21,724	269
Teso	7,072	250	6,531	192	5,988	243
Tooro	7,156	288	5,597	303	10,209	302
West Nile	17,132	433	15,109	389	16,213	416
Total	155,252	338	156,625	341	164,207	357

2.2.4 Status of Emergency Medical Services in Uganda

The reported number of emergency cases was 828 cases per 100,000 population. Kampala reported the highest number of emergency cases, followed by South-Central, Acholi, Busoga, and West Nile. In contrast, Teso reported the lowest number of emergency cases during FY 2023/24. On average, 54.8% of all emergency cases received care at the scene of the emergency, and only 7.4% arrived at health facilities using ambulance services. Among these, 80.8% accessed care within one hour of arrival at the emergency units, with a case fatality rate of 10.2% was recorded within the emergency units.

TABLE 14: STATUS OF EMERGENCY MEDICAL SERVICES IN THE COUNTRY DURING FY 2023/24

Regions	Emergency Cases per 100,000	Emergency patients that received care at the scene	%	Emergency cases that arrive at the facility using an Ambulance	%	Emergency patients that accessed care within 1hr in an emergency unit	%	Deaths in Emergency Unit	%
Acholi	1,399	16,774	58.6%	2,086	7.3%	21,006	73.3%	1,277	4.5%
Ankole	617	11,629	52.3%	3,839	17.3%	12,738	57.3%	4,370	19.7%
Bugisu	562	3,199	23.9%	1,959	14.7%	10,652	79.7%	1,207	9.0%
Bukedi	672	14,940	79.6%	1,882	10.0%	17,568	93.6%	1,172	6.2%
Bunyoro	323	4,427	31.4%	678	4.8%	11,324	80.2%	839	5.9%
Busoga	1,349	13,020	43.6%	1,411	4.7%	24,335	81.4%	2,630	8.8%
Kampala	2,546	35,867	75.1%	2,173	4.6%	36,736	76.9%	4,675	9.8%
Karamoja	346	846	16.8%	951	18.9%	4,894	97.4%	395	7.9%
Kigezi	688	4,196	34.3%	649	5.3%	12,055	98.5%	505	4.1%
Lango	688	13,759	77.9%	1,059	6.0%	15,964	90.4%	7,088	40.1%
North Central	604	41,242	84.5%	2,380	4.9%	39,651	81.2%	3,692	7.6%
South Central	2,138	18,940	29.2%	2,549	3.9%	54,971	84.8%	6,941	10.7%
Teso	165	2,568	63.4%	375	9.3%	3,727	92.0%	410	10.1%
Tooro	399	9,248	68.5%	1,031	7.6%	8,630	64.0%	2,135	15.8%
West Nile	1,018	17,843	45.0%	5,325	13.4%	33,113	83.4%	1,660	4.2%
Total	828	208,498	54.8%	28,347	7.4%	307,364	80.8%	38,996	10.2%

The National Average Ambulance utilization was 7.5%. Karamoja had the highest proportion of emergency patients evacuated by ambulance at 18.9% followed by Ankole (17.3%), Bugisu (14.7%), and West Nile (13.4%). On the other hand, South-Central reported the lowest utilization of ambulance services at 3.9%.

The decline in emergency patients arriving at health facilities by ambulance over the past five years highlights gaps in reporting from the different departments in health facilities and resource constraints like limited fuel and staffing. Addressing these gaps requires better inter-program collaboration, standardized reporting, staff training, and improved monitoring to accurately capture ambulance service utilization and enhance emergency care delivery.

FIGURE 13: TREND OF EMERGENCY PATIENTS WHO ARRIVED AT HEALTH FACILITY IN AN AMBULANCE

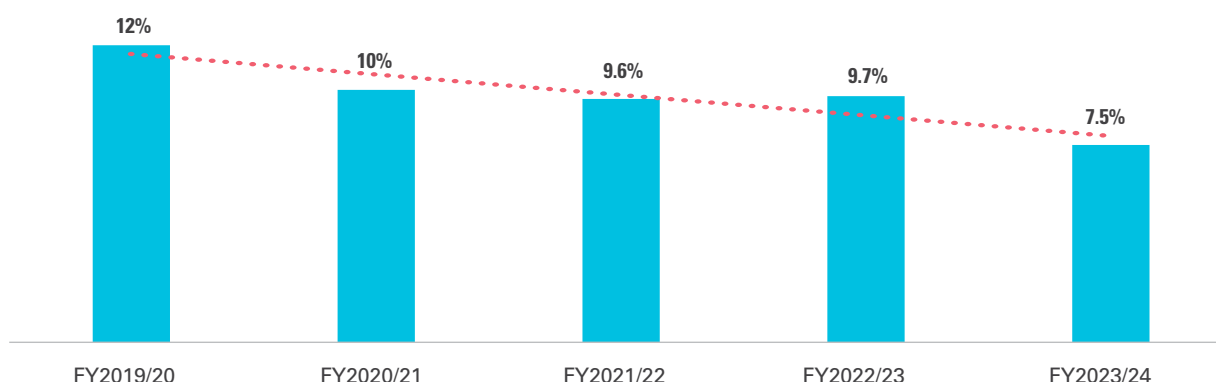
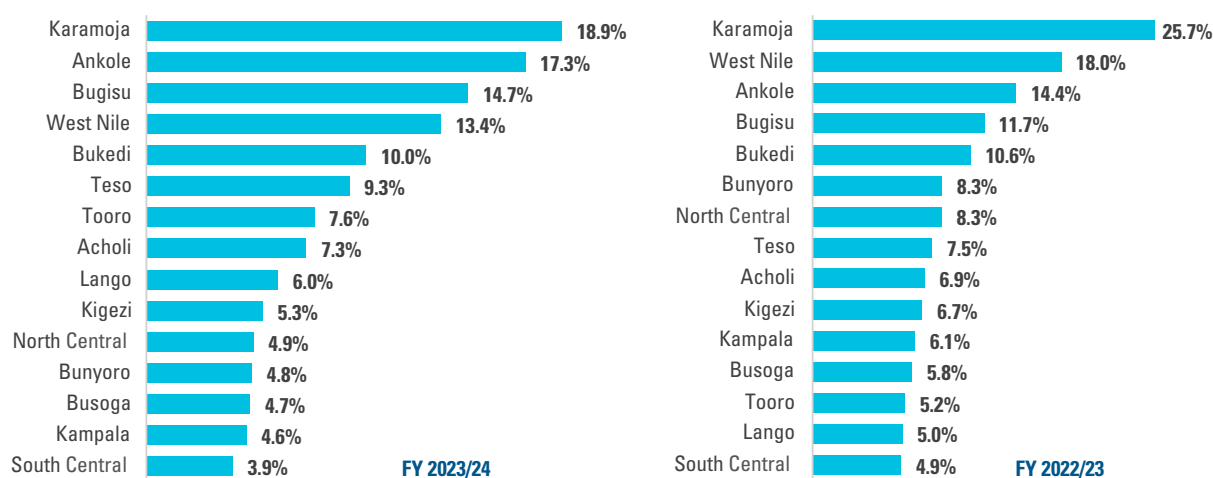


FIGURE 14: REGIONAL TREND OF EMERGENCY PATIENTS WHO ARRIVED AT HEALTH FACILITY IN AN AMBULANCE



2.2.5 Mental Health Conditions among OPD Attendance

Mental health conditions contributed 1% (616,175/45,428,463) of all OPD attendances.

An increase of 16% was observed in the number of outpatient attendances due to mental health conditions in FY 2023/24.

OPD attendance due to mental health conditions were highest among females 20 years above (41%) compared to other population groups. OPD attendances due to alcohol use disorder and substance (drug) use disorders are up to three times among males more than females.

TABLE 15: MENTAL HEALTH CONDITIONS AMONG OPD ATTENDANCES BY AGE GROUP IN FY 2023/24

Diagnosis	Under 5		5-19 years		20+Yrs		Total
	Male	Female	Male	Female	Male	Female	
Anxiety Disorders	146	183	3,216	6,691	13,473	24,012	47,721
Anxiety Disorder due to GBV	12	17	564	2,728	2,658	8,118	14,097
Unipolar Depressive Disorder	-	-	6,364	14,222	15,933	59,758	96,277
Bipolar disorder	127	117	2,878	4,396	21,735	29,193	58,446
Schizophrenia	0	0	1,202	1,377	13,115	13,149	28,843
Post-traumatic stress disorder	147	85	1,057	1,463	4,704	4,940	12,396
Epilepsy	9,072	7,244	55,276	49,177	74,469	85,213	280,451
HIV related psychosis	-	-	1,039	631	3,420	4,523	9,613

Diagnosis	Under 5		5-19 years		20+Yrs		Total
	Male	Female	Male	Female	Male	Female	
Alzheimer's disease	-	-	-	-	289	347	636
HIV related dementia	-	-	-	-	302	390	692
Alcohol-related Dementia	-	-	-	-	556	306	862
Dementia due to stroke (Diabetes, Hypertension)	-	-	-	-	688	901	1,589
Other form of Dementia	-	-	-	-	1,462	1,994	3,456
Other Adult Mental Health Conditions	-	-	2,366	2,549	12,009	13,604	30,528
Internet addiction	-	-	78	99	456	274	907
Alcohol Use Disorder	-	-	844	569	8,526	3,201	13,140
Substance (Drug) use Disorder	-	-	1,180	720	6,905	2,686	11,491
Delirium	-	-	34	23	1,509	355	1,921
Intellectual disability	-	-	754	578	311	297	1,940
Autism spectrum disorders	213	180	353	226	101	96	1,169
Total	9,717	7,826	77,205	85,449	182,621	253,357	616,175
Percentage	2%	1%	13%	14%	30%	41%	100%

Source: MoH, DHIS2

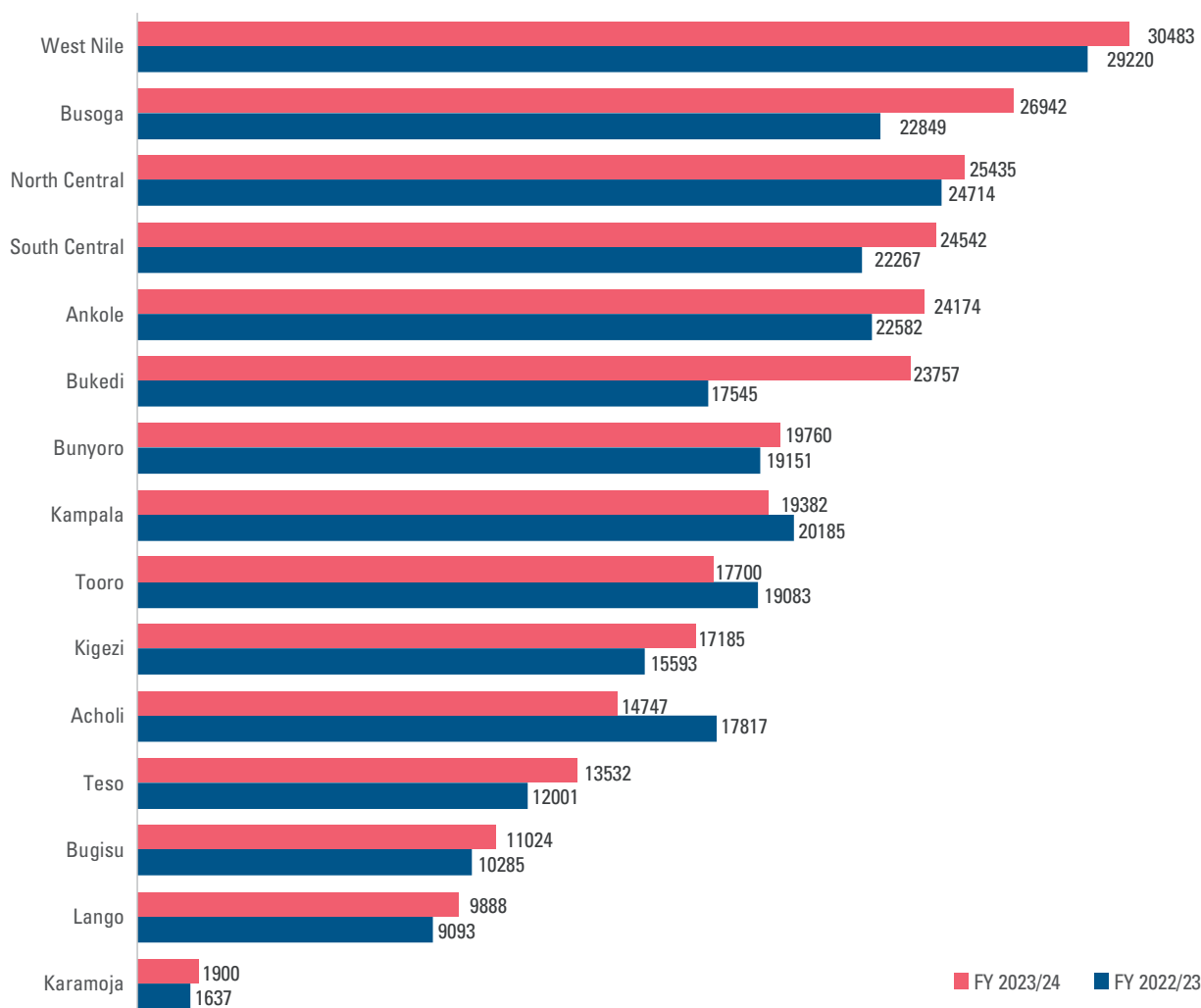
Epilepsy remains the most common mental health condition constituting 45.5% of attendances followed by Unipolar Depressive Disorder at 15.6% and bipolar disorders at 9.5%. The number of attendances due to unipolar depressive disorder increased significantly by 53% from 44,824 in FY 2022/23 to 96,277 in 2023/24 (15).

TABLE 16: MENTAL HEALTH CONDITIONS AMONG OPD ATTENDANCES

No.	Diagnosis	2021/22		2022/23		2023/24	
		Number	%	Number	%	Number	%
1	Epilepsy	251,979	55.4	263,843	50.7	280,451	45.5
2	Unipolar Depressive Disorder	18,378	4	44,824	8.6	96,277	15.6
3	Bipolar disorder	44,234	9.7	50,657	9.7	58,446	9.5
4	Anxiety Disorders	40,222	8.8	40,764	7.8	47,721	7.7
5	Other Adult Mental Health Conditions	21,232	4.7	27,744	5.3	30,528	5.0
6	Schizophrenia	23,649	5.2	26,471	5.1	28,843	4.7
7	Anxiety Disorder due to GVB	7,518	1.7	11,078	2.1	14,097	2.3
8	Alcohol Use Disorder	10,468	2.3	11,038	2.1	13,140	2.1
9	Post-Traumatic Stress Disorder	13,845	3	13,293	2.6	12,396	2.0
10	Substance (Drug) use Disorder	6,155	1.4	7,096	1.4	11,491	1.9
11	HIV related psychosis	8,143	1.8	9,150	1.8	9,613	1.6
12	Other forms of Dementia	2,676	0.6	3,355	0.6	3,456	0.6
13	Intellectual disability	805	0.2	3,776	0.7	1,940	0.3
14	Delirium	684	0.2	1,012	0.2	1,921	0.3
15	Dementia due to stroke	1,283	0.3	1,325	0.3	1,589	0.3
16	Autism spectrum disorders	950	0.2	1,110	0.2	1,169	0.2
17	Internet addiction	971	0.2	2,097	0.4	9,07	0.1
18	Alcohol-related Dementia	975	0.2	980	0.2	862	0.1
19	HIV related dementia	544	0.1	412	0.1	692	0.1
20	Alzheimer's disease	442	0.1	589	0.1	636	0.1
Total		455,153	100	520,614	100	616,175	100

Except for Acholi, Tooro and Kampala, all other regions reported an increase in OPD attendance due to epilepsy. West Nile region still has the highest number of OPD attendances due to epilepsy followed by Busoga and North Central regions (Figure 15).

FIGURE 15: REGIONAL VARIATIONS FOR OPD ATTENDANCE DUE TO EPILEPSY



2.2.6 Inpatient Admissions

Inpatient admissions increased by 5.7% from 3,385,664 in 2022/23 to 3,579,106 in FY 2023/24.

FIGURE 16: TRENDS IN INPATIENT ADMISSIONS



Source: MoH DHIS 2

Admissions for children under 5 years accounted for 36.1% of all admissions compared to 38.7% in FY 2022/23. There is no significant variation in admissions for males and females under 5 years of age. **Admissions for females above 5 years accounted for 41.6% of all admissions compared to 22.4% 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

FY		0-4 Yrs			5+ Yrs			Total
		Male	Female	Total	Male	Female	Total	
2023/24	Number	569,300	424,467	993,767	616,464	1,147,338	1,763,802	2,757,569
	%	20.6%	15.4%	36.1%	22.4%	41.6%	63.9%	100%
2022/23	Number	687,850	622,791	1,310,641	760,652	1,314,371	2,075,023	3,385,664
	%	20.3%	18.4%	38.7%	22.5%	38.8%	61.3%	100%
2021/22	Number	635,566	567,314	1,202,880	729,573	1,256,018	1,985,591	3,188,471
	%	19.9%	17.8%	37.7%	22.9%	39.4%	62.3%	100%

By level of care, the highest number (31.7%) of patients admitted in health facilities were at HC III level followed by general hospitals (25.7%) and HC IVs (23.8%). However, in terms of workload, RRHs have the highest inpatient workload having an average of 67 new admissions per day, compared to 13 in general hospitals. This could be explained by their higher bed capacity but also weak referral system whereby patients with less severe or less complicated conditions walk into the referral hospitals for care.

TABLE 18: NUMBER OF INPATIENT ADMISSIONS BY LEVEL OF CARE

Level of Facility	FY 2022/23					FY 2023/24				
	No of HFs in DHIS2	Number of Admissions in FY 2022/23	Percent	Average admissions per year	Average new admissions per day	No of HFs in DHIS2	Number of Admissions in FY 2023/24	Percent	Average admissions per year	Average new admissions per day
Clinic	394	73,964	2.2	118	1	418	24,216	0.7	58	0.16
HC II	3,303	78,101	2.3	17	1	3,612	69,738	1.9	19	0.05
HC III	1,879	1,030,744	30.4	513	2	2,040	1,133,541	31.7	556	2
HC IV	245	804,583	23.8	3,102	9	262	851,147	23.8	3,249	9
General Hospital	183	896,615	26.5	4,482	13	189	919,717	25.7	4,866	13
RRH	16	414,938	12.3	24,409	69	17	416,328	11.6	24,490	67
NRH	5	86,719	2.6	15,865	45	8	164,419	4.6	20,552	56
Total	6,025	3,385,664	100	48,506	137	6,546	3,579,106	100	547	150

Most (75%) of patient admissions were in government health facilities followed by PNFP health facilities (19.8%). Among the PNFP and PHP health facilities most admissions were at general hospital level.

TABLE 19: INPATIENT ADMISSIONS BY HEALTH FACILITY LEVEL AND OWNERSHIP IN FY 2023/24

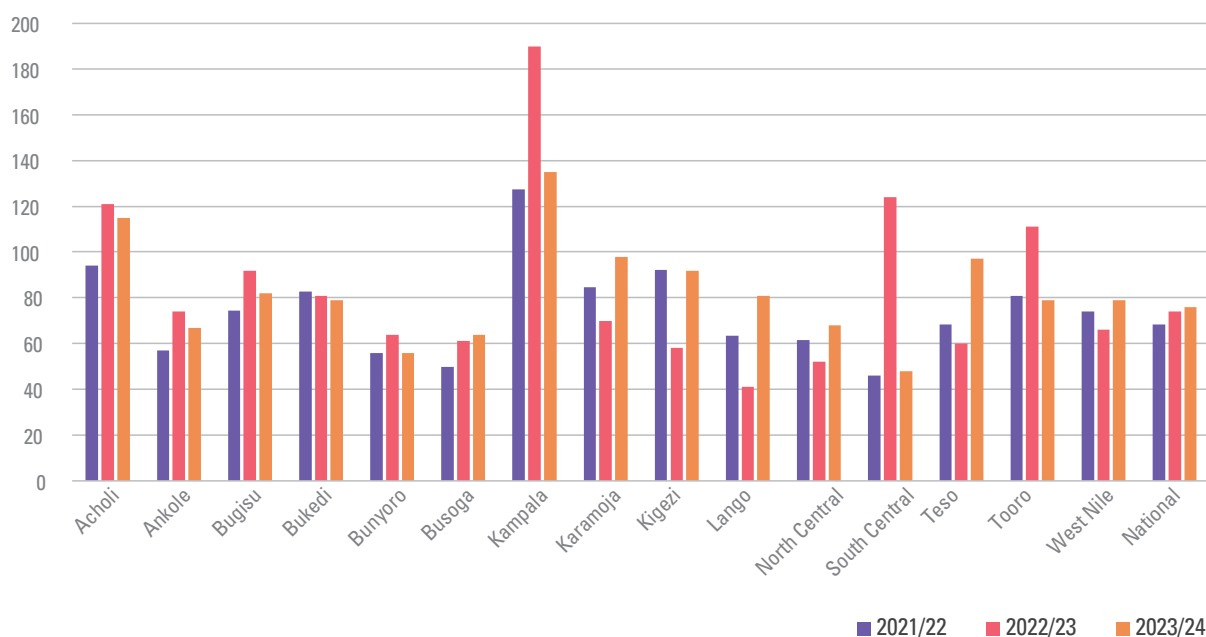
Diagnosis	Government		PNFP		PHP		Total	
	Number	%	Number	%	Number	%	Number	%
NRH	164,419	6%		0%		0%	164,419	5%
RRH	416,372	15%		0%		0%	416,328	12%
General Hospitals	531,294	20%	323,940	46%	64,483	40%	919,717	26%
Health Centre IVs	781,509	29%	54,475	8%	15,163	9%	851,147	24%
Health Centre IIIs	800,695	30%	291,050	41%	41,796	26%	1,133,541	32%
Health Centre IIs / Clinics	13,460	0%	39,963	6%	40,531	25%	93,954	3%
TOTAL	2,707,749	100%	709,428	100%	161,973	100%	3,579,106	100%

The number of patient admissions has increased from 68.2 per 1,000 in 2021/22, to 74 per 1,000 population in 2022/23 to 76 per 1,000 population in 2023/24. Kampala still has the highest admission rate, though it reduced from 190 per 1,000 population in 2022/23 to 135 per 1,000 population in 2023/24. There was significant increase in the admission rate in Karamoja, Kigezi, Teso and Lango regions by 40%, 59%, 62% and 98% respectively. (Table 20)

TABLE 20: TRENDS IN PATIENT ADMISSION RATES PER 1,000 POPULATION BY REGION

Regions	Population	No of Health facilities	No. of admissions	FY 2023/24	FY 2022/23	FY 2021/22
				Admissions per 1,000 population	Admissions per 1,000 population	Admissions per 1,000 population
Acholi	2,049,002	315	236,533	115	121	94.2
Ankole	3,782,030	520	254,965	67	74	57.1
Bugisu	2,358,400	271	194,311	82	92	74.6
Bukedi	2,470,600	270	195,887	79	81	82.9
Bunyoro	3,266,674	284	183,289	56	64	56
Busoga	4,577,600	561	293,245	64	61	49.7
Kampala	1,915,802	902	258,220	135	190	127.5
Karamoja	1,285,000	151	125,913	98	70	84.5
Kigezi	1,541,100	347	142,340	92	58	92.1
Lango	2,652,500	247	215,769	81	41	63.3
North Central	4,746,900	697	322,243	68	52	61.4
South Central	6,331,300	921	304,094	48	124	46.2
Teso	2,281,800	249	221,078	97	60	68.5
Tooro	3,709,245	435	294,515	79	111	81
West Nile	4,283,825	377	337,960	79	66	74
National	47,251,778	6,547	3,580,362	76	74	68.2

Source: MoH DHIS2

FIGURE 17: TRENDS IN INPATIENT ADMISSIONS PER 1,000 POPULATION BY REGION

2.2.7 Conditions Leading to Health Facility Admissions

The commonest cause of health facility admissions was malaria (29.9%) followed by urinary tract infections (6.8%), pneumonia (4.9%) and septicaemia at (3.6%). The number of admissions due to anaemia declined by 19% from 111,370 in 2022/23 to 90,466.

TABLE 21: LEADING CAUSES OF ADMISSIONS IN FY 2023/24

Condition	0-4 Yrs		Total < 5 Years	5+Yrs		Total >5 Years	Total	%
	Male	Female		Male	Female			
Malaria	168,016	154,657	322,673	152,176	242,774	394,950	717,623	26
Urinary Tract Infections	101,960	2,355	104,315	18,042	65,143	83,185	187,500	7
Pneumonia	48,879	44,866	93,745	18,652	21,836	40,488	134,233	5
Malaria in pregnancy	-	-	-	-	106,425	106,425	106,425	4
Septicemia	28,940	26,105	55,045	18,604	25,033	43,637	98,682	4
No Pneumonia - Cough and cold	26,826	25,325	52,151	17,835	25,467	43,302	95,453	3
Anaemia	21,861	17,673	39,534	24,322	26,610	50,932	90,466	3
Peptic Ulcer Disease	904	1,083	1,987	24,444	50,605	75,049	77,036	3
Abortions due to other causes	-	-	-	-	69,992	69,992	69,992	3
Diarrhea - Acute	27,193	21,806	48,999	6,985	9,574	16,559	65,558	2
Other Complications of pregnancy	-	-	-	-	50,312	50,312	50,312	2
Injuries - (Trauma due to other causes)	3,206	2,482	5,688	27,647	16,474	44,121	49,809	2
Hypertension (old cases)	44	95	139	13,339	24,129	37,468	37,607	1
Other Neonatal Conditions	19,227	15,926	35,153	-	-	-	35,153	1
Sickle cell disease	6,077	5,044	11,121	11,630	11,961	23,591	34,712	1
Motorcycle accidents	1,068	1,086	2,154	21,775	10,314	32,089	34,243	1
Neonatal Sepsis 0-7days	14,209	12,282	26,491	-	-	-	26,491	1
Premature baby	11,295	11,238	22,533	-	-	-	22,533	1
Diabetes mellitus (re-attendances)	71	170	241	9,778	12,371	22,149	22,390	1
Obstructed labour	-	-	-	-	22,390	22,390	22,390	1
Total all others	89,524	82,274	171,798	251,235	355,928	607,163	778,961	28
Total	569,300	424,467	993,767	616,464	1,147,338	1,763,802	2,757,569	100

Source: MoH DHIS2

2.2.8 Inpatient Mortality (Deaths)

The total number of deaths reported from health facilities further declined by 9% to 48,315 deaths in FY 2023/24 compared to the 6.4% decline to 53,222 deaths in FY 2022/23 from 56,878 deaths in FY 2021/22. The GHs still registered the highest proportion of inpatient deaths having 33% of the total deaths, followed by the RRHs with 29%, and NRHs 16%.

TABLE 22: TRENDS IN THE NUMBER OF INPATIENT DEATHS BY LEVEL

	FY 2021/22		FY 2022/23		FY 2023/24	
	No. of deaths	Percent	No. of deaths	Percent	No. of deaths	Percent
NRH	3,232	6%	3,628	7%	7,768	16%
RRH	12,662	22%	14,269	27%	14,052	29%
General Hos-pital	20,575	36%	16,330	31%	15,742	33%
HC IV	9,014	16%	6,220	12%	5,229	11%
HC III	7,791	14%	8,783	17%	5,116	11%
HC II	376	1%	527	1%	281	1%
Clinic	3,228	6%	3,465	7%	127	0%
Total	56,878	100%	53,222	100%	48,315	100%

Source: MoH DHIS2

Neonatal conditions have remained the leading cause of health facility deaths among all ages accounting for 9.4% this FY compared to 10.3% in FY 2022/23; followed by pneumonia (8.2%); malaria (6.5%), premature baby (4.8%); anaemia (4.5%); and hypertension (2.8%). (Table 23)

The number of malaria deaths reported have declined significantly by 31% by from 4,245 deaths in FY 202/23 to 2,917 deaths in FY 2023/24 making it the third cause of deaths. This may be attributed to early detection and improved case management as well as Integrated Community Case Management (ICCM) for children under 5 years.

Among the population above years, hypertension (old cases and new cases) is the second most cause of death reported in health facilities.

There is urgent need to strengthen screening for NCDs up to community level with special focus on hypertension, increase community awareness on early seeking treatment, capacity building for health workers in management of hypertension management and increasing supply of antihypertensives at all levels of care.

TABLE 23: LEADING CAUSES OF DEATH IN FY 2023/24

Condition	0-4 Yrs		Total < 5 Years	5+Yrs		Total >5 Years	Total	%
	Male	Female		Male	Female			
Neonatal conditions (all)	2,297	1,911	4,208	0	0	0	4,208	9.4
Pneumonia	1,448	546	1,994	965	739	1,704	3,698	8.2
Malaria	867	700	1,567	702	648	1,350	2,917	6.5
Premature baby	1,146	1,015	2,161	0	0	0	2,161	4.8
Anaemia	431	316	747	704	569	1,273	2,020	4.5
Hypertension (old cases)	73	20	93	506	642	1,148	1,241	2.8
Septicemia	281	178	459	271	253	524	983	2.2
Motorcycle accidents	61	34	95	609	227	836	931	2.1
TB	63	20	83	524	305	829	912	2.0
Diabetes mellitus (re-attendances)	20	4	24	444	436	880	904	2.0
Motor Vehicle accidents	54	18	72	602	230	832	904	2.0
Stroke/Cardiovascular Accident	22	6	28	405	416	821	849	1.9
Urinary Tract Infections	310	116	426	106	254	360	786	1.8
Injuries - (Trauma due to other causes)	89	34	123	447	165	612	735	1.6
Peptic Ulcer Disease	244	29	273	189	202	391	664	1.5
Respiratory distress	233	199	432	89	72	161	593	1.3
Hypertension (newly diagnosed cases)	54	33	87	195	304	499	586	1.3
Heart failure	23	20	43	241	294	535	578	1.3
Other Cardiovascular Diseases	30	16	46	211	241	452	498	1.1
Chronic Kidney Diseases	5	58	63	217	172	389	452	1.0
Total all others	3,019	1,370	4,389	7,047	6,850	13,897	18,286	40.7

Source: MoH DHIS2

Health facility deaths due to injuries increased by 32.2% from 2,399 to 3,174 in FY 2023/24. There is significant increase in number of deaths die to motor vehicle accidents.

TABLE 24: DEATHS DUE TO INJURIES

Cause	FY 2022/23		FY 2023/24	
	Number	%	Number	%
Motor Cycle	641	26.7%	932	29.4%
Motor Vehicle	566	23.6%	904	28.5%
Injuries - (Trauma due to other causes)	609	25.4%	744	23.4%
Others	324	13.5%	326	10.3%
Jaw injuries	30	1.3%	102	3.2%
Snakes bites	79	3.3%	93	2.9%
Bicycles	31	1.3%	14	0.4%
Animal bites - Domestic	74	3.1%	28	0.9%
Animal bites - Insects	24	1.0%	25	0.8%
Animal bites - Wild	21	0.9%	6	0.2%
TOTAL	2,399	100.0%	3,174	100.0%

Source: MoH DHIS2

2.3 PERFORMANCE AGAINST THE KEY HEALTH OUTCOME INDICATORS

For FY 2022/23, 27 (84.3%) out of the 32 key outcome indicators were assessed and 5 (15.6%) were not assessed due to lack of data. Out of the 27, the sector achieved 40.8% (11/27) compared to 42% (11/26) in FY 2022/23; made some progress though did not achieve the annual target for 25.9% (7/27) compared to 4% (1/26) the previous year; minimal, no progress or decline in 33.3% (9/27) compared to 54% (14/26) in FY 2022/23. This shows some improvement in performance over the last year.

Slow progress or non-achievement of some targets was due to very low utilization of ITNs (62%) despite household coverage being at 99% after mass net distribution (behavioral issue and not access), low retention rates of mother-baby pair on ART and loss to follow-up, inadequate follow-up of lost PLWA on ART especially among adolescents, children, pregnant and breast-feeding women, high numbers of leprosy patients in West Nile & Tooro region due influx of refugees from Congo and South Sudan, stock out of HepB vaccines upon roll out of HepB birth dose, limited awareness about cancer screening services as well as poorly equipped facilities.

Under maternal health services there is late ANC attendance affecting uptake of IPTp and ANC 4th visit coverage, inadequate supplies for anaemia screening during prenatal visits, and lack of blood transfusion services at several HC IVs for provision of CeMNOC.

TABLE 25: SUMMARY OF PERFORMANCE AGAINST THE KEY HEALTH OUTCOME INDICATORS

FY	Achieved		Progress		Not Achieved		Indicators Not Assessed	
	Number	%	Number	%	Number	%	Number	%
2023/24	11	40.8%	7	25.9%	9	33.3%	5	15.6%
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	29%	4	12.5%

Table 26 shows the trends in performance for the 32 key outcome indicators in relation to the baseline and annual targets.

TABLE 26: PERFORMANCE AGAINST THE KEY OUTCOME INDICATORS

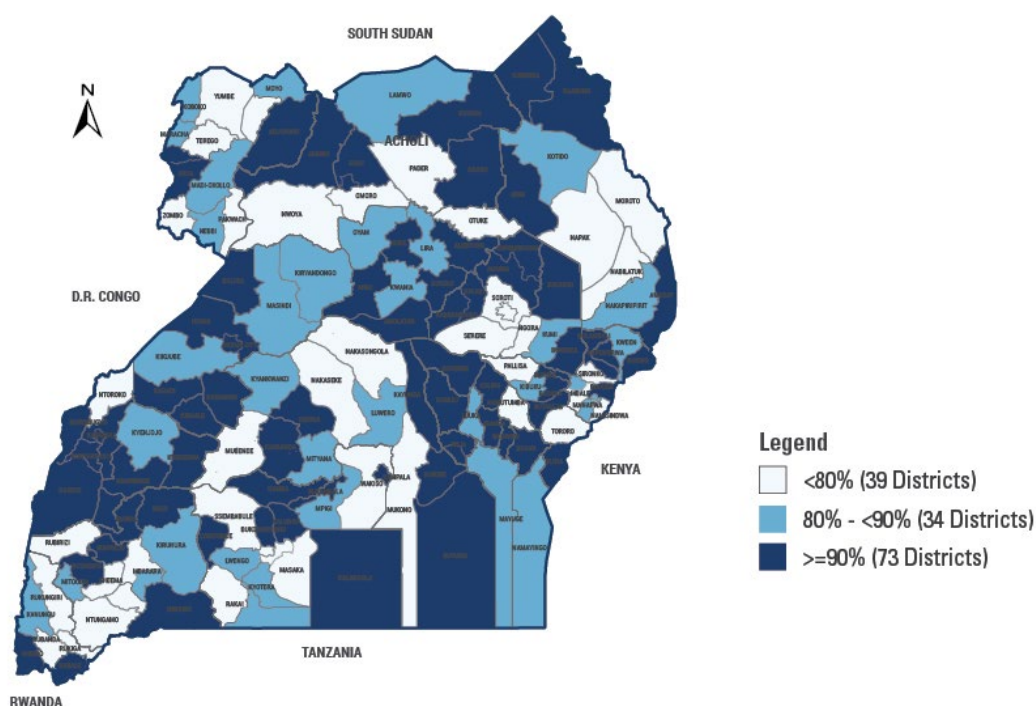
No.	Indicator	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Performance 2022/23	Target 2023/24	Performance 2023/24	Remarks
1.	DPT3HibHep3 coverage	87%	87%	91%	87%	98%	95%	Registered 9% increase in coverage. 50% of LGs had DPT ₃ coverage of less than 90%.
2.	Measles immunization coverage under 1 year (MR 1)	88%	86%	91%	88%	94%	94%	Increased by 6.8% Currently responding to measles outbreak in Nakaseke, Moroto, Kampala, Mpigi & Napak.
3.	Use of insecticide-treated bed nets for malaria prevention	68%	No data	No data	No data	89%	62%	Very low utilization of ITNs despite household coverage being at 99% after mass net distribution
4.	% of the population with knowledge and practice correct malaria prevention, control and management measures.	No data	No data	No data	No data	75%	No data	Source is Malaria Indicator Survey which is yet to be conducted.
5.	HIV positive pregnant women initiated on ARVs for EMTCT	92%	96%	98%	94%	94%	95%	This performance was majorly due to strengthened testing and case identification and use of the Audit tool
6.	HIV exposed infants with first DNA/PCR test within 2 months	56%	71%	88%	91%	95%	91%	Loss to follow up, self-stigma, denial, low male involvement, sociocultural issues and GBV.
7.	ART Coverage	86%	91%	95%	98%	95%	97%	There is continued strengthening of patient's literacy, improved linkage and retention into care.
8.	ART Retention rate at 12 months	76%	78%	83%	77%	95%	82%	Based on data for all ages for the Apr - Jun 2024. There is inadequate follow-up of lost clients especially among adolescents, children, pregnant and breast-feeding women
9.	ART Viral Load Suppression Rate among PLHAs on treatment	89%	93.50%	88%	94%	94%	96%	Lowest among children 0-9 years (87%), adolescents 10-19 years (89%); and males (92%)
10.	TB Case Notification Rate	152/100,000	161/100,000	198/100,000	212/100,000	179/100,000	198/100,000	High notification due to the accelerated TB prevention interventions like CAST+, Community TB screen using mobile clinics
11.	Leprosy patients presenting to health facilities with Grade 2 disability at the time of diagnosis	No data	12.9%	21.5%	19%	8%	10.5%	7.5% reduction Highest in West Nile with 79% (244) of the cases in FY 2023/24 due influx of refugees from Congo and South Sudan
12.	Target population fully vaccinated against COVID-19	Na	11%	57%	58%	90%	NA	Vaccination activities stopped in May, 2023
13.	Zoonotic disease detected and managed timely	100%	100%	100%	100%	100%	100%	All the 4 zoonotic diseases were responded and contained <ul style="list-style-type: none"> • Congo Crimean Hemorrhagic Fever, • Rift Valley Fever, • Anthrax and • Rabies.
14.	Target districts (51) that achieved elimination of blinding trachoma	No data	90%	90%	90%	90%	96%	Moroto and Amudat districts are still carrying out mass treatments and surveys for Trachoma.

No.	Indicator	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Performance 2022/23	Target 2023/24	Performance 2023/24	Remarks
15.	% of target population vaccinated against Hepatitis B by dose							
	1st dose	78%	77%	59%	76%	80%	28%	Hepatitis B vaccination campaign ended in 2022. The current target is facility-based testing and vaccination of those who test negative. Uptake remains slow because of the stigma, low awareness, and misinformation about the disease.
	2nd dose	39.20%	51%	29%	48%	80%	7%	
	3rd dose	15.60%	30%	23%	24%	80%	3%	
16.	Tobacco non-smoking rate	90.4%	97%	97%	84%	94%	91.7%	Only 8.3% of adults 18 – 69 years smoke
	Males	83.2%					85%	15% smoke
	Females	97.1%					97.6%	2.4% smoke
17.	Girls immunized against cervical cancer by 10 years	40%	58.6%	56%	74%	70%	75%	Intensified vaccination during the ICHD activities
18.	Cervical cancer screening in women aged 30–49 years	9.9%	No data	No data	No data	40%	23%	STEPS 2023. There is limited awareness and access to cervical cancer screening
19.	Breast cancer screening in women aged 30 - 49 years	7%	11%	No data	No data	40%	No data	Only 7% of women aged 15 – 49 years have undergone breast cancer screening. UBOS 2022
20.	Prostate cancer screening in men above 40 years	2%	No data	No data	No data	40%	No data	
21.	IP3 coverage for pregnant women	30%	50%	57%	54%	77%	54%	Late ANC attendance and stock out of SP. ANC attendance in 1st trimester is only 37%
22.	Anaemia screening at first prenatal visit	49%	21%	23%	23%	60%	23%	Inadequate supply of HB testing kits and reagents
23.	ANC 4th visit coverage	42%	48%	59%	46%	54%	49.1% (1,119,557 / 2,278,100)	Increased by 6.3%.
24.	Health facility deliveries	62%	64%	68%	64%	72%	65%	Poor reporting especially by private health facilities.
25.	HC IVs providing CeMNOc	51% (103/203)	50% (108/218)	54 (131/241)	52% (132/254)	72%	60% (159/266)	15% increase but still far from the target
26.	Maternal deaths among 100,000 health facility deliveries	92	92	83	90.3	65	82.7	Still far above the target of 65/100,000
27.	Facility based fresh still births (per 1,000 deliveries)	9	7.7	7	6.4	5	5.7	11% reduction though above the target of 5/100,000
28.	% of Maternal deaths reviewed	72%	76%	89.4%	89%	90%	95%	6.7% increase. Good performance realized due to the Local Maternity Network initiative.
29.	% of Perinatal deaths reviewed	9.7%	32%	42.2%	43%	42%	61%	42% increase due to the Local Maternity Network initiative.
30.	Under-five Vitamin A second dose coverage	30%	48.2%	66.3%	72%	70%	47%	Data capture challenges
31.	% of pregnant women receiving ferrous sulphate/folate supplement on first visit.	No data	68%	66%	67%	60%	67%	
32.	Young people in school accessing age-appropriate information	No data	No data	No data	No data		No data	No data collection system

1. DPT₃ Coverage

During FY 23/24, DPT₃ coverage increased by 9% from 87% in FY 2022/23 to 92% (1,871,756/2,045,203). DPT1 coverage was 92% implying high access of services though 8% (163,616) of under 1-year children did not finish their pentavalent (DPT) doses and therefore were under-immunized during the year. LGs with the lowest DPT₃ coverage are Zombo (41%), Yumbe (43%), Wakiso (51%), Tororo (51%), Terego (53%), Soroti City (58%), Soroti (58%), Sironko (61%), Sheema (63%) and Serere (64%).

FIGURE 18: MAP SHOWING DPT₃ COVERAGE BY LGS IN FY 23/24



50% of the LGs had DPT₃ coverage of less than 90% based on the WHO recommendation and these should be targeted for defaulter tracking with catch-up vaccination.

DPT dropout rate (DoR) was on average at 4% which is within the WHO recommended acceptable DoR range of 0-10%.

Some LGs had very high DPT dropout rates i.e., Sembabule (15%), Lyantonde (14%), Butebo (13%), Namutumba (13%), Rakai (12%), Nwoya (11%), Amuru (11%) and Kayunga (11%).

There is need to improve defaulter tracking in LGs with high dropout rates and employ quality improvement approaches in those with negative dropout rates.

DPT1 Coverage and Zero Dose Children by LG:

DPT1 coverage during FY 2023/2024 increased by 1% from 94% in FY 2022/2023 to 95% (1,947,946/2,045,203) in FY2023/2024, with 5% (102,260) of children <1 year not vaccinated. The 10 LGs with the lowest DPT1 coverage include Obongi (40%), Soroti City (45%), Madi-Okollo (54%), Lamwo (56%), Ntoroko (56%), Kisoro (63%), Kaabong (64%), Karenga (65%), Adjumani (66%) and Sheema (66%). These LGs with low DPT1 coverage are more likely to have more zero Dose children, thereby posing a threat to outbreak occurrence.

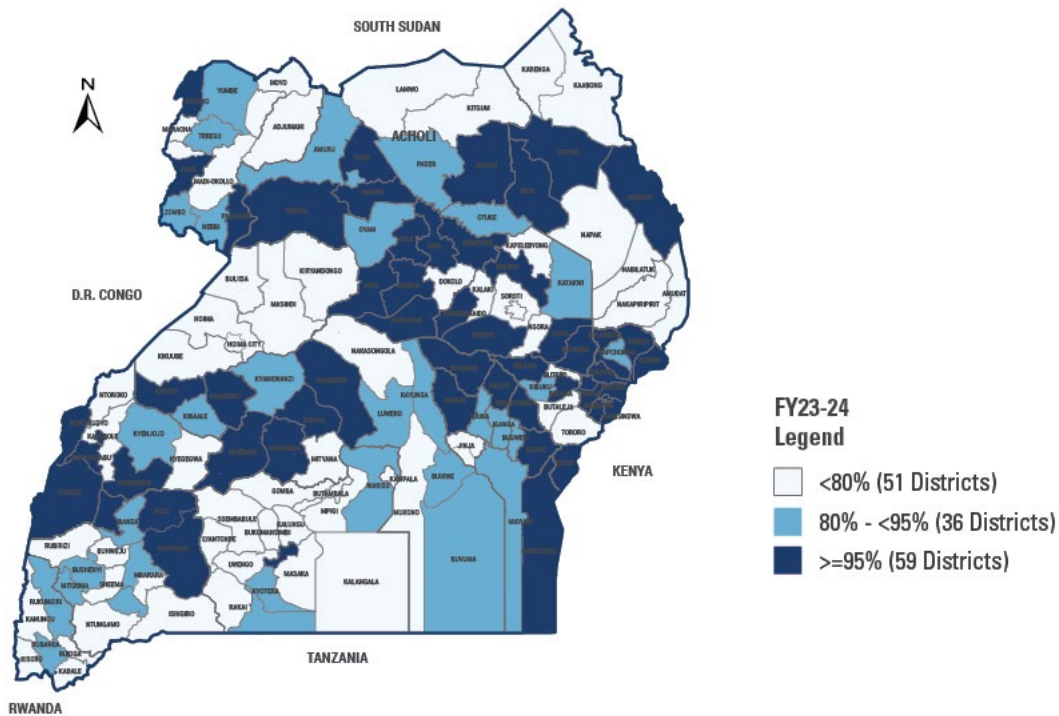
Zero Dose children declined slightly to 5% (102,260) during the FY 2023/2024 compared to 6% (138,434) during FY 2022/2023.

2. Measles Rubella (MR) immunization coverage under one year

MR1 coverage increased from 88% (1,722,982/1,969,033) in FY 22/23 to 94% (1,927,993/2,045,203) in FY 2023/24.

The bottom 10 LGs contributing to low MR1 coverage are Zombo (40%), Yumbe (48%), Wakiso (50%), Tororo (53%), Terego (55%), Soroti City (57%), Soroti district (58%), Sironko (59%), Sheema (60%), and Serere (61%).

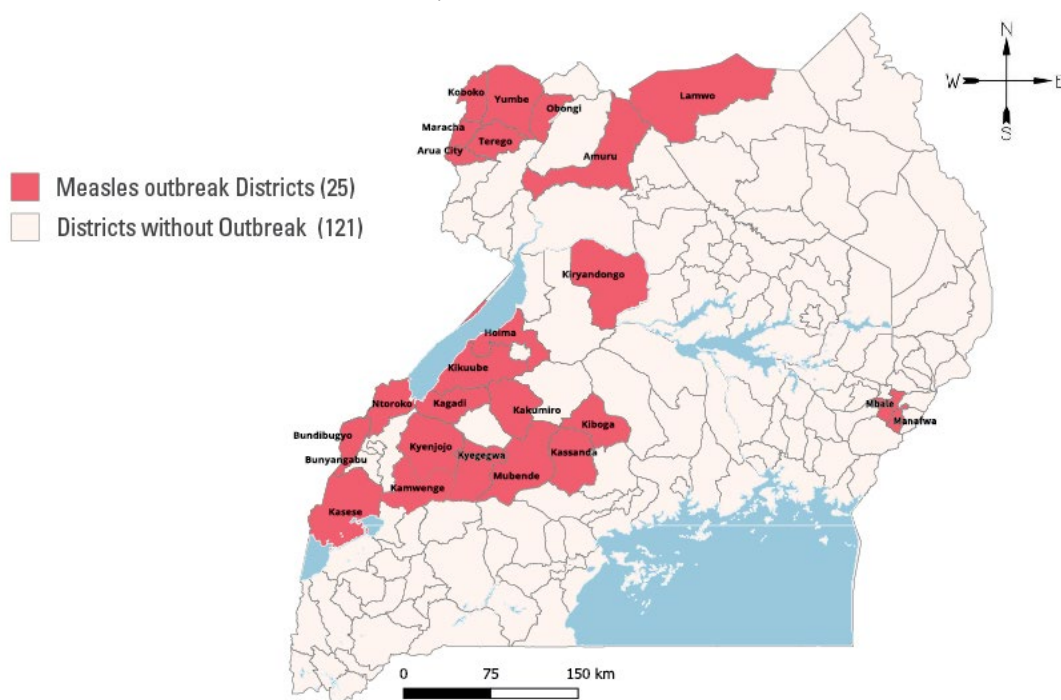
FIGURE 19: MR1 COVERAGE FY 2023/24



The MoH introduced the second year of life dose (MR2) to give children sufficient protection and immunity in the second year of life at 18 months. However, the coverage is still very low at 41% implying that many children have not completed their full vaccination doses. Mobilization needs to be escalated to improve coverage for MR2 to reduce the risks of measles outbreaks



FIGURE 20: MEASLES OUTBREAK DISTRICTS FY 2023/24



The country registered 25 measles outbreaks largely in Bunyoro and West Nile regions during the FY 2023/24.

To assess the access and utilization of immunization services, Reach Every District / Reach Every Child (RED/REC) categorization analysis was used. 62 LGs were Category 1 (good access and good utilization of immunization services), 22 LGs were in category 2 (Good access but poor utilization of immunization services), 46 LGs were in Category 3 (Poor access but good utilization immunization services).

16 of the LGs i.e., Karenga, Kaberamaido, Dokolo, Mbale, Kazo, Napak, Kotido, Jinja City, Rakai, Kassanda, Arua and Sembabule have both poor access and poor utilization of immunization services. There is need to give priority in terms of focused interventions such as big catch-up vaccination strategy, focused supportive supervision and mentorship including ensuring update and implementation of micro-plans to reach every child in these LGs and hence reduce the number of zero dose children.

3. Use of insecticide-treated bed nets for malaria prevention

The UDHS 2022 findings showed that all (99.9%) households surveyed own at least once insecticide treated net (ITN). In households with at least one ITN, **62% of the de facto population slept under an ITN the night before the survey.**

The Government of Uganda through the MoH implemented the fourth Long-Lasting Insecticidal Nets (LLINs) Universal Coverage Campaign (UCC). The overall goal was to reduce malaria morbidity and mortality by achieving universal coverage through the distribution of 27.8 million nets throughout the country. A total 10 million households were reached with a household coverage of 91% (10,976,458/12,040,171) achieved.

According to UDHS 2022, almost nine in ten (87%) of mosquito nets were obtained from a mass distribution campaign; the next largest source of nets is from the shop/market (7%). 80% nets in urban areas were obtained from a mass distribution campaign, compared to 90% nest in the rural areas. Similarly, 69% nets in Kampala region were obtained from a mass distribution compared to 94% in Busoga region.

The proportion of the de facto population with access to an ITN (% of the population that could sleep under an ITN if each ITN in the household were used by up to two people) increased from 45% in 2011 to 79% in 2014-15, then decreased to 65% in 2016, before again increasing to 72% in 2018-19 and 99% in 2022. Similarly, the proportion of the de facto population that slept under an ITN the night before the survey increased from 35% in 2011 to 69% in 2014-15, then decreased to 55% in 2016, before increasing again to 59% in 2018-19 and 62% in 2022. (Figure 22).

While the behavioral gap between ITN access and use had stagnated at 10% between 2011 and 2016, and slightly increased to 13% in 2018-19, it has since sharply increased to 37% in 2022. There are no variations in ITN access across household wealth quintiles, with the lowest at 100% and the highest 99%. A similar pattern was observed in ITN use, where the population that slept under an ITN the night before the survey was 63% for the lowest quintile, and 62% for the highest. (UDHS 2022)

The Uganda Malaria Reduction Strategy envisions universal coverage with ITNs through mass campaigns, and maintenance through routine distribution. These interventions primarily target vulnerable groups such as children under 5 and pregnant women. 66% children under 5 years slept under an ITN the night before the survey and 70% pregnant women aged 15 – 49 years slept under an ITN.

More pregnant women aged 15 – 49 years in the urban areas (75%) slept under an ITN the night before the survey compared to their rural counterparts (68%). There were also variations in the proportion of children under 5 who slept under an ITN with 68% in the urban and 65% in the rural areas.

FIGURE 21: TRENDS IN ITN OWNERSHIP (% HOUSEHOLDS OWNING AT LEAST ONE ITN)

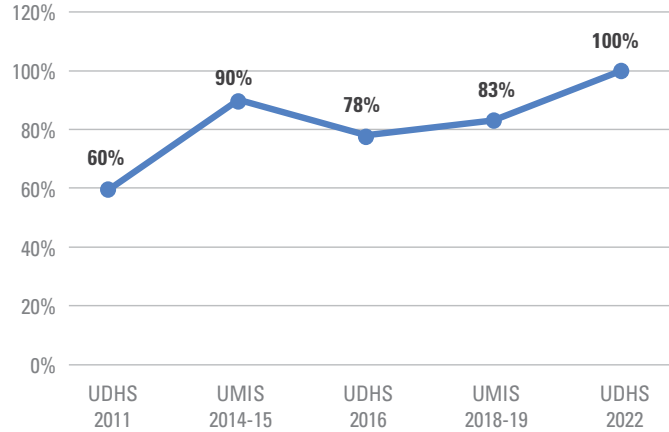


FIGURE 22: TRENDS IN ITN ACCESS AND USE

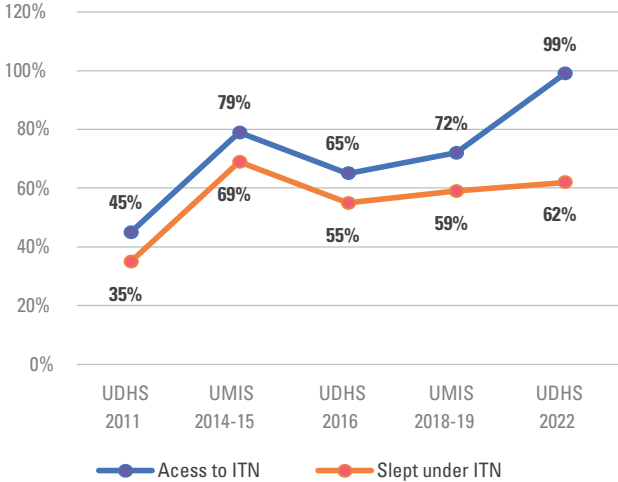
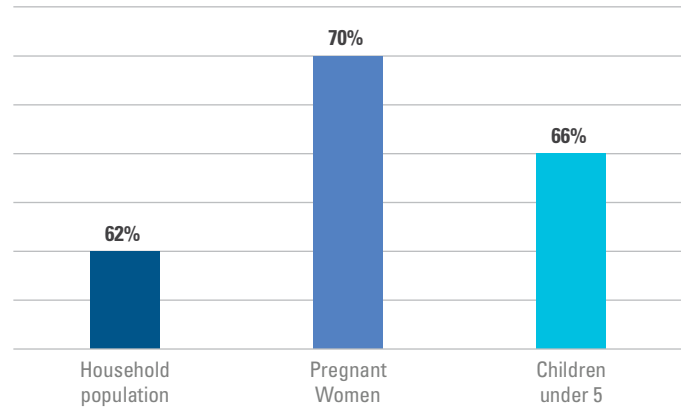


FIGURE 23: ITN USE BY POPULATION GROUP



The use of an ITN the night before the survey among children under 5 varies across regions from 53% in Elgon to 73% in Lango. Similarly, the proportion of pregnant women who slept under an ITN ranges from 49% in Elgon to 81% in Kigezi. (Figures 24 and 25)

FIGURE 24: ITN USE BY CHILDREN UNDER 5 BY REGION

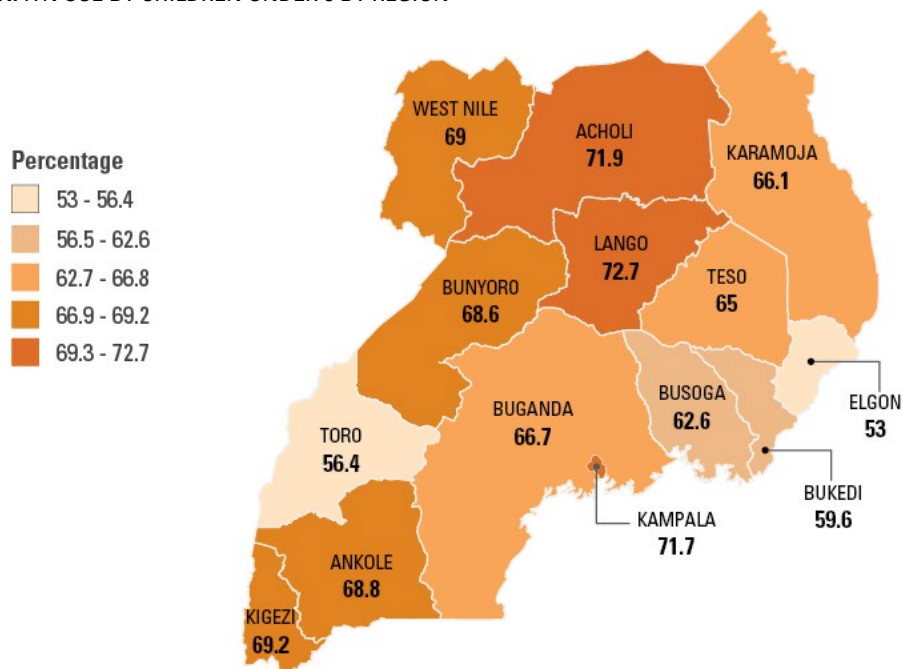
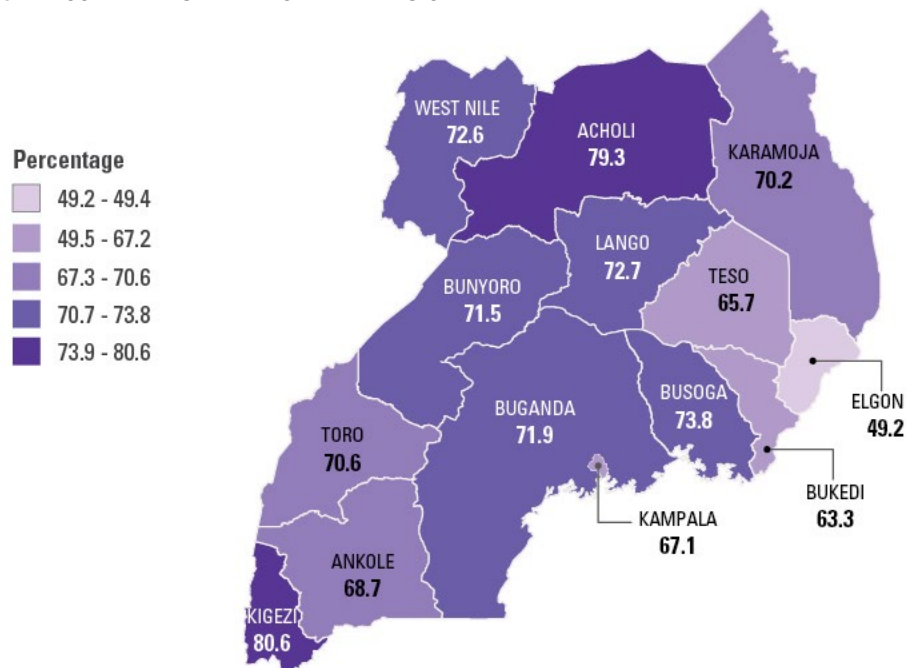


FIGURE 25: ITN USE BY PREGNANT WOMEN BY REGION



The behavioral gap between ITN access and use has sharply increased from 13% in 2018-19 to 37% in 2022. There is need to intensified BCC on ITN use as one of the key interventions for malaria reduction.

4. HIV positive pregnant women initiated on ARVs for EMTCT increased from 94% in the previous review period to 95% in the review period.

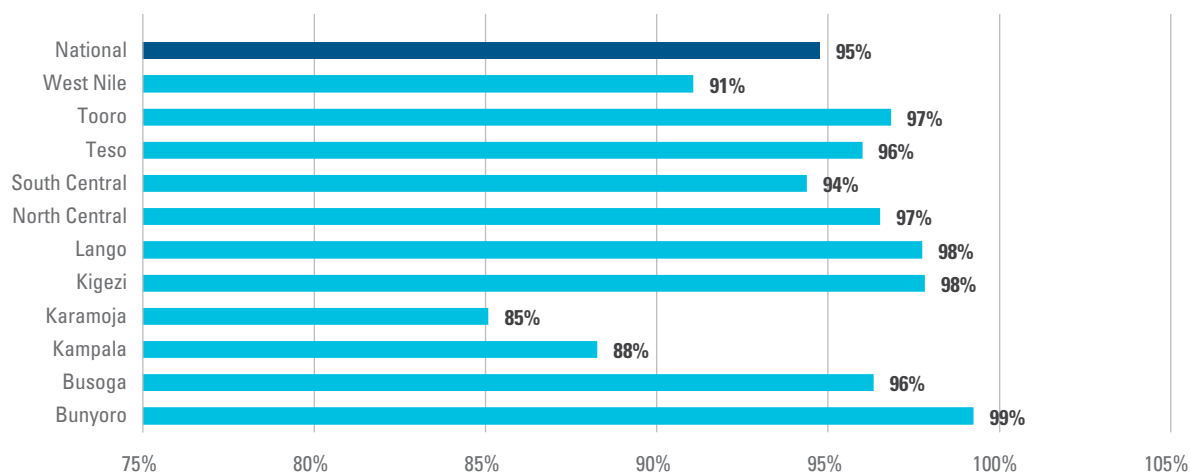
Women on ART for eMTCT at the first ANC with a suppressed VL and 1st DNA/PCR within 2 Months was all less than 95%. Further analysis shows improvements with exposed infants receiving in prophylactic infant ART from 85% in the previous FY2022/23 to 88% in FY2023/24. Nine (9) in every ten (10) 94% Pregnant Women were tested for syphilis for first time during this pregnancy, 83% of those identified syphilis positives were initiated on treatment. Regarding retention rates at 12 months Post ART initiation; the bottom five performing LGs were Kalangala (10%), Kole (42%), Amudat (50%), Kapchorwa (56%), Otuke (56%) and Kitagwenda (57%) Kibaale. Similarly, the bottom five performing LGs included Amuru (68%), Karenga (64%), Gulu District (62%), Omoro (60%) and Kaabong (58%).

TABLE 27: PMTCT PERFORMANCE FOR SELECTED INDICATORS

Indicator	Jul 2020 to Jun 2021		Jul 2021 to Jun 2022		Jul 2022 to Jun 2023		Jul 2023 to June 2024	
	No.	%	No.	%	No.	%	No.	%
Women attending 1st ANC	1,895,777	88%	1,908,854	86%	1,919,923	84%	2,016,004	88%
Women tested for HIV	1,689,113	89%	1,677,430	88%	1,733,723	90%	1,967,215	98%
Maternal ART Coverage for eMTCT	90,351	93%	86,306	101%	80,284	94%	79,672	95%
Women on ART for eMTCT at the first ANC with a suppressed VL	26,815	100%	10,261	91%	16,030	92%	22,185	92%
Pregnant women tested for syphilis for first time during this pregnancy	1,667,662	88%	1,601,439	84%	1,716,609	89%	1,894,215	94%
Pregnant Women tested positive for syphilis for first time during this pregnancy - Started on Treatment	24,338	78%	21,087	78%	22,560	82%	22,677	83%
Infant ART in Maternity	67,860	100%	50,242	84%	46,836	85%	48926	88%
1st DNA/PCR within 2 Months	63,688	86%	66,295	90%	64,108	91%	65,518	91%
Prophylactic Infant ART	75,972	95%	76,092	96%	79,508	101%	85,882	108
HEIs Exclusively breastfed for 6 Months	50,977	64%	50,931	64%	52,478	67%	54,431	68%
HEIs Breastfed for 12 Months	47,071	59%	42,376	53%	59,457	75%	45,528	57%
Mothers Alive & on ART 12 months after starting ART (Last quarter of FY)	3,447	81%	2,993	84%	2,885	86%	2769	86%

Maternal ART coverage target of 95% was achieved at national level (95%). This was contributed to by Bunyoro sub region with a 99% coverage rate, Kigezi (98%), Lango (98%), North central (97%), Teso (97%) and Busoga (96%). However, maternal ART coverage is below the 94% target in West Nile Region (91%), Kampala (88%) and Karamoja at 85%.

FIGURE 26: MATERNAL ART COVERAGE FOR EMTCT BY REGION (JUL 23 TO JUNE 24)



5. The proportion of HIV exposed infants with the first DNA/PCR test within 2 months of age increased from 88% in FY 2021/22 to 91% in FY 2022/23 and has stagnated at 91% in FY 2023/24. Districts with the highest DNA/PCR for exposed infants done within the recommended time frame were Sheema (100%), Nabilatuk (100%), Buikwe (97%), Kiboga, Bushenyi, Kagadi and Kitagwenda at 96%. Lowest coverage districts were Kaliro at 77%, Arua (74%), Nakapiripirit (74%), Karenga (67%) and Kaabong (57%).

The HIV exposed infant performance is largely affected by issues that cause loss to follow up of HIV positive mothers including self-stigma, denial, low male involvement, sociocultural issues and GBV. In addition, mothers still deliver outside health facilities and so miss information of care of the HIV exposed infants, while others get services at HC II which may not have PMTCT-EID services. These are the issues we are trying to mitigate through use of peer mothers, family support groups in PMTCT service delivery, implementing the community service delivery model where testing will be done in the community and all mothers followed up by peer mothers, use of the PMTCT-EID client audit tool and integration PMCT/EID into EPI

FIGURE 27: REGIONAL COVERAGE OF 1ST DNA PCR COVERAGE WITHIN 2 MONTHS

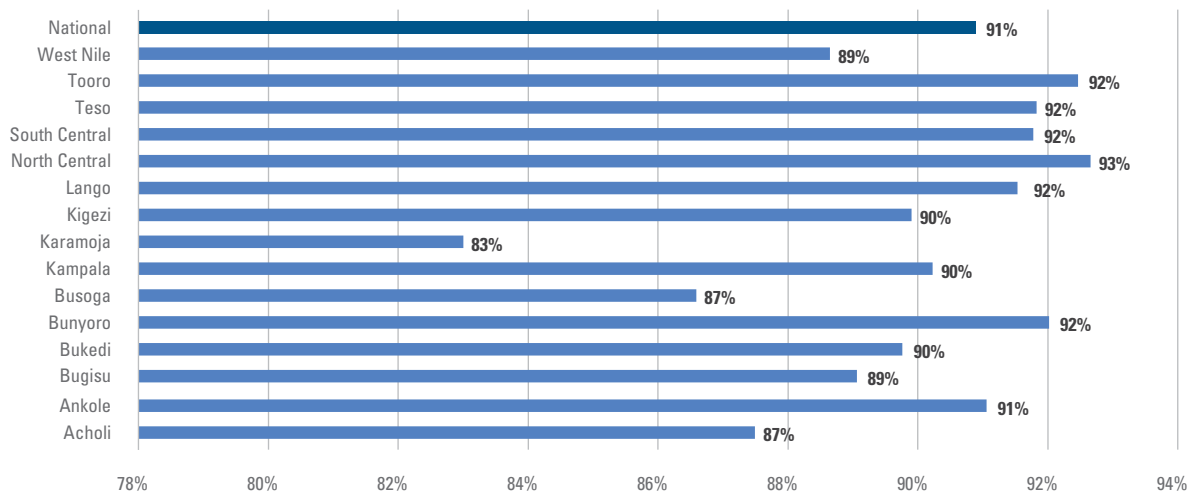
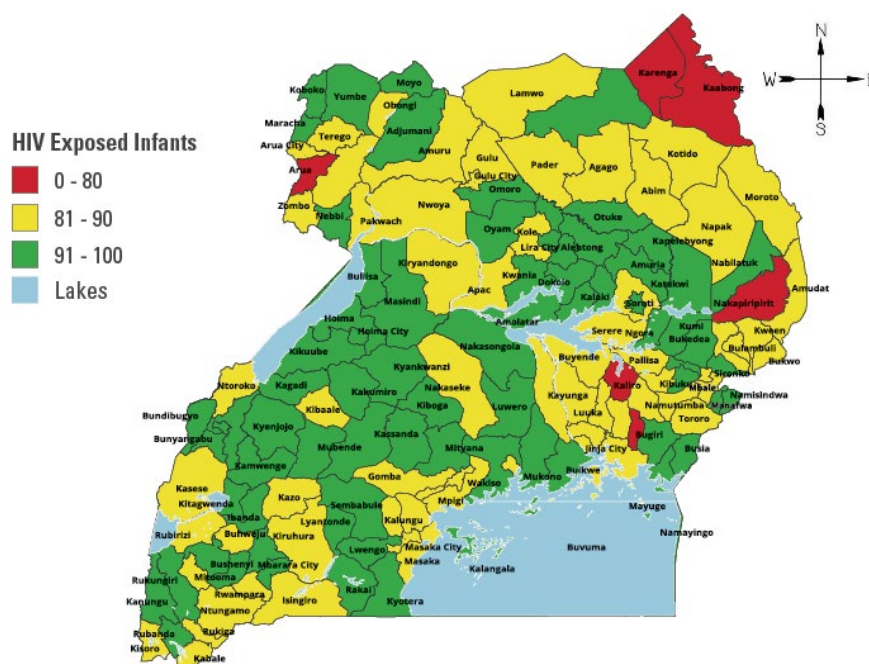


FIGURE 28: MAP SHOWING HIV EXPOSED INFANTS WITH THE FIRST DNA/PCR TEST WITHIN 2 MONTHS OF AGE FY 2023/24



6. **ART Coverage** for all ages declined from 98% to 96.8% in April to June 2024 though still above the target of 95%. This 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. The regional ART coverage outputs are detailed in the graph below.

FIGURE 29: ART COVERAGE BY REGION IN FY 2023/24 (BASED OF NAOMI 2023 ESTIMATES)

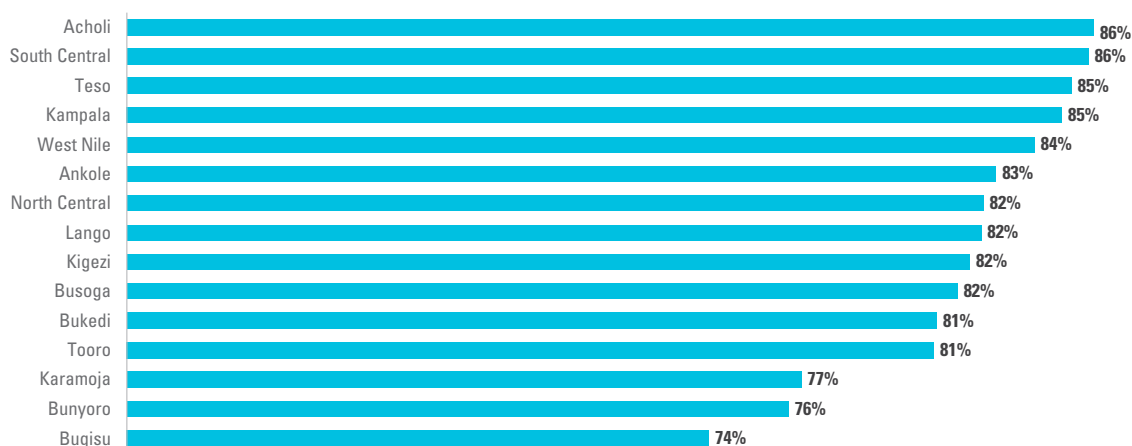


TABLE 28: QUARTERLY ART COVERAGE FY 2023/24 (BASED ON SPECTRUM ESTIMATES)

Category	Estimated PLHIVs	Current on ART	ART Coverage
Jul to Sep 2023	1,433,337	1,407,583	98.2%
Oct to Dec 2023	1,433,337	1,408,381	98.3%
Jan to Mar 2024	1,492,410	1,433,056	96%
Apr to Jun 2024	1,492,410	1,444,813	96.8%

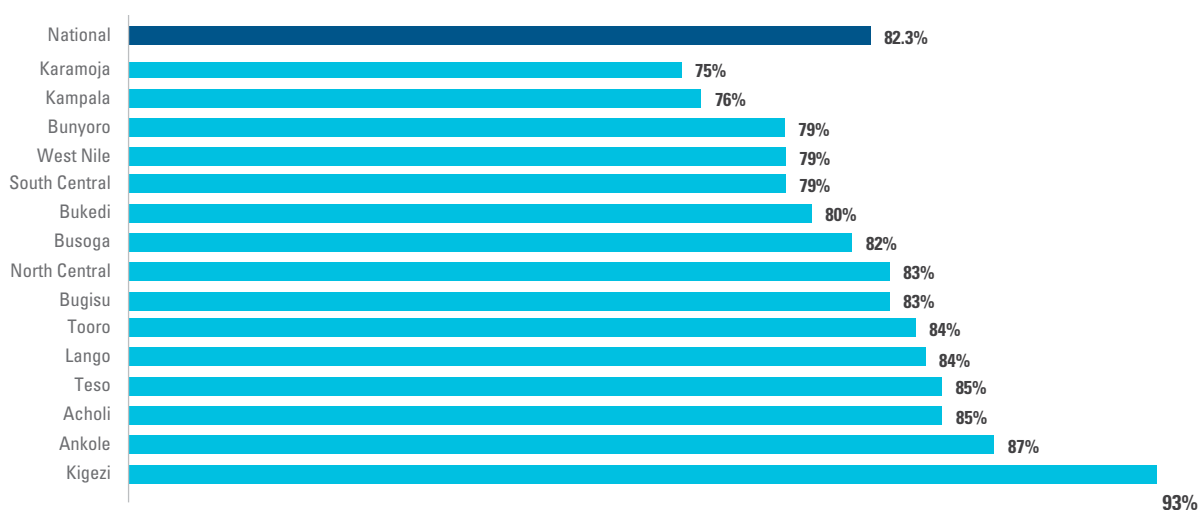
7. **ART retention rate at 12 months** increased by 5.3% from 77% in FY 2022/23 to 82.3% by Q4 FY 2023/24. Only 18 (12%) out of 146 LGs achieved the target of 95%. The April to June 2024 quarter was used for evaluation of age specific retention outputs generated below as; children 78% (835/1,071); Adolescents 71% (1,270/1,782); Adults 20+ years 83% (22,704/27,305); All ages 82% (24,809/30,158).

TABLE 29: TOP AND BOTTOM TEN RANKING LGS IN ART RETENTION FY 2023/24

Ranking	Top Ten Ranking LG			Bottom Ten Ranking LG		
	Region	LG	% Retention	Region	LG	% Retention
1	Karamoja	Karenga	100%	Lango	Alebtong	64%
2	Ankole	Rubirizi	100%	Acholi	Gulu	64%
3	Teso	Kapelebyong	100%	South Central	Kyotera	63%
4	Bugisu	Mbale	100%	Bugisu	Mbale City	63%
5	Ankole	Mitooma	100%	Karamoja	Napak	61%
6	Karamoja	Kaabong	100%	Bukedi	Butebo	60%
7	Kigezi	Rukungiri	100%	West Nile	Moyo	56%
8	Acholi	Gulu City	100%	Bukedi	Kibuku	55%
9	South Central	Masaka City	100%	Karamoja	Nabilatuk	50%
10	Bunyoro	Kibaale	100%	Karamoja	Nakapiripirit	38%

The regional ART retention outputs are detailed in the graph below.

FIGURE 30: ART RETENTION RATE AT 12 MONTHS BY REGION IN FY 2023/24



8. ART Viral Load (VL) Suppression Rate among all PLHAs on treatment has improved from 94.1% in FY 2022/23 to 96% in FY 2023/24. The target of 95% viral suppression rate was achieved in the reporting period. Viral suppression was lower among children 0-9 years (87%), adolescents 10-19 years (89%); and males (92%) all below the 95% set target. The regional Viral load suppression rates outputs are detailed in the graph below.

FIGURE 31: VIRAL LOAD SUPPRESSION RATES BY REGION IN FY 2023/24

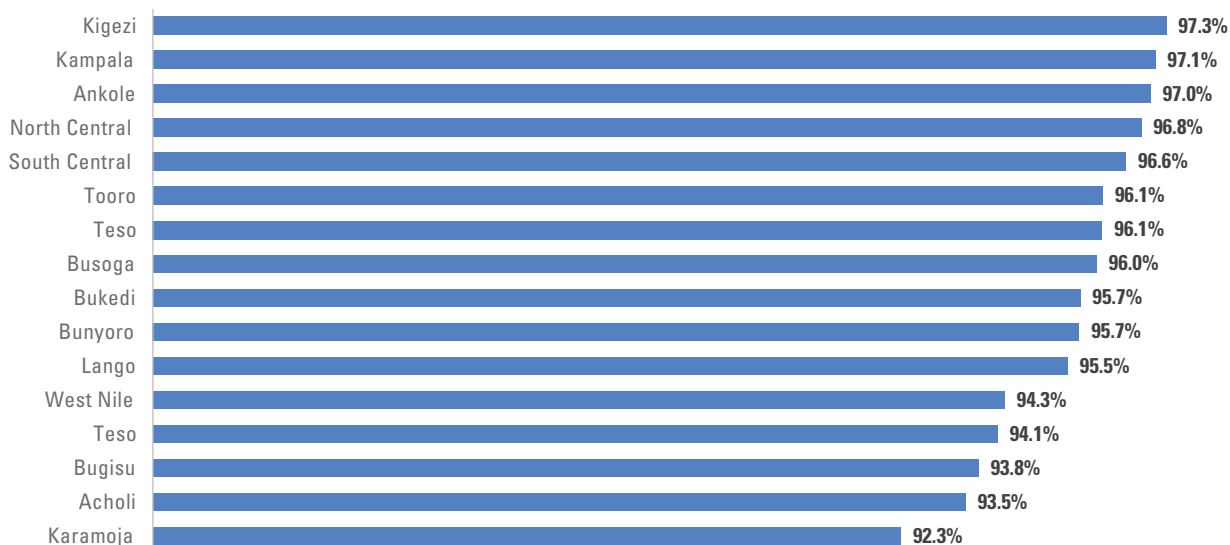
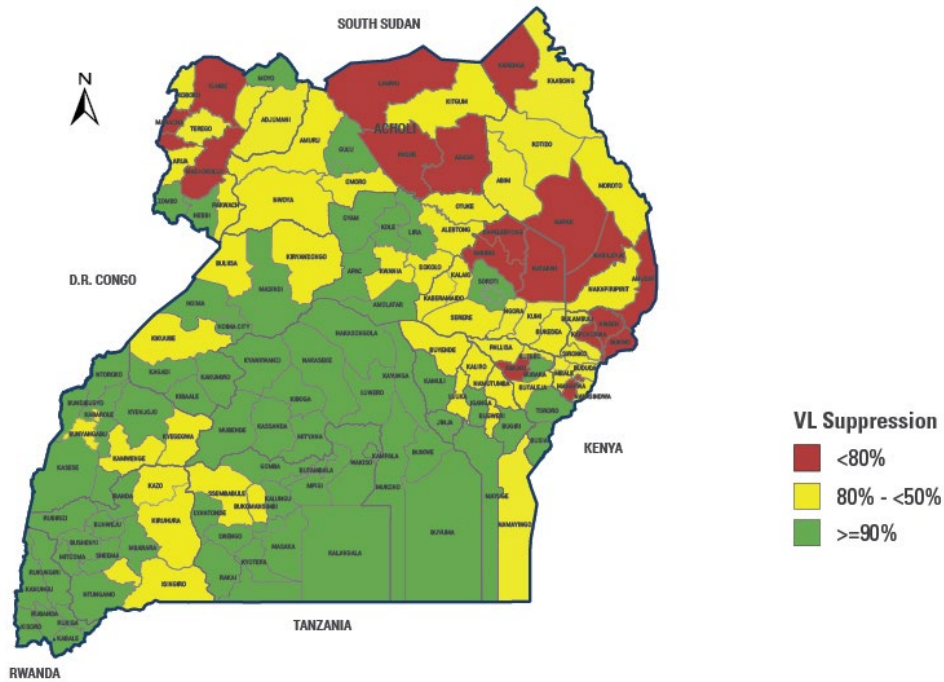


TABLE 30: TOP AND BOTTOM 5 RANKING LG IN VL SUPPRESSION RATES FY 2023/24

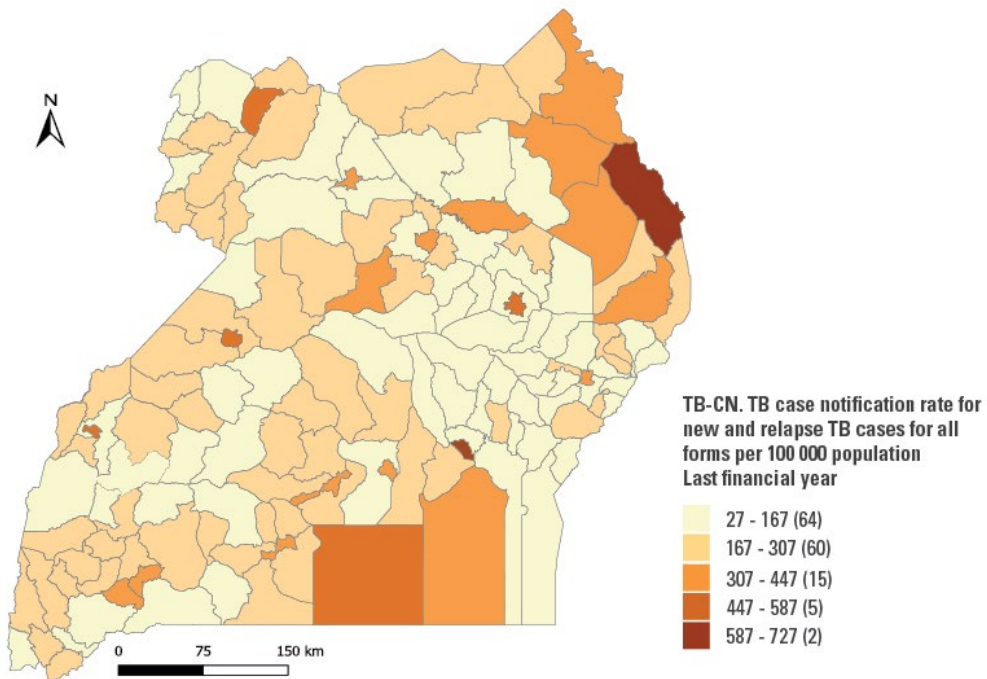
Top 5 Ranking LG					Bottom 5 Ranking LG				
Ranking	LG	VLT	VLS	% VLS	Ranking	LG	VLT	VLS	% VLS
1	Bushenyi	17,972	17,186	95.6%	1	Kween	876	733	83.7%
2	Butambala	6,108	5,837	95.6%	2	Maracha	1,509	1,256	83.2%
3	Kiboga	9,483	9,060	95.5%	3	Manafwa	2,093	1,728	82.6%
4	Kalungu	12,505	11,940	95.5%	4	Bukwo	776	640	82.5%
5	Mubende	19,725	18,832	95.5%	5	Nabilatuk	138	111	80.4%

FIGURE 32: LOCAL GOVERNMENTS VL SUPPRESSION RATES



9. The TB Case Notification Rate decreased from 212 per 100,000 population to 198 per 100,000 in FY 2023/24, though it was still above the estimated target of 171 per 100,000 population. This is a positive development through the ongoing under the TB CAST+ Campaign and community TB screening using Mobile TB Clinics and Portable X-rays with CAD to increase case finding and curtail the community transmission of TB.

FIGURE 33: MAP SHOWING TB CASE NOTIFICATION RATE BY LG IN FY 2023/24



Moroto district has the highest notification rate of 771 cases per 100,000 population above the national average. The program has noted the shifting epidemiology of TB from the peri-urban areas to the cities across the country, with the highest notifications reported from Soroti City 594 cases per 100,000 population, Fort

Portal City 565, Hoima City 504, Lira City 435 and Gulu City at 424 per 100,000. As such, NTLIP, working with USAID LPHS-TB Activity, is fostering learning and implementation of strategic interventions to understand and curtail TB transmission in the cities.



Hon. Dr. Jane Ruth Acheng, handing over the keys for the Mobile TB Clinic to Hosp. Director- Mbale RRH



Hon. Anifa Kawooya, Minister of State for Health handing over Portable Digital X-ray



Hon. Muhanga, Minister of State for Health - giving speech at the World TBL Day Commemoration at Kikagati TC, Isingiro District on 27th /3/2024



Mobile TB clinic screening activity at Chahafi HCIV, Kisoro District



Director General Dr Henry G. Mwebesa and WHO Country Representative Dr Yonas Tegegn Woldemariam along with Isingiro District Leaders after the end TB and Leprosy match.

TB Treatment Outcomes: Over the last year, the program has registered an improvement in the treatment success rate (TSR) from 89.5% in FY 2022/23 to 91.3% in FY2023/24, above the national target of >90%. This is attributed to the early identification and initiation of anti-TB treatment (ATT). However, there is still a regional variation in the TSR, with the highest being West Nile and Bugisu regions at >94% and the least being Acholi, North Central, Teso, South Central, and Kampala regions at <90%. Efforts are being undertaken to address this performance gap.

TABLE 31: TB TREATMENT SUCCESS RATE FOR ALL DS-TB CASES, FY2023/24

Region	Jul 2020 to Jun 2021	Jul 2021 to Jun 2022	Jul 2022 to Jun 2023	Jul 2023 to Jun 2024
West Nile	92.5	93.3	93.8	94.5
Acholi	83.3	88.7	85.2	87.2
Lango	88	91.2	92	93.8
Busoga	83.7	86.1	92.3	92
Bunyoro	86.8	90.6	92.7	93.5
Teso	80.5	87.3	91	88.6
North Central	80.9	87.3	88	88.4
Karamoja	81.1	85.5	86.8	92.5
South Central	85.1	85.9	89.2	89.8
Bukedi	78.5	83.8	88	91.9
Kampala	85	83.5	85	88.2
Tooro	83.8	86.3	89.4	91.9
Ankole	80.3	84.7	86.3	92.1
Bugisu	81.1	85.1	90.8	94.1
Kigezi	76.3	83.1	90.3	92.7
National	84.3	87.3	89.5	91.3

Drug-Resistant TB

The DR TB treatment coverage has been on an upward trend, with 64% (748) treatment coverage in FY 2023/24, an improvement from FY 2022/23. The distribution among genders was not different from the common features among DSTB, with 62% being males and 38% females, with 6% children. The improvement in coverage is attributed to several strategies, which include improved linkage through the weekly flagging of the newly diagnosed patients to reduce pre-linkage losses; routine data cleaning and harmonization of key DRTB data sources (Labxpert, DHIS2, eCBSS) for improved reporting; monthly validation of all RR cases in eCBSS with treatment facilities. This effort helped the program achieve 100% linkage consistently for the last three quarters from a baseline of 76% in April and June 2023.

In addition, there was a Gene Expert for Every TB patient (GET) rolled out to more facilities in high-burden areas in the country, which highly boosted patient numbers in the 3rd and 4th quarters of FY2023/24 with program achieving quarterly targets above 75% in those 2 quarters (74.4% and 79%) as opposed to below 60% achievement in the previous quarters. Lastly, the Program adopted extended contact tracing for DRTB patients and documentation of contact reports in the eCBSS so that each RR patient is monitored against contact tracing efforts in the quarter. Although reporting of contact tracing in eCBSS has improved, the need to improve the yield from contact tracing from other sites further through continuous CMEs and coordination meetings for learning purposes remains..

TABLE 32: DR-TB TREATMENT COVERAGE, FY2023/24

DR-TB Treatment coverage (RR Started on Treatment Vs RR Estimated)													
Region / Period	Quarterly Estimated RR Cases		DRTB site	RR cases started on Treatment at DRTB sites					% Treatment Coverage				
	J-S23			J-S23	O-D23	J-M24	A-J24	Total	J-S23	O-D23	J-M24	A-J24	Total
Acholi	12		Gulu Regional Referral Hospital	3	9	3	11	26	58%	125%	75%	142%	100%
			Kitgum General Hospital	4	6	6	6	22					
Ankole	21		Mbarara Regional Referral Hospital	6	7	10	14	37	29%	33%	48%	67%	44%
Bugisu	13		Mbale Regional Referral Hospital	9	14	16	8	47	39%	61%	70%	35%	51%
Bukedi	10												
Bunyoro	22		Hoima Regional Referral Hospital	13	12	11	16	52	59%	55%	50%	73%	59%
Busoga	25		Iganga General Hospital	7	4	6	10	27	40%	32%	120%	100%	73%
			Jinja Regional Referral Hospital	3	4	24	15	46					
Kampala	22		Mulago NRH- Ward 5&6 (TBWard)	31	31	48	44	154	159%	159%	232%	205%	189%
			Murchision Bay Main Hospital	4	4	3	1	12					
Karamoja	17		Matany Hospital	10	9	10	18	47	100%	100%	141%	182%	131%
			Moroto Regional Referral Hospital	7	8	14	13	42					
Kigezi	8		Kabale Regional Referral Hospital	8	4	4	5	21	100%	50%	50%	63%	66%
Lango	18		LiraRegional Referral Hospital	18	26	12	22	78	100%	144%	67%	122%	108%
NorthCen	30		MubendeRegionalReferralHospital	0	3	9	6	18	0%	10%	30%	20%	15%
SouthCen	34		Masaka Regional Referral Hospital	1	3	7	10	21	3%	9%	21%	29%	15%
Teso	11		Soroti Regional Referral Hospital	5	2	3	1	11	45%	18%	27%	9%	25%
Tooro	25		Fort Portal Regional Referral Hospital	8	10	18	8	44	32%	40%	72%	32%	44%
WestNile	25		Arua Regional Referral Hospital	19	16	15	25	75	76%	64%	60%	100%	75%
National	294			156	172	219	233	780	53%	59%	74%	79%	66%

There was an increase in sites achieving their quarterly targets in the last 2 quarters. Innovations were made to share quarterly targets for each LG and share them with Implementing Partners (IPs) per region and regional epidemiologists to monitor their performance in the region. The next steps will be to support poorly performing LGs which were not able to achieve their targets consistently.

DR-TB Treatment Success Rate (TSR)

The TSR among DRTB patients has continued to improve over the last four quarters. Equally, the TSR for the completed DRTB cohort 2021 improved to 89% compared to 88% for the completed cohort 2020 patients. This improvement is attributed to many factors, including 80% of all DRTB patients being enrolled on a more acceptable 9 months shorter regimen; continuous mentorships of health workers at initiation sites through technical assistance during clinic days; quarterly facility-based cohort monitoring and a strong biweekly national expert review panel meeting. Other factors include a strong drug sensitivity testing laboratory system, which allows for the formulation of the correct regimen for patients who cannot tolerate the key molecules, and a salvage regimen for those who develop extra resistance to second-line medicines. Among the DRTB cohorts in the last FY, 92% of patients had their sputum conversion within the first six months of therapy. In addition, through mortality reviews, facilities with extra deaths were targeted for mentorship and stop-gap refresher training, including Jinja RRH and Moroto RRH. There was also a very strong network for drug redistributions and facility-based stock monitoring to address 2nd line logistics and ensure continuity of therapy among DRTB clients, especially in the face of 2nd line drug shortage.

TABLE 33: DR-TB TREATMENT OUTCOMES

DR site	Cohort	Cured	Completed	Not Evaluated	Died	LTFP	TSR	Death Rate	LTFU Rate	Failure Rate
Gulu Regional Referral Hospital	3	1	2	0	0	0	100%	0%	0%	0%
Iganga General Hospital	8	3	5	0	0	0	100%	0%	0%	0%
Kitgum General Hospital	4	2	2	0	0	0	100%	0%	0%	0%
Soroti Regional Referral Hospital	4	0	4	0	0	0	100%	0%	0%	0%
Mulago NRH - Ward 5&6(TB Ward)	22	9	12	0	0	1	95%	0%	5%	0%
Mbale Regional Referral Hospital	18	6	11	0	0	1	94%	0%	6%	0%
Arua Regional Referral Hospital	11	4	6	0	1	0	91%	9%	0%	0%
Mbarara Regional Referral Hospital	11	5	5	0	1	0	91%	9%	0%	0%
Fort Portal Regional Referral Hospital	9	2	6	0	1	0	89%	11%	0%	0%
Masaka Regional Referral Hospital	8	3	4	0	0	1	88%	0%	13%	0%
St. Kizito Matany Hospital	8	3	4	0	1	0	88%	13%	0%	0%
Jinja Regional Referral Hospital	6	3	2	0	1	0	83%	17%	0%	0%
Lira Regional Referral Hospital	23	4	15	0	2	2	83%	9%	9%	0%
Hoima Regional Referral Hospital	5	1	3	0	1	0	80%	20%	0%	0%
Mubende Regional Referral Hospital	4	1	2	0	1	0	75%	25%	0%	0%
Moroto Regional Referral Hospital	7	2	3	1	1	0	71%	14%	0%	14%
Kabale Regional Referral Hospital	2	1	0	0	1	0	50%	50%	0%	0%
National	153	50	86	1	11	5	89%	7%	3%	1%

Recommendations for DRTB

1. Accreditation of more sites in FY 2024/2025 to further decentralize and decongest patients in treatment centers, especially where there is a high burden and difficulty in terrain (Kapchorwa, West Nile, Adjumani, Entebbe RRH) as a priority.
2. Fast track the rolling out of the linkage protocol to provide real-time relay of newly diagnosed RR patients to treatment centers, early linkages, and monitoring of linkage time.
3. Strengthen adverse events monitoring and post-treatment monitoring among DRTB clients. DRTB

treatment sites must be provided with appropriate monitoring tests and equipment for adverse event monitoring and given short-term treatment.

4. Strengthen documentation and monitoring and reporting of all comorbidities among DRTB patients beyond HIV/TB status. The gap in TSR of 11% was greatly attributed to death resulting from possible comorbidities, 2% lost to follow-up, and 1 % treatment failure.
5. Strengthen adherence monitoring by rolling out Digital adherence monitoring (pill boxes and VDOTs) for DRTB care. This will go a long way in easing the current expenditures on daily DOT transportation, improving adherence, and providing opportunities to provide sustainable nutritional and economic empowerment programs for DR TB through financial land nutritional enhancement dialogue programs..

10. The proportion of leprosy patients presenting to health facilities with Grade 2 disability at the time of diagnosis reduced by 4.5% from 19% in 2022/23 to 10.5% in 2023/2024, above the national target of 8%. The positive progress in reduction from 21.5% in FY2021/22 to 19% in 2022/23 and now 10.5% in 2023/24 is attributed to the intensified leprosy case-finding interventions: examination of general suspects, contact surveillance and management, where 16% of all the index cases had their contacts receive Single Dose Rifampicin (SDR) as leprosy Post-Exposure Prophylaxis.

Overall, there was a reduction in the number of leprosy cases notified from 489 in FY 2022/23 to 307 in FY 2023/24, with more females (59%) being reported but with an increase in the proportion of child leprosy cases reported from 13% in FY 2022/23 to 15% in FY 2023/24. Over the last 4 FYs, the West Nile region has reported the highest number of new leprosy cases, with over 79% (244) of the cases in FY 2023/24 (Table 34). The treatment success rate also increased from 76.8% in FY2022/23 to 89% in FY 2023/24.

TABLE 34: NUMBER OF NEW LEPROSY CASES BY REGION

Region	FY2020/21	FY2021/22	FY2022/23	FY2023/24
Acholi	2	13	24	6
Ankole	2	0	1	0
Bugisu	4		4	1
Bukedi	7	7	7	4
Bunyoro	14	6	28	9
Busoga	5	5	12	2
Kampala	1	2	5	0
Karamoja	4	3	2	4
Kigezi	0	3	0	0
Lango	23	18	15	10
North Central	4	13	8	3
South Central	6	5	4	8
Teso	2	7	8	5
Tooro	12	24	27	11
West Nile	223	371	344	244
Total	309	477	489	307

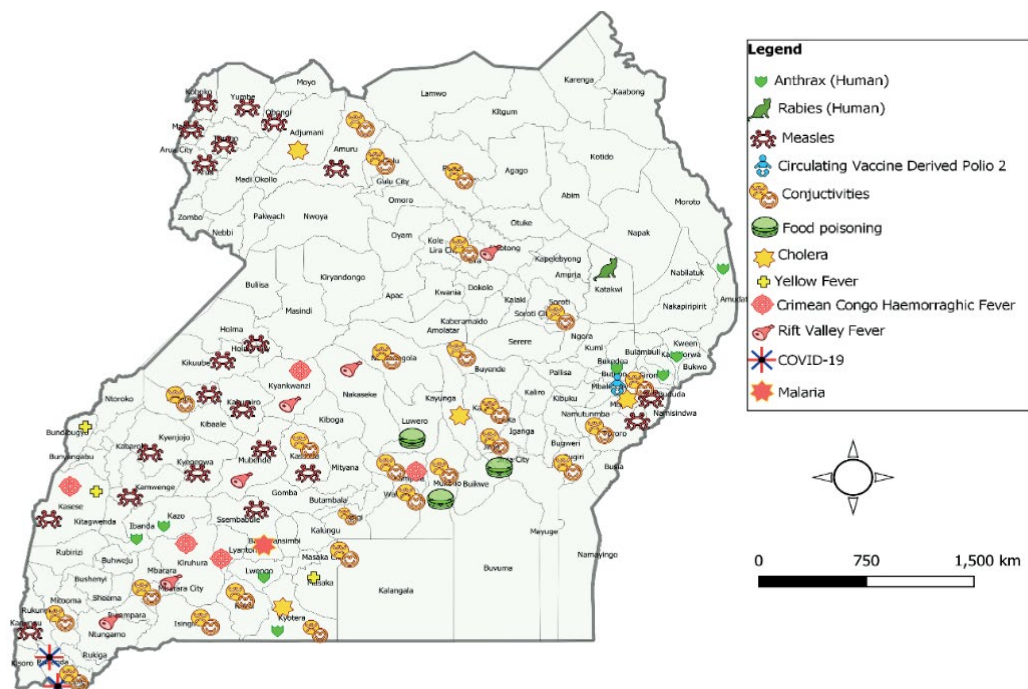
Source: MoH DHIS2

During this FY, the country received Multi-Drug Therapy (MDT) through the WHO office for adults and children in sufficient amounts, and no expiries were reported. Additionally, two research projects were implemented: “Feasibility and cost-effectiveness of integrating contact follow-up with Single dose Rifampicin administration as post-exposure prophylaxis for leprosy case contacts- in Bukedi and Teso Regions” and “Exploring Patient journeys from first symptom to diagnosis”.

Over the last four FYs, West Nile region has reported the highest number of new leprosy cases, with over 79% (244) of the cases in FY2023/24. There is need for capacity building to improve health workers' knowledge of early diagnosis and management of leprosy and strengthen contact surveillance.

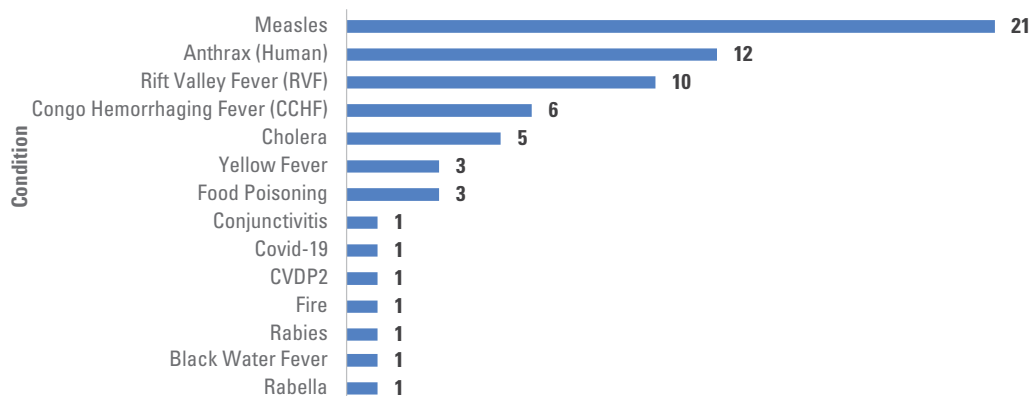
11. Zoonotic disease detected and managed timely: During this reporting period all the four zoonotic diseases detected were managed timely - Congo Crimean Hemorrhagic Fever, Rift Valley Fever, Anthrax and Rabies. Several other public health emergency incidents and disease outbreaks were responded to, and these included Yellow Fever, Conjunctivitis (Red Eyes), Measles, Rabies and Cholera. There was also food poisoning in Mukono, Luwero & Jinja districts, floods/mudslides in Rwenzori and Bugisu/Bukedi regions.

FIGURE 34: DISTRIBUTION OF PHES ACROSS UGANDA FY 2023/2024



Measles was the most confirmed PHE events across the country (21 events), followed by Anthrax (12), Rift valley fever (10), CCHF (6), Cholera (5) as summarized in the chart below.

FIGURE 35: FREQUENCY FOR CONFIRMED EVENTS (N = 67)



Many public health events happened between the months of November 2023 to April 2024 as highlighted in Table 35.

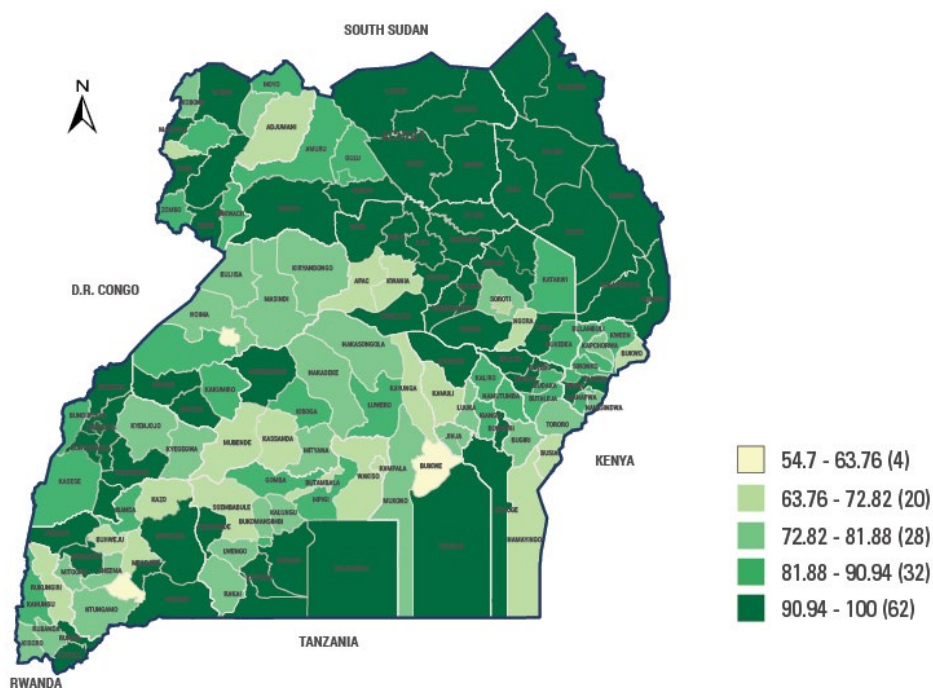
TABLE 35: DISTRIBUTION OF CONFIRMED PUBLIC HEALTH EMERGENCY EVENTS IN UGANDA BY MONTHS

Condition	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Anthrax (Human)	1	1			2	2	2	2	1			1
Black Water Fever			1									
Cholera	2						1	1		1		
Congo Hemorrhaging Fever (CCHF)							2	2		1	1	
Conjunctivitis								1				
Covid-19							1					
cVDP2												1
Fire				1								
Food Poisoning	1							1				1
Measles		1		1			4	5	3	4		2
Rabella	1											
Rabies						1						
Rift Valley Fever (RVF)	1			1			2	3				3
Yellow Fever					1	1				1		

Weekly surveillance reporting Rates

The National average Weekly Surveillance reporting rates FY 2023/2024 was at 81.4% compared to 85.5% in FY 2022/2023 and this reduction in the reporting rates was caused by the mTrac SMS system challenges that occurred during the reporting period. On average 67.4% (99/146) of the LGs performed above the national target of 80% and 32.6% (47/146) performed below the national target.

FIGURE 36: MAP SHOWING WEEKLY SURVEILLANCE REPORTING RATES BY LGS IN FY 2023/24



The bottom 5 LGs include Kampala 64.8%, Ngora 64.5%, Hoima City 59.5%, Rwampara 57.4% and lastly Buikwe at 54.7%.

The above Outbreaks and other PHEs were contained through the following actions.

- (i) Complete Alert verification and comprehensive case investigations
- (ii) Complete contact tracing and high percentage of contact follow up.
- (iii) Effective active case search was conducted both at facility and community level.
- (iv) Routine surveillance meetings at national and district levels were held
- (v) Capacity building at district level was done for effective implementation of response activities in the affected districts.
- (vi) Developed district response plans to mobilize resources.
- (vii) Conducting RDTs and sample referrals to CPHL especially for chorea..

Major challenges were lack of funds direct to LGs to conduct rapid risk assessments and respond to disease outbreaks and other public health threats, and inadequate Human Resource for the National, Regional Emergency Operations Centers and PoEs.

There is need for advocacy for GoU to allocate earmarked funds to LGs to respond to disease outbreaks and other public health threats. Approval of HR structure and staff recruitment for the PoEs and REOCs.

12. Target districts (51) that achieved elimination of blinding trachoma – 96% (49 out of the 51) target districts achieved elimination by FY 2023/24. MoH is still carrying out mass treatments and surveys for trachoma in Moroto and Amudat.

13. Proportion of target population vaccinated against Hepatitis B by dose Hepatitis B testing in adult population increased by 33% in FY 2023/2024 with a corresponding increase in the proportion of test positivity during the same period. (Table 36) While first dose vaccination of those who tested negative increased by 22%, there was decrease in second dose and third dose vaccination by 4% and 13% respectively in FY 2023/2024.

During the same period, there was a general increase in the proportion of clients’ enrollment into care and treatment for both pregnant women and the general adult population. The improvement in testing and enrolment into care was due to improved social mobilization, community sensitization contributed by ICHDs which were heavily supported by both Government and partners during the FY.

TABLE 36: HEPB TESTING AND TREATMENT IN ADULT POPULATION

HepB Indicator	FY2022/2023	FY2023/2024	%Change
Number of Clients tested for HepB	577,443	788,743	33%
Number of Clients tested negative for HepB	525,101	770,104	32%
Number of Clients tested positive for HepB	15,199	1,8639	32%
Number of Clients tested negative for HepB and Vaccinated - 1st Dose (New)	147,492	188,739	22%
Number of Clients tested negative for HepB and Vaccinated - 2nd Dose (Revisit)	42,912	41,274	-4%
Number of Clients tested negative for HepB and Vaccinated - 3rd Dose (Revisit)	17,521	15,546	-13%
Number of Clients tested positive for HepB and enrolled into care and treatment	5,788	6,260	8%
Number of Clients tested positive for HepB and not enrolled into care and treatment	3,455	4,776	28%
Number of Persons assessed for HepB treatment effectiveness (viral load suppression)	1,744	1,668	-5%
Number of Persons with HepB effective treatment (viral load suppression)	2,405	2,530	5%
Number of Pregnant women tested for HepB	252,458	409,051	38%
Number of Pregnant women tested positive for HepB	6,172	10,040	39%
Number of Pregnant women tested positive for HepB and initiated on HepB treatment	1,657	2,597	36%

Proportion of livebirths vaccinated with Hepatitis B vaccine: HepB vaccination at birth was introduced into the routine immunization program in October 2022. Hepatitis B Birth dose vaccination coverage increased to 36% from 10% in FY 2022/2023.

During the period, 90 LGs had coverage of less than 40%, 41 LGs had coverage between 40%-60% while 15 LGs had coverage of above 60%. The last 10 LGs with the lowest coverage include Karenga (3%), Amudat (6%), Pader (7%), Gulu city (8%), Rakai (10%), Mayuge (10%), Bugweri (10%), Madi-okollo (11%), Kayunga (12%) and Kalaki (12%).

HepB vaccination coverage has continued to perform poorly since the introduction of HepB birth dose into the routine immunization program in October 2022. The main reason for the sub-optimal coverage during the year was stock out of the vaccine. There is, therefore, need to properly plan, quantify, and procure adequate HepB vaccines.

14. Tobacco non-smoking rate has reduced to 91.7% as per the 2023 STEPS survey compared to 90.4% in 2014. The survey showed that the prevalence of tobacco use in Uganda was 8.3%. Prevalence is higher among males 18 – 69 years at 15% compared to 2.4% among females 18 – 69 years. 29.7 % of respondents aged 18 – 69 years (31.9% males and 27.7% females) reported exposure to second-hand tobacco smoke in home during the past 30 days, whereas 49.3% (57.3% males and 41.9% females) reported exposure to second-hand tobacco smoke in the workplace during the past 30 days.

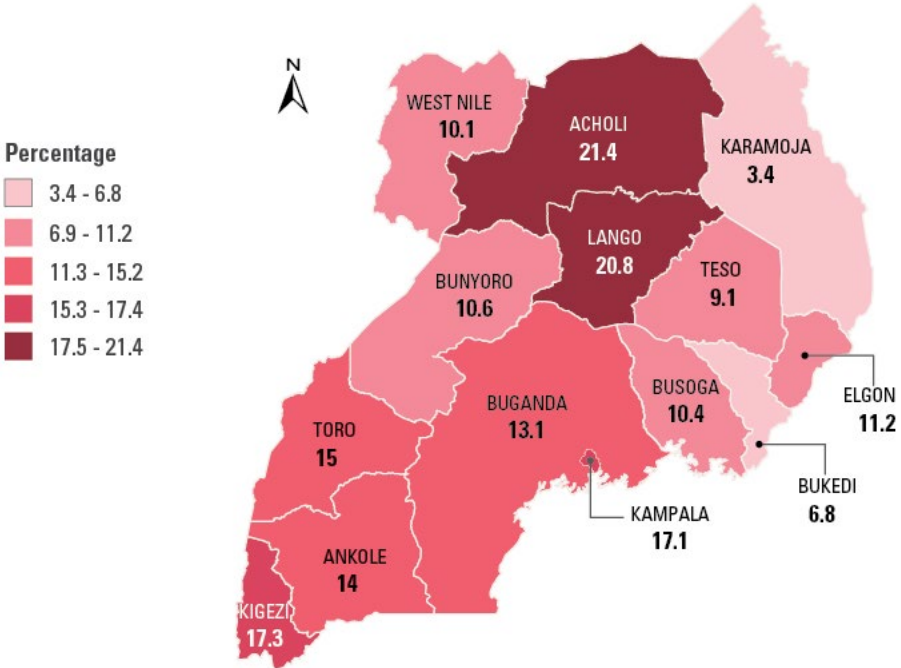
15. Proportion of girls immunized against cervical cancer by 10 years: During FY 2023/24, HPV1 coverage was at 172% and HPV2 at 74% compared to 156% for HPV1 and 74% for HPV2 in FY 2022/23. HPV vaccination highly leverages on schools and communities during integrated Child Health days (ICHDs). The over performance of HPV vaccination is attributed to more girls above 10 years of age reached from cohorts of girls who had missed HPV during the previous years. The immunization program, therefore, targets all the missed opportunities for these girls through catch-up vaccination interventions during the ICHDs.

16. Cervical cancer screening in women aged 30-49 years: According to the 2023 STEPS survey, 23% of the female respondents aged 30 – 49 years had ever been screened for cervical cancer compared to 9.9% in 2014. Whereas, among women aged 15–49, 77% have knowledge of cervical cancer, but only 58% of them have heard of cervical cancer testing. Only 13% of women aged 15-49 have received cervical cancer screenings. Testing for cervical cancer is higher in urban (15%) than in rural areas (12%). (UDHS 2022) Cervical cancer screening is done by a Pap smear or human papillomavirus (HPV) test or visual inspection with acetic acid.

Acholi (21.4%) and Lango (20.8%) regions have the highest percentage of women aged 15–49 screened for cervical cancer compared to Karamoja (3.4%) and Bukedi (6.8%).

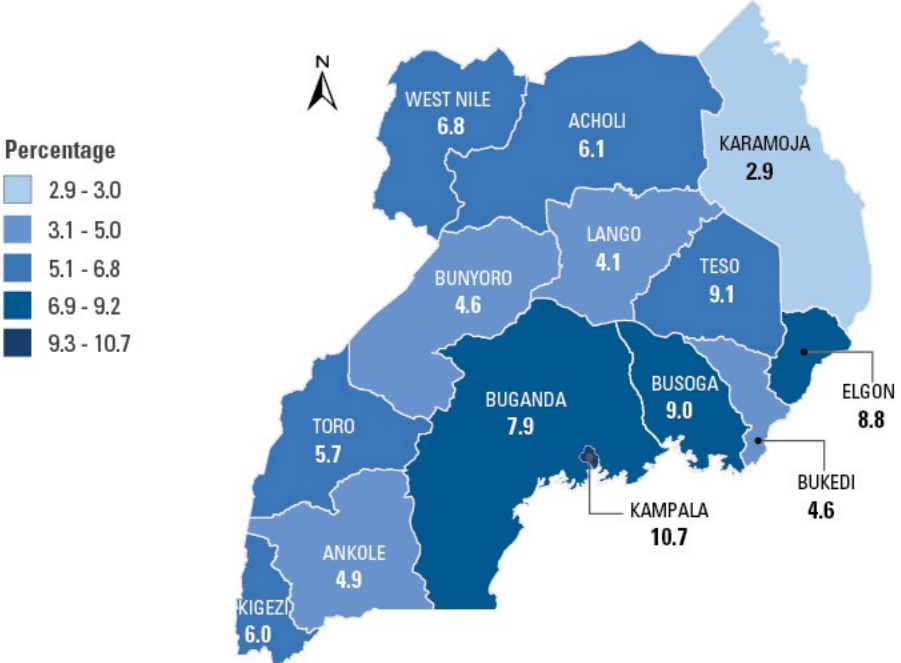
Low rate of cervical cancer screening is due to limited awareness and access to the services. There is need to intensify BCC to increase awareness about cancer screening services, as well as scale up cervical cancer screening services at Primary Health care facilities.

FIGURE 37: % OF WOMEN AGED 15 – 49 WHO WERE EVER EXAMINED BY A HEALTH WORKER FOR CERVICAL CANCER



17. Breast cancer screening in women aged 30 - 49 years – Data not available for this target population. However, according to UDHS 2022, only 7% of women aged 15 – 49, have undergone examinations or tests for breast cancer. Regular breast screening is one of the best ways to improve early diagnosis of breast cancer, which together with cervical cancer are the leading cases of cancer in Uganda. The examination could include either a clinical breast exam, in which a healthcare provider uses their hands to feel for lumps or other changes or the use of a mammogram.

FIGURE 38: % OF WOMEN AGED 15 – 49 WHO WERE EVER EXAMINED BY A HEALTH WORKER FOR BREAST CANCER



Kampala (10.9%) and Busoga (9%) regions have the highest percentage of women aged 15–49 screened for breast cancer compared to Lango (4.1%) and Karamoja (2.9%).

18. IPT₃ coverage for pregnant women: The coverage of IPT₃ stagnated at 54% (1,024,771/1,907,369) during FY2023/24 which is below the target of 77%. Higher coverages were reported in Kigezi (72%) and Ankole (72%) regions while lower coverages were reported in Bunyoro (45%) and Kampala regions (35%). (Figure 39)

FIGURE 39: MAP SHOWING IPTP3 COVERAGE BY LG IN FY 2023/24

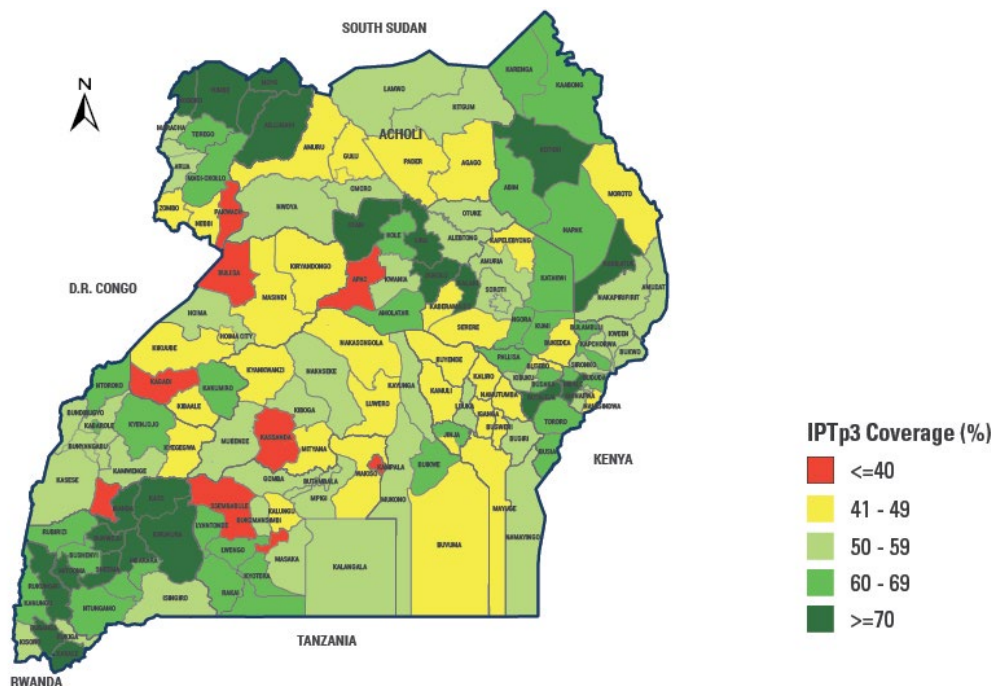
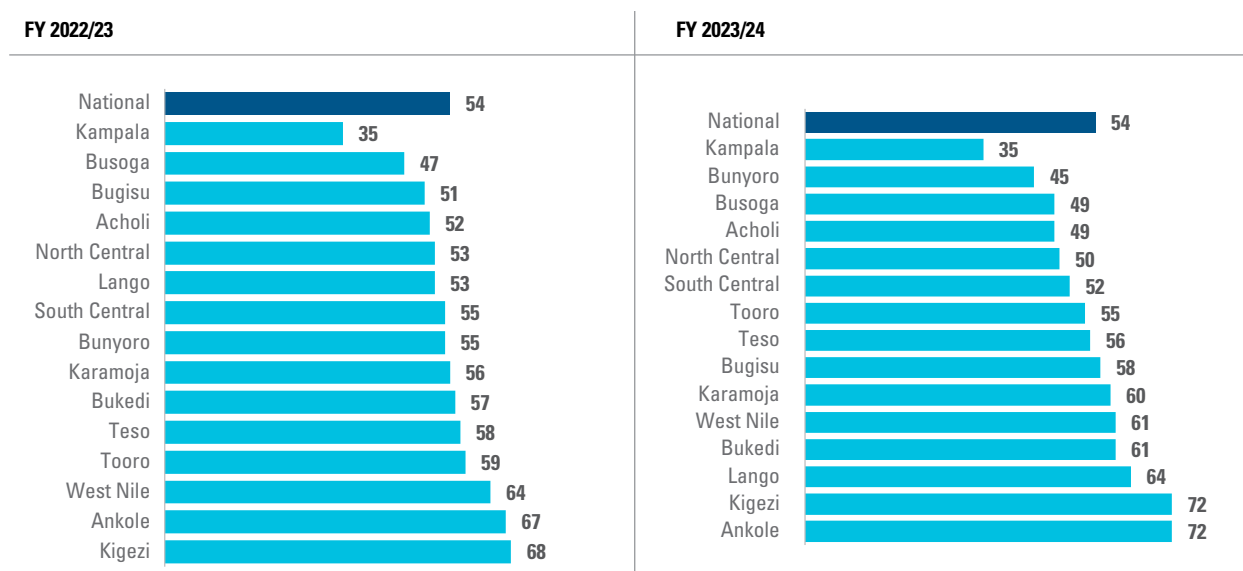


FIGURE 40: REGIONAL VARIATION IN THE COVERAGE OF IPTP3 IN THE LAST TWO FY



Source: MoH DHIS 2

The 54% coverage reported through DHIS2 is comparable to the UDHS 2022 finding of 56% of women who had a live birth in the 2 years before the survey reported taking three or more doses of SP. The proportion of women with a live birth in the 2 years before the survey who took three or more doses of SP/ Fansidar during their last pregnancy increased from 10% in 2011 to 28% in 2014-15, then decreased to 17% in 2016 and increased again to 41% in 2018-19, and 56% in 2022. (Figure 41)

FIGURE 41: TRENDS IN IPTP₃₊

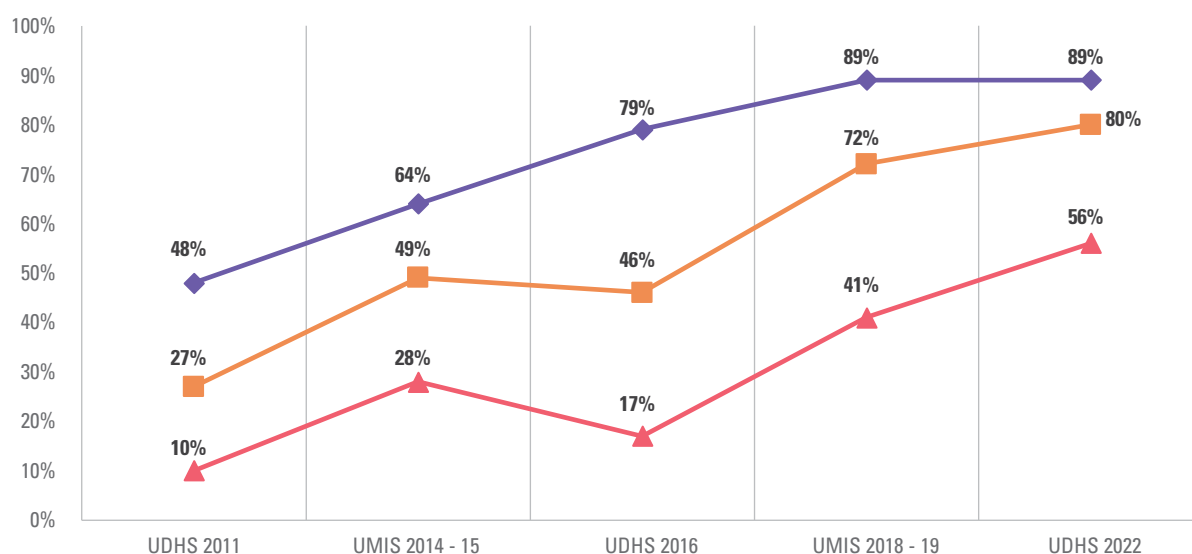


TABLE 37: IPTP₃ COVERAGE FOR TOP 10 AND BOTTOM 10 LGS

FY 2022/23		FY 2023/24	
Top 10 LGs	Coverage (%)	Bottom 10 LGs	Coverage (%)
Kiruhura	99	Buliisa	15
Rubanda	94	Sembabule	25
Lira City	89	Kassanda	28
Kazo	80	Kagadi	30
Kabale	79	Kampala	35
Mitooma	79	Pakwach	36
Sheema	79	Apac	38
Dokolo	77	Masaka City	38
Ibanda	77	Kitagwenda	39
Moyo	77	Kaliro	41

Source: MoH DHIS 2

Factors that contributed to the low coverage of IPTp₃ included: late initiation of pregnant women in ANC. The proportion of mothers attending ANC1 in the 1st trimester was between 32% - 37%. Inadequate retention into ANC care, the percentage of mothers attending ANC1 that return for at least 4 visits was between 67% -70%. Additionally, health facilities reported SP stock outs.

In the next FY, NMCD has planned several interventions focusing on minimizing stock outs of SP, increasing demand for IPTp by improving linkage of pregnant women from the community to health facility to enhance ANC 1 visit within the first trimester and build capacity of health workers to provide IPTp.

19. Anaemia screening at first prenatal visit stagnated at 23% for the last 3 FYs and is significantly below the target of 60% for the year. The poor performance is primarily attributed to insufficient laboratory supplies for hemoglobin estimation at all levels. The proportion of pregnant women with Hb levels below 11g/dl at first ANC visit increased slightly from 7.5% to 8.0%. This highlights a pressing need for improved Hb screening and targeted interventions to better manage anemia during pregnancy.

20. Antenatal Care 4th Visit coverage increased by 6.3%, to 49.1% (1,119,557 out of 2,278,100 estimated pregnancies) in FY 2023/24 from the 46%.

FIGURE 42: TRENDS IN EARLY ANC ATTENDANCE & 4TH ANC VISITS

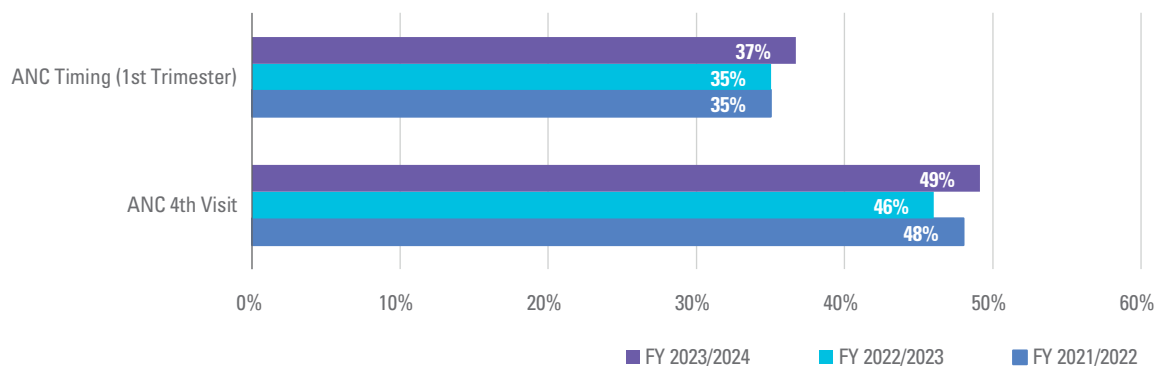
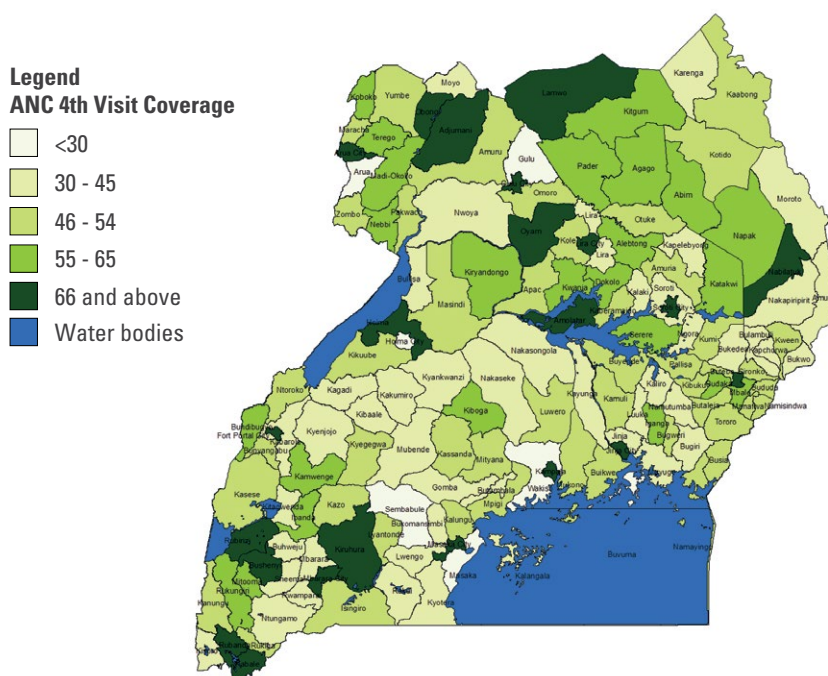


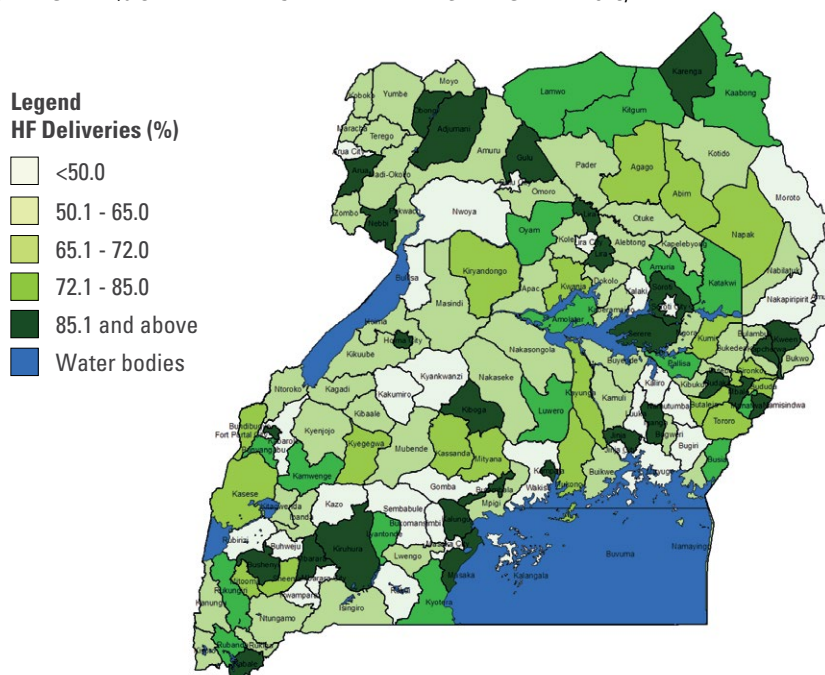
FIGURE 43: MAP SHOWING ANC4 VISIT COVERAGE BY LG IN FY 2023/24



Among the LGs, those with the highest coverage for ANC 4th visit were Gulu City (128.7%), Obongi (128.1%), Soroti City (121.8%), Mbarara City (106.1%), Jinja City (104.5%). Conversely, the lowest coverage rates were recorded in Wakiso (25.3%), Hoima City (25.1%), Gulu (24.9%), Buvuma (21.9%), Arua (18.3%).

21. The proportion of pregnant women delivering at health facility deliveries increased slightly from 64% in FY 2022/23 to 65% (1,478,999/ 2,278,100 estimated pregnancies) in FY 2023/24.

FIGURE 44: MAP SHOWING THE % OF HEALTH FACILITY DELIVERIES BY LG IN FY 2023/24



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%).

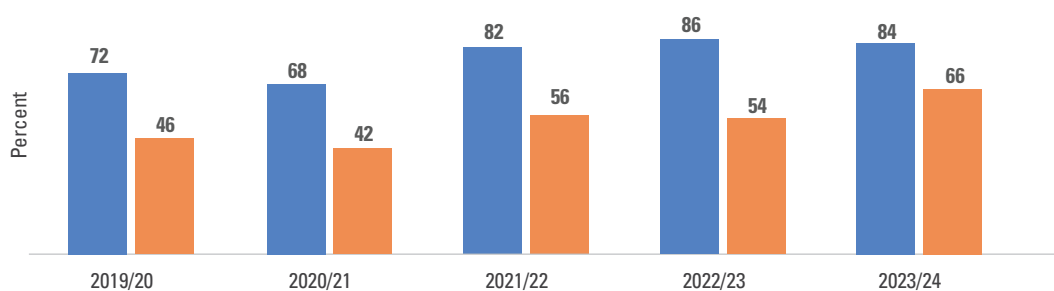
At the health facility level, 45% of deliveries occurred at HC III's, and II's (9%).

TABLE 38: TRENDS IN HEALTH FACILITY DELIVERIES BY HEALTH FACILITY LEVEL

Level	Number	%	Number	%	Number	%
Referral and Large PNFPs	127,446	9	115,694	8	133,416	9
General Hospitals	217,520	15	234,267	17	233,593	16
HC IVs	276,168	19	287,647	20	311,872	21
HC IIIs	679,577	47	646,632	46	672,747	45
HC IIs & Clinics	129,085	9	128,616	9	127,371	9
Total	1,446,874	100	1,412,855	100	1,478,999	100

22. The proportion of HC IVs providing CeMNOC (C/S and blood transfusion) increased by 27% to 66% (178/271), and the proportion of HC IVs conducting C/S was 84% (227/271) in FY 2023/24 compared to 86% (218/254) in FY 2022/23. Overall, there is an increase in the number of HC IVs reporting.

FIGURE 45: TRENDS FOR HC IV'S PERFORMING C/S AND THOSE PROVIDING BLOOD TRANSFUSION SERVICES

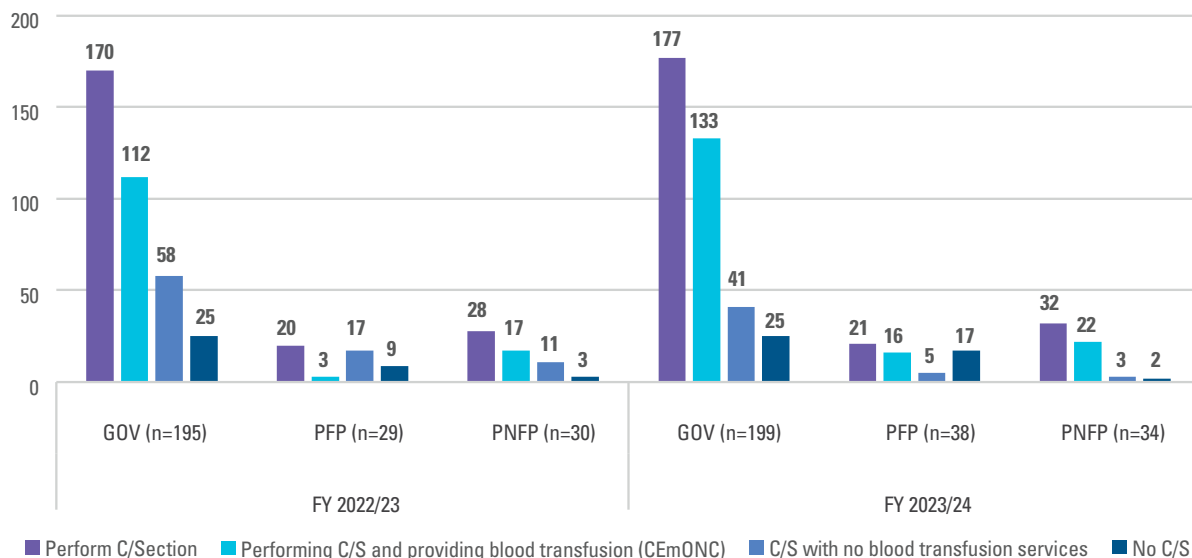


Source: MoH DHIS 2

■ % conducting C/S ■ % C/S & Blood Transfusion

A total of 5 out of 266 (1.9%) HC IVs do not provide C/S services and yet this is the major service to be provided at HC IVs, and 73 (27.4%) of HC IVs conducted C/S without blood transfusion services at the facility. The PHPs have the highest proportion, 64.3% of HC IVs conducting C/S without blood transfusion services.

FIGURE 46: TRENDS IN HC IV'S PERFORMING C/S AND CEMNOC BY SUB-SECTOR



Source: MoH DHIS 2

TABLE 39: HC IVS NOT CONDUCTING CAESAREAN SECTIONS

S/N	Health facility	LG	Ownership	Deliveries
1	5th Military Division	Pader	GOV	149
2	Astu	Katakwi	GOV	-
3	Bondo	Arua	GOV	618
4	Bukasa	Kalangala	GOV	115
5	Bukuya	Kassanda	GOV	1,659
6	Buliisa	Buliisa	GOV	520
7	Busanza	Kisoro	GOV	249
8	Frost Hospital	Wakiso	PFP	57
9	Gwalibawadde II	Mukono	PFP	-
10	Hiima UCI	Kasese	PNFP	1
11	Hope	Luwero	PFP	34
12	K.T Medical Centre	Wakiso	PFP	67
13	Kachumbala	Bukedea	GOV	1,429
14	Kairos Medical Centre	Mukono	PFP	51
15	Kakomo	Kabale	GOV	332
16	Kalaki	Kalaki	GOV	818
17	Karita	Amudat	GOV	622
18	Kataraka	Fort Portal City	GOV	338
19	Kigoroby	Hoima	GOV	1,384
20	Kigsley Children's Medical Centre	Mukono	PFP	-
21	Kira	Wakiso	GOV	957
22	Kitante Medical Centre	Kampala	PFP	11
23	Maracha	Maracha	GOV	582
24	Midas Touch	Kumi	PFP	2
25	Mpungu	Kanungu	GOV	241

S/N	Health facility	LG	Ownership	Deliveries
26	Musana Community	Kaliro	PFP	38
27	Naguru Police	Kampala	GOV	-
28	Naluvule Medical	Wakiso	PFP	46
29	Nsambya Police	Kampala	GOV	725
30	Ntungamo	Ntungamo	GOV	971
31	Ober	Lira City	GOV	1,219
32	Palabek-Kal	Lamwo	GOV	410
33	Pearl Medical Centre	Kampala	PFP	182
34	Platinum Medical Centre	Kampala	PFP	38
35	Rugyeyo	Kanungu	GOV	265
36	Rukungiri	Rukungiri	GOV	710
37	Ruteete	Kabarole	GOV	234
38	Salaama Memorial Medical Health Centre	Wakiso	PFP	165
39	SAS Clinic	Kampala	PFP	-
40	Social Doctors	Mukono	PFP	191
41	Spring Medicare	Wakiso	PFP	223
42	Toroma	Katakwi	GOV	684
43	Victoria Medical Services	Wakiso	PFP	86
44	Wanda Matugga	Wakiso	PNFP	214

Kisenyi and Kawaala HC IVs have the highest number of deliveries and C/S rate largely due to the high population. Similarly, Kyangwali, Bujubuli and Insingiro are HC IVs in refugee hosting districts with increased health service needs.

TABLE 40: HC IVS WITH THE HIGHEST NUMBER OF C/S IN FY 2023/24

No.	LG	HC IV	Ownership	Deliveries	No. of C/S	C/S Rate
1	Kampala	Kisenyi	GOV	8,844	2,128	24%
2	Kampala	Kawaala	GOV	8,167	1,873	23%
3	Kikuube	Kyangwali	GOV	3,595	1,602	45%
4	Kyegegwa	Bujubuli	GOV	4,879	1,459	30%
5	Isingiro	Rwekubo	GOV	2,949	1,413	48%
6	Kasese	Rukooki	GOV	3,318	1,122	34%
7	Wakiso	Wakiso	GOV	4,159	1,042	25%
8	Wakiso	Kasangati	GOV	3,840	1,007	26%
9	Serere	Serere	GOV	2,533	996	39%
10	Sironko	Budadiri	GOV	3,446	843	24%
11	Kakumiro	Kakindo	GOV	3,122	837	27%
12	Kassanda	Kassanda	GOV	2,819	800	28%
13	Budaka	Budaka	GOV	3,705	748	20%
14	Kamwenge	Rwamwanja	GOV	3,793	747	20%
15	Mpigi	Mpigi	GOV	2,816	735	26%
16	Rubirizi	Rugazi	GOV	2,134	729	34%
17	Wakiso	Namayumba	GOV	2,380	726	31%
18	Lwengo	Kyazanga	GOV	1,596	694	43%
19	Sembabule	Ssembabule	GOV	2,106	685	33%
20	Terego	Omugo	GOV	1,732	654	38%

Source: MoH DHIS 2

Overall C/S rate is highest in the private health facilities and several of them do not provide blood transfusion services as shown below. The lack of the recommended services for CeMNOC 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 41: HC IVS WITH THE HIGHEST C/S RATE IN FY 2023/24

S/ No.	LG	Health facility	Ownership	Deliveries in unit	No. of C/S	% C/S	Transfusion Done
1	Kumi	Michoos Medical	PFP	141	107	76%	No
2	Jinja	Lamu Medical Centre	PFP	50	31	62%	Yes
3	Kyenjojo	Midas Torch	PFP	194	120	62%	No
4	Kagadi	St. Ambrose Charity	PFP	261	143	55%	No
5	Wakiso	Sebbi Medical	PFP	623	335	54%	No
6	Kampala	Span Medicare	PFP	90	48	53%	No
7	Bundibugyo	Busaru	PNFP	714	369	52%	Yes
8	Kyenjojo	St. Theresa Lisieux Rwibaale	PNFP	874	440	50%	Yes
9	Isingiro	Rwekubo	GOV	2,949	1,413	48%	Yes
10	Kasese	Rwesande	PNFP	606	289	48%	Yes
11	Wakiso	Henrob Family Clinic	PFP	530	244	46%	Yes
12	Kikuube	Kyangwali	GOV	3,595	1,602	45%	Yes
13	Kakumiro	St. Mary's Kakindo	PNFP	672	293	44%	No
14	Lwengo	Kyazanga	GOV	1,596	694	43%	Yes
15	Mukono	Herona Medical Centre	PFP	484	210	43%	Yes
16	Masindi	Masindi Kitara Medical Centre	PNFP	454	186	41%	Yes
17	Kampala	Bugolobi Medical Centre	PFP	107	43	40%	No
18	Kyotera	St. Andrews Bikira Maria	PNFP	881	347	39%	Yes
19	Serere	Serere	GOV	2,533	996	39%	Yes
20	Kampala	Medik Health Centre	PFP	158	62	39%	Yes

Source: MoH DHIS 2

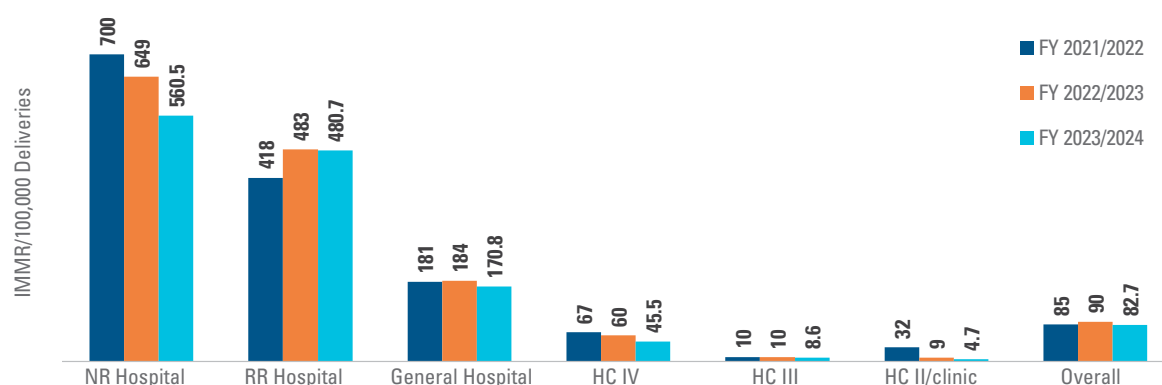
23. Maternal deaths among 100,000 health facility deliveries reduced by 8.4% from 90.3/100,000 in FY 2022/23 to 82.7/10,000 in FY 2023/24. The number of maternal deaths and Institutional maternal mortality rate (IMMR) are highest at the referral and large PNFP hospitals (50.6%).

TABLE 42: 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	521	42%	566	46%	648	51%	619	50.6%
GH	471	38%	387	32%	380	30%	397	32.4%
HC IV	169	14%	186	15%	172	13%	142	11.6%
HC III	53	4%	61	5%	64	5%	59	4.8%
HC II	14	1%	26	2%	12	1%	6	0.49%
TOTAL	1,228	100%	1,226	100%	1,276	100%	1,222	100%

Institutional Maternal Mortality Risk (IMMR) at NRHs is still very high compared to the national average though has reduced by 0.4% from 648/100,000 deliveries to 619/100,000 in FY 2023/24.

FIGURE 47: IMMR BY HEALTH FACILITY LEVEL



The IMMR is highest in Kampala region at 213/100,000 deliveries increasing from 205/100,000 in FY 2022/23, followed by Bugisu at 104 /100,000 reducing from 122/100,000 in FY 2022/23.

TABLE 43: NUMBER OF DELIVERIES, MATERNAL DEATHS AND IMMR BY REGION

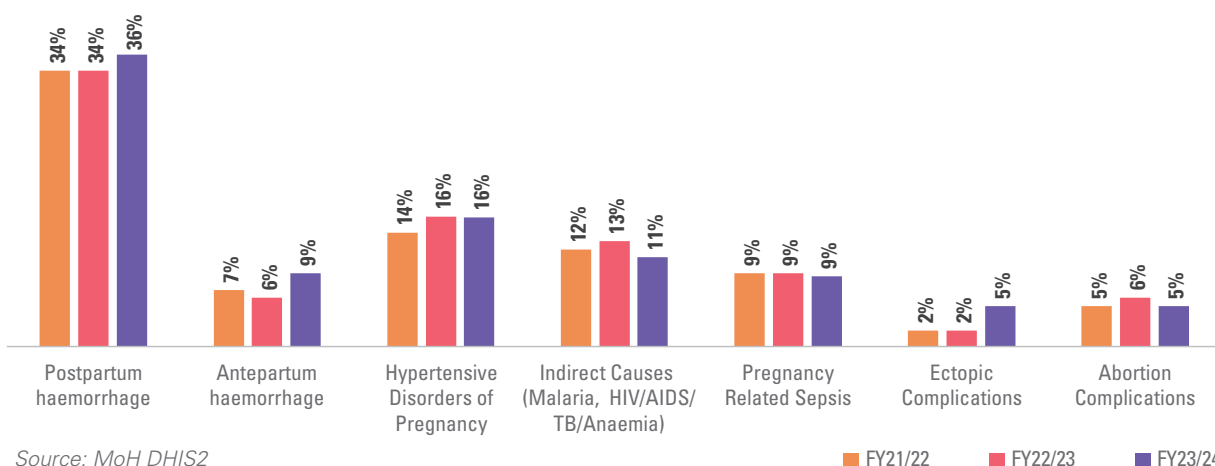
Region	No. health facility Deliveries		No. Maternal deaths		IMMR/ 100,000 deliveries	
	FY22/23	FY23/24	FY22/23	FY23/24	FY22/23	FY23/24
Acholi	64,142	66,657	66	45	103	68
Ankole	114,028	120,123	89	77	78	64
Bugisu	93,492	93,553	114	97	122	104
Bukedi	85,023	91,082	46	51	54	56
Bunyoro	83,807	88,486	103	83	123	94
Busoga	124,510	131,225	116	123	93	93
Kampala	87,879	86,029	180	183	205	213
Karamoja	35,517	40,572	12	30	34	74
Kigezi	53,464	55,178	38	35	71	63
Lango	74,902	86,728	45	53	60	61
North Central	146,242	152,405	126	126	86	83
South Central	140,932	145,440	87	109	62	75
Teso	74,074	81,140	63	44	85	54
Tooro	122,315	119,633	96	80	79	67
West-Nile	112,515	120,728	95	86	84	71
Uganda	1,412,842	1,478,782	1,276	1,222	90	82.7

Source: MoH DHIS2

Causes of Maternal Deaths

Among the maternal deaths reviewed, obstetric haemorrhage remains the leading cause of maternal deaths accounting for 45% of deaths in the FY 2023/24 followed by hypertensive disorders of pregnancy which stagnated at 16%.

FIGURE 48: CAUSES OF MATERNAL DEATHS – FY 2021/22 TO FY 2023/24

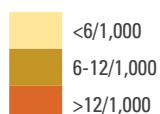


24. Facility based fresh (FSB) still births (per 1,000 deliveries) have reduced by 11% from 6.4/1,000 in the previous FY 2022/2023 to 5.7/1,000 in FY 2023/2024 above the target of 5/1,000. Kigezi, Bukedi and Ankole regions had the lowest FSBs per 1,000 deliveries. Bunyoro, Kampala and Busoga regions had the highest rate of FSBs per 1,000 deliveries. Over the past two years (FY2022/23 and FY2023/24), the regions of Kampala, Bunyoro, and Acholi have had the highest perinatal mortality deaths. Bukedi, Bugisu and Tooro regions have the lowest perinatal mortality rates generally below the national average.

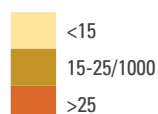
TABLE 44: RATE OF PERINATAL DEATHS BY TYPE AND REGION IN FY 2023/24

Region	FY2023/24				
	Total Births	MSB/1,000 Births	FSB/1,000 Births	ENND/1,000 Live Births	IPMR/1,000 births
Acholi	66,792	8.4	5.6	7.5	21.3
Ankole	121,593	5.2	4.6	3.3	13.1
Bugisu	93,750	5.1	5.3	1.2	11.6
Bukedi	91,846	4.1	4.6	2.4	11.0
Bunyoro	87,963	8.1	8.8	5.9	22.7
Busoga	131,260	7.1	6.7	4.9	18.6
Kampala	87,240	10.2	7.7	18.2	35.8
Karamoja	40,599	3.3	6.3	4.5	14.1
Kigezi	55,432	5.1	3.7	6.4	15.2
Lango	86,639	4.7	5.0	3.0	12.7
North Central	152,764	7.1	6.6	3.2	16.9
South Central	145,774	6.6	5.7	4.0	16.2
Teso	80,787	5.1	4.9	3.3	13.3
Tooro	118,672	4.5	4.1	2.4	11.0
West Nile	120,815	6.8	5.8	3.9	16.4
National	1,481,926	6.2	5.7	4.6	16.5

FSBR, MSBR, ENND/1000

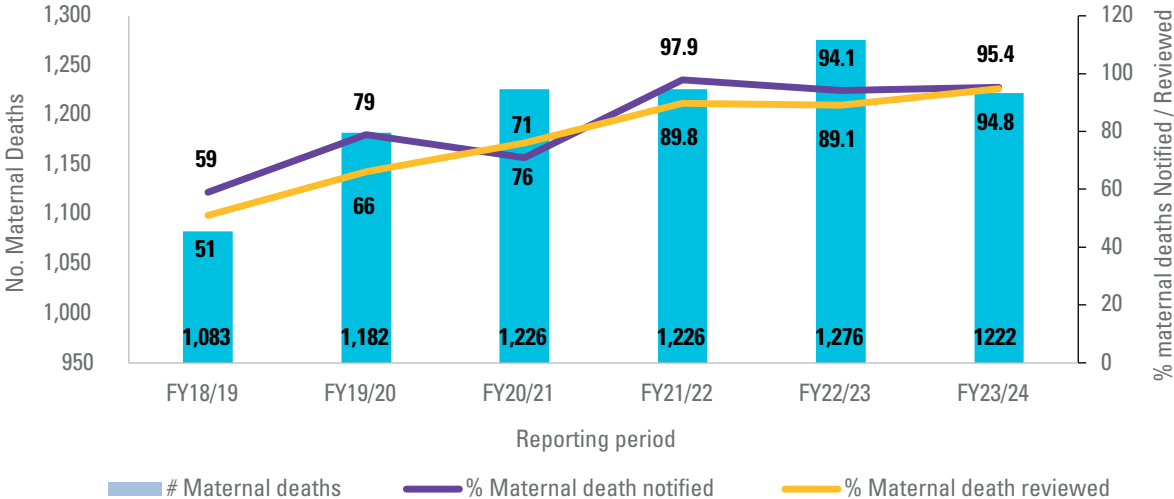


IPMR/1000



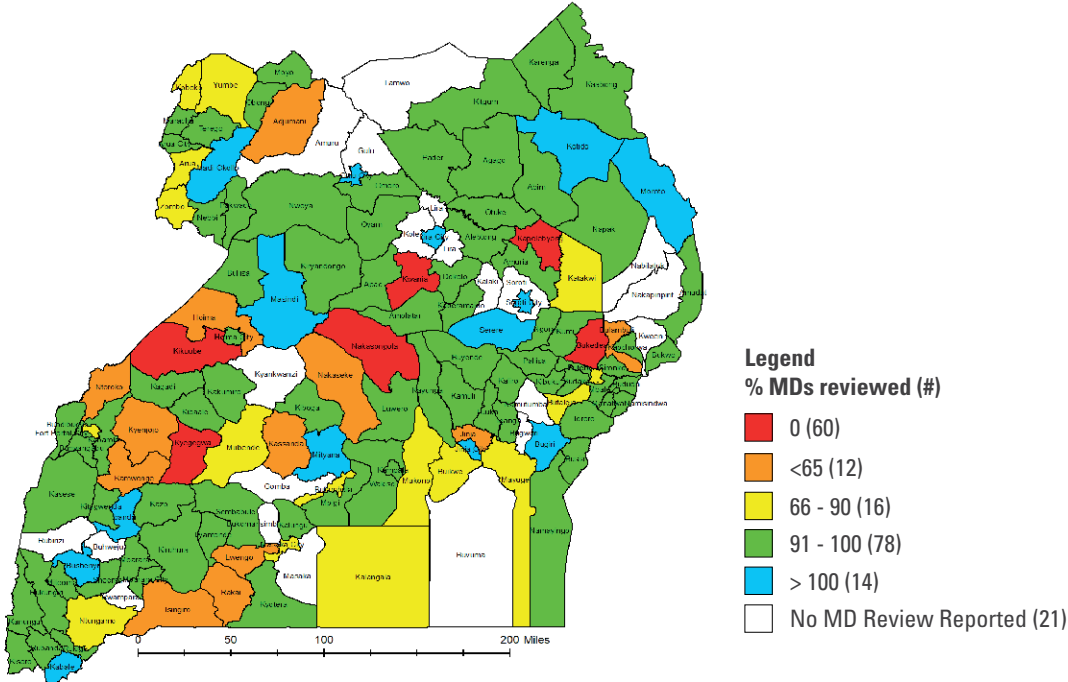
25. Maternal deaths reviewed: A total of 1,222 health facility based maternal deaths were reported (HMIS 105) and of these 95.4% were notified and 94.8% reviewed in FY 2023/24 compared to 94.1% in the previous FY. This was above the target of 90%.

FIGURE 49: NATIONAL TRENDS IN INSTITUTIONAL MATERNAL DEATHS REPORTED, NOTIFICATIONS AND REVIEW RATES



Source: MoH DHIS2

FIGURE 50: MAP SHOWING THE % OF MATERNAL DEATHS REVIEWED BY LG IN FY 2023/24



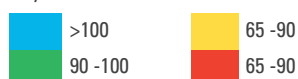
It is worth noting that several LGs (20) had no maternal deaths reported from the health facilities. This is likely to raise from the non-reporting or tendency to refer to higher level facilities. There is need to study the cause of no maternal deaths reported in these.

Overall, the process of maternal death notification and reviews has been embraced by all regions, though there was a significant reduction in proportion of maternal deaths reviewed in Bugisu region from 95.6% in FY 2022/23 to 84.5% in 2023/24.

TABLE 45: IMMR, MATERNAL DEATH NOTIFICATION AND REVIEWS BY REGION

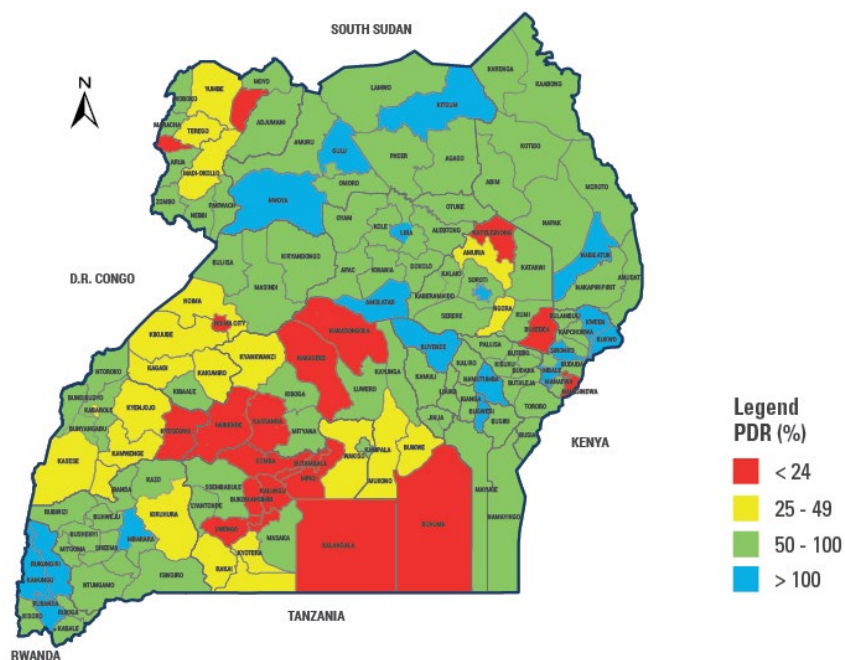
Region	No. Maternal deaths		% maternal death notifications		% maternal death reviews	
	FY22/23	FY23/24	FY22/23	FY23/24	FY22/23	FY23/24
Acholi	66	45	98.5%	102.2%	101.5%	102.2%
Ankole	89	77	77.5%	114.3%	97.8%	100.0%
Bugisu	114	97	100.0%	89.7%	95.6%	84.5%
Bukedi	46	51	106.5%	98.0%	95.7%	96.1%
Bunyoro	103	83	79.6%	92.8%	74.8%	95.2%
Busoga	116	123	92.2%	82.1%	81.9%	99.2%
Kampala	180	183	99.4%	98.9%	98.3%	98.9%
Karamoja	12	30	108.3%	110.0%	91.7%	113.3%
Kigezi	38	35	84.2%	100.0%	94.7%	102.9%
Lango	45	53	106.7%	111.3%	104.4%	113.2%
North Central	126	126	77.0%	84.9%	80.2%	84.9%
South Central	87	109	90.8%	89.0%	77.0%	86.2%
Teso	63	44	117.5%	120.5%	95.2%	111.4%
Tooro	96	80	94.8%	88.8%	69.8%	81.3%
West Nile	95	86	107.4%	94.2%	96.8%	90.7%
Uganda	1,276	1,222	94.1%	95.4%	89.1%	94.8%

Key Notifications & Reviews



26. Perinatal death reviews increased to 61.3% in FY 2023/24 from 43.1% in FY 2022/23. However, perinatal death notification reduced to 61.3% from 63.4% in the previous year. All LGs reported a perinatal death in the FY 2023/24..

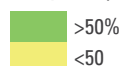
FIGURE 51: MAP SHOWING THE PROPORTION OF PERINATAL DEATHS REVIEWED BY LG IN FY 2023/24



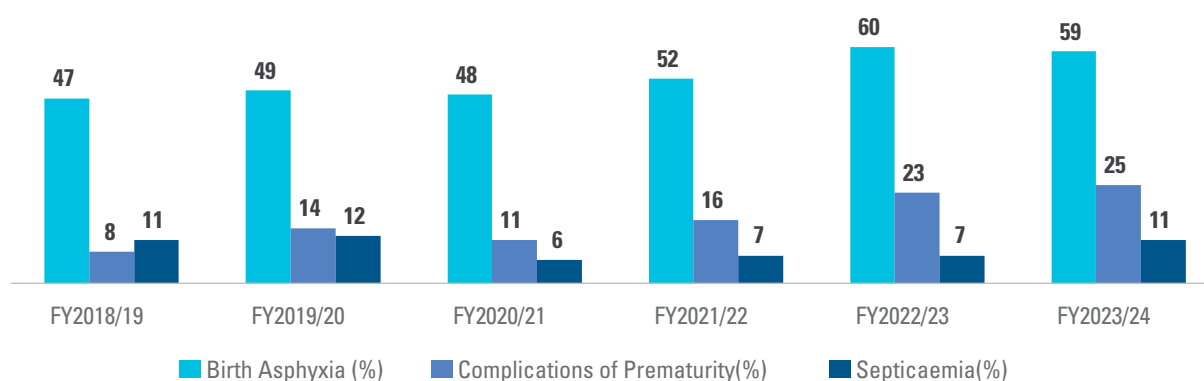
Whereas there is some improvement in the perinatal deaths reviews some regions are still performing below the national average of 50%, and these include Bunyoro (39.9%), South Central (25.6%), North Central (37.4%), and Tooro (44.5%).

TABLE 46: PROPORTION OF REVIEWED PERINATAL DEATH NOTIFICATIONS AND REVIEW BY REGION

Region	FY 2023/2024		
	Total Perinatal Deaths	Perinatal death Notification rate_24HRs (%)	Perinatal death Review rate (%)
Acholi	1,424	94.2	86.4
Ankole	1,591	55.3	73.7
Bugisu	1,085	109.5	74.7
Bukedi	1,012	80.7	68.4
Bunyoro	2,000	50.9	39.9
Busoga	2,442	64.0	79.0
Kampala	3,127	25.1	65.0
Karamoja	571	95.6	80.7
Kigezi	841	102.1	99.8
Lango	1,103	97.8	96.0
North Central	2,580	52.1	37.4
South Central	2,362	35.7	25.6
Teso	1,077	75.9	68.8
Tooro	1,301	48.9	44.5
West Nile	1,983	64.4	55.9
National	24,499	61.2	61.3

PDN/ PDR (%)

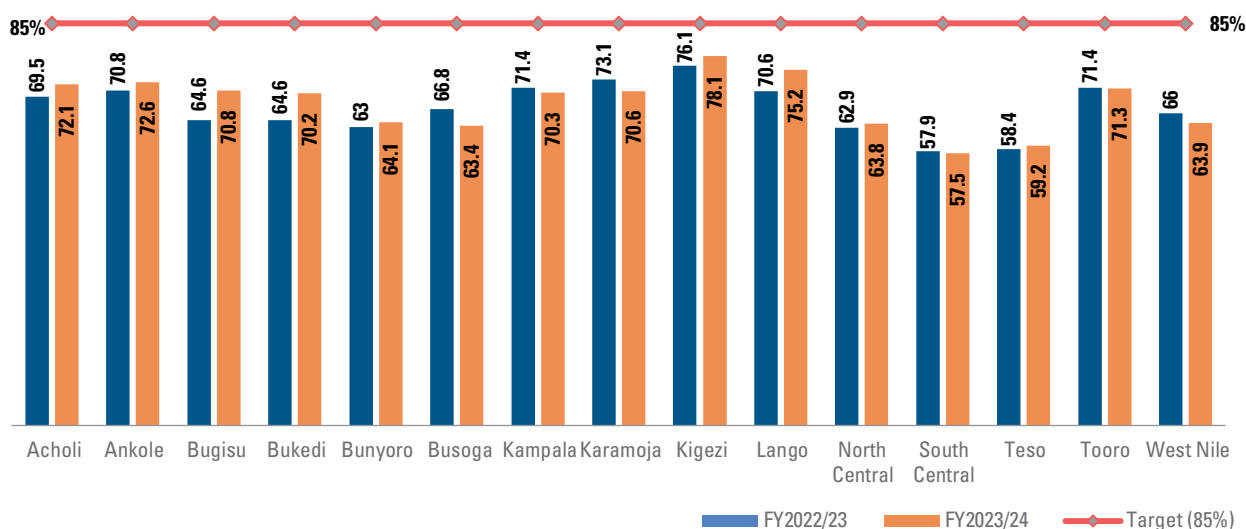
Birth asphyxia remains the leading cause of early neonatal death followed by complications of prematurity and septicaemia over the past 5 years.

FIGURE 52: TRENDS IN THE LEADING CAUSES OF NEONATAL DEATHS IN UGANDA

27. Under-five Vitamin A second dose coverage – declined from 70% to 47%. Some districts, like Butaleja, Buvuma, and Arua, report very low coverage rates (32- 38%), while others, including Wakiso, Gulu, and Kitgum, show moderate progress (42-44%).

28. Proportion of pregnant women receiving ferrous sulphate/folate supplement on first visit- stagnated at 67% in the last two FYs. Regions like Kigezi and Lango demonstrated significant improvements, with Iron and Folic Acid coverage rising from 76.1% to 78.1% and from 70.6% to 75.2%, respectively. However, several regions fell short of the target, including South Central and Busoga, where coverage decreased or remained below the target. Regions such as Acholi and Ankole also show modest improvements but did not reach the target..

FIGURE 53: PREGNANT/LACTATING MOTHER RECEIVED IRON& FOLIC ACID SUPPLEMENTATION BY REGION



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 2023/24 was 64% in 4,211 functional reporting health facilities (GoU & PNFPs), compared to 58% in FY 2022/23. The Lab basket had the highest average availability of 79% in the last quarter of FY 2023/24, followed by TB (74%), RMNCAH (67%) and EMHS (58%). The 43% availability of the ARVs basket captures the old regimen and therefore does not reflect the actual availability of the current ARV regimen. The MoH has actively transitioned from legacy and single pill ARVs to optimal fixed dose combinations to enhance health outcomes and client quality of life. A new list of 50 items including the recommended first and second-line ARV tracers was uploaded on the DHIS2 at the end of August 2024 and therefore, expect to accurately trace availability of the ARVs basket beginning this FY.

The proportion of facilities having over 95% availability of a basket of commodities in the last quarter of the FY dropped from 37% in 2021/22 to 15% in 2022/23 and increased to 22% in 2023/24. This is far below the annual target of 75%.

TABLE 47: AVAILABILITY FOR THE 41 COMMODITIES AT HEALTH FACILITIES IN FY 2023/24

Indicator	Disaggregation	Q4 FY2019/20	Q4 FY2020/21	Q4 FY2021/22	Q4 FY2022/23	Target FY2023/24	Q4 FY2023/24
Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter	EMHS	82%	81%	72%	47%	90%	58%
	ARVs	70%	79%	81%	45%	90%	43%
	TB	86%	85%	84%	69%	90%	74%
	LAB	80%	78%	72%	73%	90%	79%
	RMNCAH	79%	83%	80%	57%	90%	67%
	Overall	79%	81%	78%	58%	90%	64%
Percentage of facilities that had over 95% availability of a basket of commodities in the previous quarter.	EMHS	49%	43%	31%	3%	75%	5%
	ARVs	33%	29%	36%	1%	75%	1%
	TB	67%	63%	57%	35%	75%	42%
	LAB	46%	39%	31%	33%	75%	48%
	RMNCAH	33%	39%	28%	2%	75%	12%
	Overall	46%	43%	37%	15%	75%	22%

Indicator	Disaggregation	Q4 FY2019/20	Q4 FY2020/21	Q4 FY2021/22	Q4 FY2022/23	Target FY2023/24	Q4 FY2023/24
Percentage availability of supplies for a basket of 41 Commodities and health supplies at Central Level Warehouses (NMS and JMS).	EMHS	47%	69%	57%	97%	80%	84%
	ARV	57%	63%	61%	75%	80%	61%
	TB	67%	67%	67%	83%	80%	75%
	LAB	56%	52%	63%	78%	80%	77%
	RMNCAH	64%	55%	66%	79%	80%	55%
	Overall	58%	61%	63%	82%	80%	70%

Data Sources: HMIS & Warehouse Online Stock Status Reports

On the other hand, overall availability of supplies for a basket of 41 Commodities and health supplies at Central Level Warehouses (NMS and JMS) also reduced from 82% in FY 2022/23 to 70% in FY 2023/24. Non-availability of commodities has a negative impact on quality of services and utilization.

Trends show that availability for all baskets of commodities progressively improved through the 4 quarters except for ARVs reason being that commodities currently tracked cover a small section of ART Clients and the others are obsolete which essentially affected availability of ARVs and then the LAB and TB baskets had the highest availability.

FIGURE 54: AVERAGE AVAILABILITY OF A BASKET OF 41 COMMODITIES PER QUARTER IN FY 2023/24

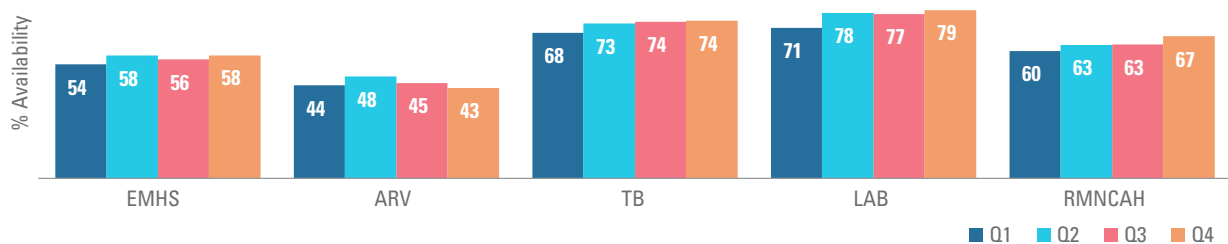
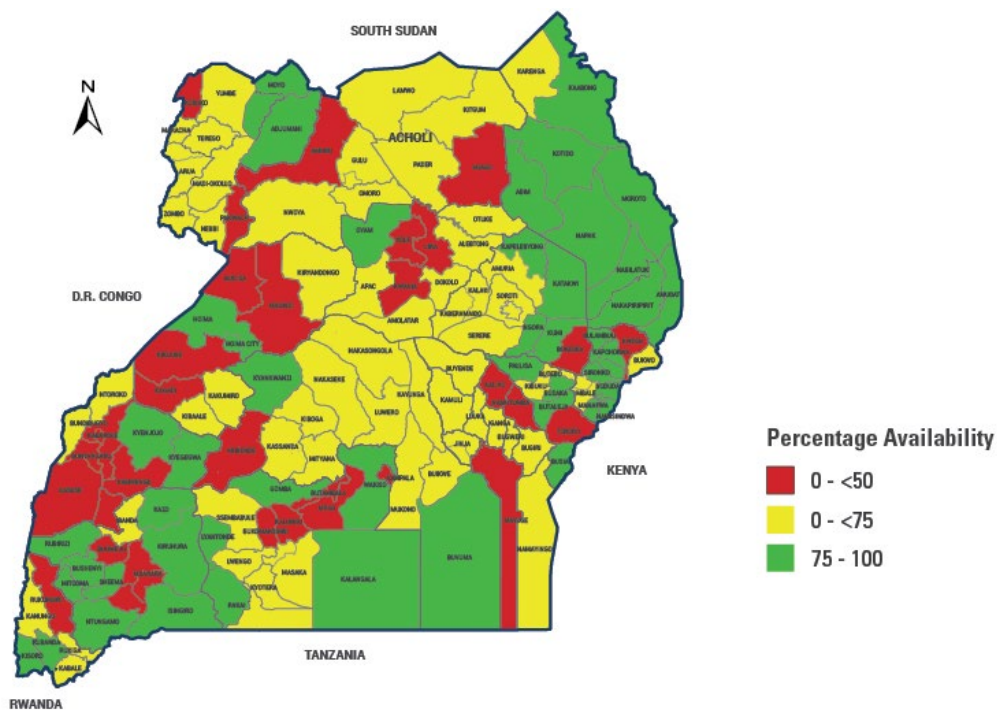


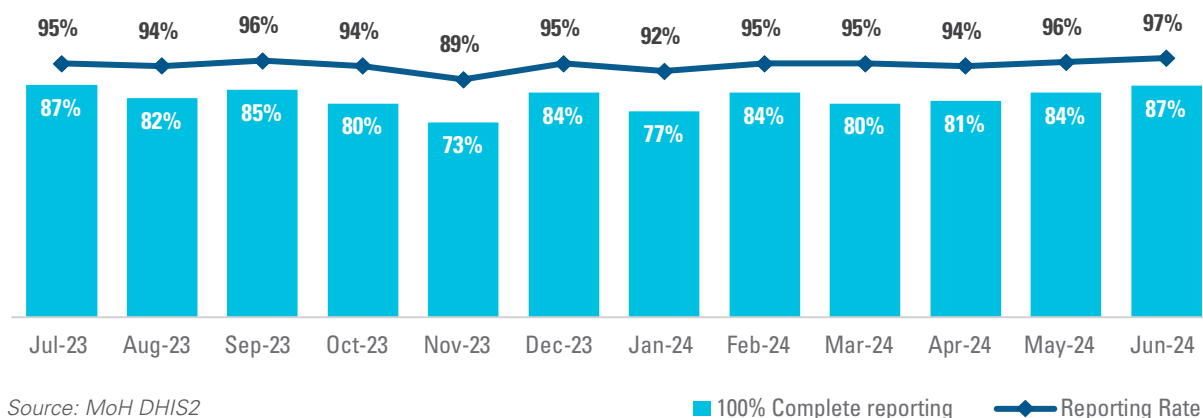
FIGURE 55: MAP SHOWING AVERAGE AVAILABILITY OF A BASKET OF 41 COMMODITIES BY LG IN FY 2023/24



Source: MoH DHIS2

HMIS 105-6 (stock status) completeness reporting continued to remain steady across facilities as of June 2024, due to the intensive mobilization of Biostatisticians and district leadership. However, due to a DHIS2 downtime reporting was affected in the months of November 2023 and January 2024. Decentralizing data entry to facilities continued, and daily checks of data entered in DHIS2 alerts Biostatisticians to follow up on reporting.

FIGURE 56: MONTHLY MEDICINE STOCK STATUS REPORTING RATES AND COMPLETENESS OF REPORTING IN FY 2023/24



2.4.2 EMHS Credit Line at National Medical Stores (NMS)

There was an 24.8% increase in the budget for EMHS at NMS from UGX 464 billion in FY 2022/23 to UGX 548 billion in FY 2023/24. This is inclusive of the credit line and program commodities. Significant increase was realized for Public Health Emergencies (298%), UHI (84.5%), nutrition commodities (75.1%), HIV & TB Laboratory Commodities (48.5%), HC IVs (73.4%), RRHs (50.1%) and HC IIs (48.8%).

It is worth noting that although NCDs are on the increase and are now the second most cause of death among the adult population, there was no increase in the budget allocation for NCD commodities. Government to increase funding for NCD commodities at all levels of care.

TABLE 48: PUBLIC HEALTH FACILITY CREDIT LINE BUDGET ALLOCATIONS

Level of Care	Budget Holder	No. of HFs	FY2023/24	FY2024/25	%age change
HC II	Credit line	1,772	15,163,236,942	22,561,594,424	48.8%
HC III	Credit line	1,350	47,684,761,813	56,735,549,136	19.0%
HC IV	Credit line	204	22,432,000,000	38,894,805,195	73.4%
GH	Credit line	52	22,531,010,130	31,686,048,828	40.6%
RRH	Credit line	18	22,184,228,057	33,296,326,030	50.1%
NRH	Credit line	5	24,365,600,000	27,141,818,182	11.4%
Uganda Heart Institute	Credit line	1	2,000,000,000	3,690,630,013	84.5%
Uganda Blood Transfusion Services	Credit line	1	38,852,835,000	42,350,649,351	9.0%
NCDs Commodities	Credit line		2,033,000,000	2,033,000,000	0.0%
General Laboratory supplies	Credit line		13,000,000,000	44,512,987,013	242.4%
Sub total			210,246,671,942	302,903,408,170	44.1%
Nutrition Commodities	Program		5,250,000,000	9,191,926,476	75.1%
Malaria Commodities	Program		7,768,402,297	7,768,402,297	0.0%
MCH Commodities	Program		23,832,240,000	23,832,240,000	0.0%
Family Planning Commodities	Program		2,960,523,750	5,053,965,000	70.7%
HIV & TB Laboratory Commodities	Program		51,369,862,500	76,293,453,750	48.5%
ARV Medicines	Program		197,368,395,000	197,368,421,053	0.0%

Level of Care	Budget Holder	No. of HFs	FY2023/24	FY2024/25	%age change
TB management commodities	Program		9,350,482,275	13,175,675,700	40.9%
Vaccines and Associate Supplies (Plus Hep B Meds)	Program		29,000,000,000	29,000,000,000	0.0%
Oxygen commodities	Program		9,155,321,250	10,967,073,750	19.8%
Public Health Emergencies	Program		1,999,998,750	7,960,000,000	298.0%
Sub total			338,055,225,822	380,611,158,026	12.6%
Grand Total			548,301,897,764	683,514,566,197	24.7%

*Public expenditure on commodities

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

An amount of UGX 19,573,429,615 (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 2023/2024.

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.

The EMHS Credit Line funding towards PNFP health facilities has remained same over the last 5 years. The available funding only covers 37% of the PNFP sector need leaving a huge gap of 63%. There is urgent need to increase the EMHS funding for the PNFP sector by the GOU.

TABLE 49: EXPENDITURE IN UGX FOR EMHS AT JMS BY LEVEL OF CARE

Expenditure by Level of Care	Opening balance from FY 2022/2023	Funds received for FY 2023-2024	Total funds available for Utilization	Funds Utilized in FY 2023-2024	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 50: ANNUAL EXPENDITURE IN UGX FOR EMHS AT JMS BY AFFILIATION

Expenditure by Level of Care	Opening balance from FY 2022/2023	Funds received for FY 2023-2024	Total funds available for Utilization	Funds Utilized in FY 2023-2024	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 Health Financing Landscape in Uganda

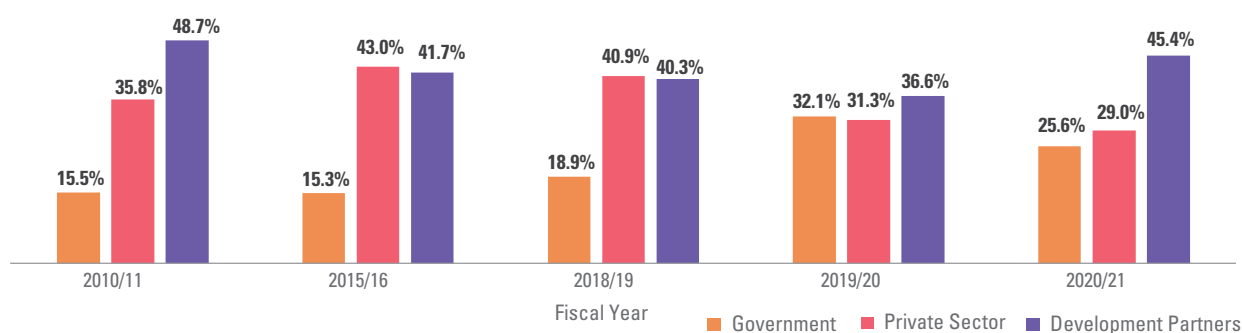
In Uganda, the health system is generally financed through two main modalities which are on-budget and off-budget. The financing to these modalities comes through a variety of stakeholders who include the Government of Uganda, private sector, households, and Health Development Partners (HDPs). According to the latest Uganda's National Health Accounts (NHA) of FY 2020/21, contributions during that period were as follows; HDPs at 45.4%, Private sector (mainly household out-of-pocket and voluntary health insurance schemes) at 29% and Government at 25.6%.

The same report also indicated that the Total Health Expenditure (THE) in FY 2020/21 was UGX 8.71 trillion, compared to UGX 7.79 trillion in FY 2019/20. Whereas the Current Health Expenditure (CHE) was UGX 8.41 trillion in FY 2020/21 compared to UGX 7.39 trillion in FY2019/20. The report further noted that even with an increase in government health expenditure, there exists a high share of CHE from HDPs most of which is off budget at 45.4% and this requires alignment of this resource to the sector priorities and workplans.

In addition, the findings showed a partial reduction in Out of Pocket (OPP) expenditure as a share of CHE. However, there is need to minimize this expenditure in nominal terms, since catastrophic expenditure on health affects over five million Ugandans. This, therefore, calls for effort to pursue risk pooling interventions like the National Health Insurance Scheme and Social Health.

Figure 57 below indicates the trends in health financing of five financial years within a decade period FYs (2010/11 to 2020/21) and it is evident that there is continued reliance on HDP funding. There is need for Government to mobilize more domestic resources for health as a long-term strategy and reduce catastrophic expenditure for households.

FIGURE 57: HEALTH EXPENDITURE SHARES IN UGANDA



As shown in Table 51, in FY 2023/24, the approved budget for the health subprogram increased by 10% from UGX 3,685 trillion in FY2022/23 to UGX 4,052 trillion. The increase came from both Government and Development partners. In terms of percentage share contributions, Government had 62% whereas External Financing was at 38%.

TABLE 51: APPROPRIATED BUDGET ALLOCATIONS FOR THE HEALTH SECTOR DURING THE PERIOD UNDER REVIEW

Budget Category	Approved Budget UGX (billions)	Suppl. Budget UGX (billions)	Revised Budget UGX (billions)	Percent Share
Wage	1,164.33	0.3	1,164.65	29%
Non-Wage Recurrent	1,100.61	75.6	1,176.21	27%
GoJ Development	230.54	14.65	245.19	6%
GOU Contribution	2,495.48	90.57	2,586.05	62%
External Financing	1,556.66	0	1,556.7	38%
Total	4,052.14	95.03	4,147.17	100%

Source: MoFPED MTEF & UBOS

The Government contribution of 62% comprised wage UGX 1.164 trillion (29%), Non-Wage-Recurrent Ugx 1.100 trillion (27%) and GoU Development was UGX 230 billion (6%). It should be noted the health sector received supplementary funding totaling to UGX 95.03 billion that financed the Medical Interns and Senior House Officers allowances, taxes under Global Fund, equipment acquisition under UHI and UCI, blood mobilization activities under UBTS and retooling project under UVRI. The external financing of UGX 1.556 trillion (38%) of which UGX 985bn was under Global Fund for TB, HIV and Malaria, UGX 320 billion was from UCREPP while UGX 120 billion came from GAVI.

Table 52 indicates that in FY 2023/24, the share of the health budget to the national budget was at 7.7% compared to 7.6% the previous year. Although this falls below the Abuja Declaration of 15% the rate of growth of the health budget reflects a consistent average share of above 7% over the period indicating government’s continued commitment to improving the health needs of the population. Nevertheless, discounting for inflationary factors the increasing population growth rate result in a very low per capita allocation to health of UGX 81,859 (USD 22.4) that is inadequate to achieve UHC by 2030.

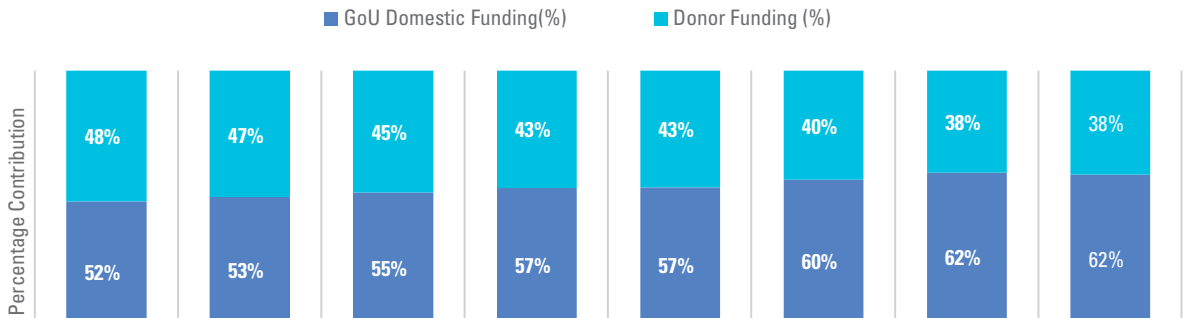
TABLE 52: GROWTH TRENDS IN BUDGET ALLOCATIONS TO THE HEALTH SECTOR OVER THE LAST 8 YEARS

Year	Health Budget (Billions)	Total National Budget	Growth of:		Health as % of total budget
			National Budget	Health Budget	
2016/17	1,827	20,431	12%	44%	8.9%
2017/18	1,950	29,000	42%	6.7%	6.7%
2018/19	2,373	32,700	13%	18%	7.2%
2019/20	2,589	36,113	10%	9%	7.2%
2020/21	2,788	45,494	26%	8%	6.1%
2021/22	3,331	44,779	-2%	19%	7.4%
2022/23	3,685	48,130	7%	10%	7.6%
2023/24	4,052	52,740	9.6%	12.9%	7.7%

Source: MoFPED MTEF & UBOS

Figure 58 shows the proportional contributions to health by development partners and by the government for the last 8 years. It shows that government contribution has risen by 10% from 52% to 62% in eight years whereas that of the development partners dropped by the same percentage points during the same period suggesting a good trend for increasing domestic resource allocation.

FIGURE 58: BUDGET ALLOCATION TRENDS IN HEALTH BY FUNDING SOURCE



2.5.2 Budget performance of the health-sub-program for FY 2023/24

Tables 53 and 54 indicate that the overall budget absorption (releases spent) performance for FY2023/24 was **82%** for the entire health sector compared to 87% for last FY. Additionally, the budget execution rate (budget spent) was **74%** and the proportion of the budget released was at 90% which was a decline from the previous Fiscal Year.

TABLE 53: HEALTH SECTOR BUDGET PERFORMANCE FOR FY 2023/24 BY BUDGET CATEGORY IN UGX. BILLIONS

Budget Category	Approved Budget	Suppl. Budget	Revised Budget	Total Release	Total Expenditure	Budget Absorption Rate	Budget Execution Rate	% Budget Released
Wage	1,164.33	0.30	1,165	1,165	1,063	91%	91%	100%
Non-Wage Recurrent	1,100.61	75.60	1,176	1,140	1,130	99%	96%	97%
GoU Development	230.54	14.65	245	226	225	99%	92%	92%
GOU Contribution	2,495.48	90.55	2,586	2,530	2,417.69	96%	93%	98%
External Financing	1,556.66	4.46	1,561	1,189	637	54%	41%	76%
Total	4,052.14	95.01	4,147	3,719	3,055	82%	74%	90%

2.5.3 Budget performance by health institutions and hospitals

Low absorption was registered at the MoH at 60%, LGs at **93%** and the RRHs of Gulu at **91%**, Fort Portal at **90%**, Jinja at **84%** and Yumbe at 87% below the average of RRHs of 92%. The low level of release to MoH, UCI, UHI and HSC consequently led to a low overall level of budget execution.

TABLE 54: PERFORMANCE BY VOTE UNDER HEALTH SUB-PROGRAM IN FY 2023/24.

Vote	Approved Budget	Suppl. Budget	Revised Budget	Total Release	Total Expenditure	Budget Absorption Rate	Budget Execution Rate	% Budget Released
Ministry of Health	1,692	43	1,735	1,382	830	60%	48%	80%
Uganda Aids Commission	17	1	18	17	17	99%	94%	95%
Uganda Cancer Institute	102	30	132	97	94	97%	71%	73%
Uganda Heart Institute	69	8	77	57	57	99%	74%	75%
National Medical Stores	588	-	588	584	584	100%	99%	99%
KCCA	15	0.5	16	16	16	100%	100%	100%
UVRI	7	2	10	10	10	100%	100%	100%
Health Service Commission	12	-	12	12	11	96%	91%	95%
UBTS	22	3	25	25	24	97%	97%	100%
Mulago	129	-	129	118	114	96%	88%	91%
Butabika Hospital	23	-	23	21	20	94%	89%	94%
Regional Referral Hospitals	339	8	346	344	316	92%	91%	99%
Local Governments	1,037	-	1,037	1,037	962	93%	93%	100%
Total	4,052	95	4,147	3,719	3,055	82%	74%	90%

The main reasons for low absorption include weak performance by externally funded projects due to procurement delays, especially at the MoH. In addition, some RRHs implementing G2G project activities also faced challenges due to late releases. The votes also faced constraints in paying pension and gratuity due to delays in verification while most of the LGs could not absorb wage due to the recruitment freeze.

During the fiscal year under review, the projects in the health sector had a budget of UGX 1,557 billion of which UGX 1,189 billion was released translating into **76%**. There were no releases totaling to UGX 368 billion for projects under UCI, UHI, Mulago NRH and Drive under MoH due to various reasons. The absorption rate for the projects was **54%** while the execution rate was at **41%** all this was attributed to delays in obtaining "no objections" from the project funders that affected procurements timelines, and other

operational challenges like delayed submission of immunization accountabilities from LGs and restructuring of UCREPP under the World Bank. This calls for government and HDPs to increase the level of releases to improve the overall budget execution rates..

TABLE 55: BUDGET PERFORMANCE OF EXTERNALLY FUNDED PROJECTS IN THE HEALTH SECTOR

Project	Approved Budget	Total Release	Total Expenditure	Budget Absorption Rate	Budget Execution Rate	% Budget Released
Global Fund	985	711	318	45%	32%	72%
Rehabilitation and Construction of GHs	19	22	22	100%	100%	100%
GAVI	120	120	61	51%	51%	100%
URMCHIP	9	0.67	0.67	100%	7%	7%
Strengthening Capacity of RRH	25	-	-	0%	0%	0%
Italian Support	15	15	0.425	3%	3%	100%
UCREPP	321	321	235	73%	73%	100%
Total MoH Project	1,493	1,189	637	54%	43%	79%
Uganda Cancer Institute	15	-	-	0%	0%	0%
ADB Support to UCI	10	-	-	0%	0%	0%
ADB Support to UCI	10	-	-	0%	0%	0%
Total UCI Project	35	-	-	0%	0%	0%
Uganda Heart Institute Infrastructure Development Project	17	-	-	0%	0%	0%
Total UHI Project	17	-	-	0%	0%	0%
Mulago NRH	11	-	-	0%	0%	0%
Total Mulago Hospital Project	11	-	-	0%	0%	0%
Grand Total for Health Sector	1,557	1,189	637	54%	41%	76%

Overall, the absorption rate of the health sector was satisfactory at 82% with more resources spent on activities towards disease promotion and implementation of integrated high impact interventions for the prevention, control and elimination of communicable, and NCDs. However, there is need for the sector to address the issues affecting the performance of externally funded projects. Efforts should be on pinpointing the causes of delays in procurements and approval process both from the government, donors and users and devising the remedies in a timely manner.



2.6 EMERGING ISSUES FOR FURTHER ANALYSIS, DISCUSSION AND PRIORITIZATION DURING THE 30TH JRM

1. KRA 1: Improved Skills Mix

- (a) The health workforce accounts system is not fully functional. The iHRIS can only track health workers in the public excluding the private sector. There is need to institutionalize the National Health Workforce Accounts to track the entire health workforce in the country.
- (b) Despite availability of trained health workers in the country, staffing levels have remained low (34% based on the new structure and 74% based on the old structure).

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

- (a) Up to 23.5% of adults 18 – 69 years have hypertension however, 84.3% of population with raised blood pressure are not on medication for raised blood pressure. Among the population above years, hypertension (old cases and new cases) is the second most cause of death reported in health facilities.
- (b) Low rate of cancer screening (cervical, breast and prostate) due to limited awareness and access to the services.
- (c) Malaria remains the leading cause of morbidity accounting for 29.4% of all OPD attendances in FY 2023/24. Malaria interventions in the country have not been put to scale.
- (d) ART retention rate at 12 months is far below target of 95%.
- (e) West Nile region has the highest number of new leprosy cases, with over 79% (244) of the cases in FY 2023/24 due influx of refugees from Congo and South Sudan.
- (f) Hepatitis B Birth Dose vaccination coverage is still very low at 36% in FY 2023/2024 largely due to lack of vaccines.
- (g) Low IPTP3 uptake. ANC attendance in 1st trimester is only 37%.
- (h) Only 65% health facility deliveries were reported in the HMIS yet UDHS 2022 reported 86%.
- (i) Only 60% of HC IVs provide CeMNOC services. A total of 73 HC IVs (47 government, 16 PHP and 10 PNFP) do not provide blood transfusion services and 5 do not provide C/S services.
- (j) Neonatal conditions are the leading cause of health facility deaths among all ages followed by pneumonia, malaria, anaemia and hypertension. Birth asphyxia remains the leading cause of early neonatal death followed by complications of prematurity and septicaemia.
- (k) Measles Rubella vaccination (MR2) coverage is still very low at 41% implying that many children have not completed their vaccination doses.



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

- (a) Stunting in children under five is still high at 26% (male, 22.9% and females, 29.2%).
- (b) Prevalence of obesity is increasing especially among women at 12.3% compared to men at 6.2% (STEPS 2023), and children under 5 years 3.4% (UDHS 2022).
- (c) Alcohol consumption in Uganda is high with 31.1% of population 18 – 69 years being current drinkers (past 30 days) compared to 28.5% in 2014. 5% of respondents experienced family/partner problems due to someone else's drinking. (STEPS 2023). Alcohol abuse rate is 4.4% (high-end level drinkers) although it has reduced from 16.7% in 2014.

4. KRA 4: Reduced fertility and dependence ratio

- (a) The 20.5% unmet need for family planning for all women is far from the MoH Strategic Plan target of 14% for FY 2023/24.

5. KRA 5: Universal Health Coverage

- (a) Almost 6 in every 10 (64%) of the population utilized the Primary Health Care services provided at the lower-level public health facilities (HC IVs, IIIs and IIs) and thus the need for continued infrastructure improvement and funding for implementation of the new essential health care package.
- (b) Under or no reporting from private health facilities.
- (c) There are variations in outputs per health facility, e.g. outputs for the different hospitals at the RRH or general hospital level vary. There is need to develop a mechanism for resource allocation including medicines and health supplies based on outputs than standardization.
- (d) The average availability of a basket of 41 tracer commodities in the last quarter of FY 2023/24 was 64% (GoU & PNFPs health facilities) is far below the 90% availability target, whereas availability at the Central Warehouses was 70% against a target of 80%.
- (e) Per capita allocation for medicines and health supplies of USD 3.1 is far below the recommended US 12.
- (f) NCDs are on the increase and are now the second most cause of death among the adult population, however there was no increase in the budget allocation for NCD commodities. This contributes to high out of pocket expenditure on health.
- (g) The GOU PHC Grant for PNFP health facilities has remained same over the last 5 years. The available funding only covers 37% of the PNFP sector need leaving a huge gap of 63%. What can be done to reduce this funding gap?
- (h) The very low GoU per capita allocation to health of UGX 81,859 (USD 22.4 against the WHO recommendation of USD 86) is inadequate to achieve UHC by 2030.
- (i) Poor budget performance (absorption rate) of externally funded projects at MoH contributes to inefficiencies in utilization of available resources. This is largely due to delays in procurements and approval process both from the government, donors.
- (j) Health insurance coverage of 1% in Uganda is still very low to address issues of out-of-pocket expenditure and impoverishment due to health spending.

6. KRA6: All key forms of inequality reduced

- (a) The regions of North Central Buganda, Busoga, Bunyoro and South Central Buganda have the lowest service coverage scores yet they constitute 39.7% of the population in Uganda

CHAPTER 3

Local Government and Health Facility Performance



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3.1 THE LEAGUETABLES (LT)

The Local Government (LG) performance assessment is based on the LT against several selected indicators for the five years of the national health strategy. During FY 2023/24 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

The national average score for the LG League Table increased from 71.8% in FY 2022/23 to 73.6% in FY 2023/24. 31.5% (46/146) of the LGs scored above the national average of 73.6%. Table 56 shows the total LT scores and ranking by LG in FY 2023/24. The detailed LT scores per indicator can be seen in the Annex 5.1.

TABLE 56: DLT RANKING FOR FY 2023/24

LG	Population	Score (%)	Rank	LG	Population	Score (%)	Rank
Lira City	262,300	90.76	1	Kalungu	189,200	72.25	74
Kiruhura	205,300	89.24	2	Kaliro	317,900	72.14	75
Soroti City	77,200	88.10	3	Kassanda	334,100	72.06	76
Rubanda	213,400	84.27	4	Kamwenge	469,532	71.67	77
Fort Portal City	122,100	84.26	5	Alebtong	286,400	71.19	78
Kween	118,000	83.63	6	Lamwo	231,202	71.15	79
Budaka	278,600	82.70	7	Buikwe	499,800	71.01	80
Jinja City	280,900	81.83	8	Bugweri	205,600	70.93	81
Nebbi	306,300	81.80	9	Omoro	216,400	70.89	82
Mbarara City	234,700	81.80	10	Kitgum	232,900	70.89	83
Kwania	234,600	81.74	11	Kibuku	278,200	70.74	84
Kiboga	183,300	81.74	12	Tororo	639,700	70.64	85
Kampala	1,915,802	81.54	13	Kaabong	134,400	70.36	86
Bundibugyo	285,000	81.46	14	Ngora	178,400	70.28	87
Kabale	256,900	81.34	15	Buhweju	156,900	70.13	88
Mbale	291,000	80.71	16	Ntungamo	569,200	70.10	89
Gulu City	225,500	80.64	17	Pakwach	219,000	70.04	90
Agago	262,500	79.98	18	Kyankwanzi	323,900	70.01	91
Rukiga	107,200	79.70	19	Luuka	281,600	69.98	92
Manafwa	186,300	79.66	20	Lira	253,700	69.93	93
Amolatar	182,000	79.42	21	Gulu	127,000	69.89	94
Bushenyi	254,200	79.39	22	Amudat	151,900	69.82	95
Katakwi	209,700	79.19	23	Karenga	73,100	69.73	96
Pallisa	399,500	79.12	24	Kayunga	427,100	69.25	97
Sironko	290,500	79.11	25	Terego	319,835	69.13	98
Ibanda	290,900	79.09	26	Kamuli	596,100	69.12	99
Sheema	226,300	78.39	27	Bugiri	536,400	69.04	100
Oyam	491,600	77.69	28	Bulambuli	264,500	68.93	101
Bududa	307,200	77.61	29	Serere	401,800	68.92	102
Luwero	558,100	77.60	30	Mityana	378,800	68.84	103
Bukwo	137,200	76.75	31	Kagadi	474,700	68.81	104
Apac	249,600	76.62	32	Kabarole	235,400	68.81	105
Abim	182,800	76.58	33	Mayuge	615,200	68.80	106
Kaberamaido	148,700	76.38	34	Mubende	641,800	68.54	107
Kapchorwa	133,900	76.06	35	Gomba	180,300	68.26	108
Arua City	371,000	76.05	36	Jinja	254,900	68.19	109
Rukungiri	342,000	76.02	37	Mpigi	305,300	67.76	110
Busia	416,700	75.97	38	Nakaseke	254,900	67.45	111
Koboko	293,623	75.96	39	Bukedea	291,800	67.32	112
Mbale City	348,700	75.95	40	Masaka City	237,200	67.24	113
Amuru	232,500	75.86	41	Yumbe	974,665	66.99	114
Kotido	219,700	75.62	42	Mukono	757,500	66.68	115
Namayingo	247,400	75.53	43	Ntoroko	80,700	66.64	116

LG	Population	Score (%)	Rank
Otuke	150,600	75.24	44
Dokolo	232,900	75.12	45
Bunyangabu	208,000	75.07	46
Iganga	436,800	75.02	47
Nabilatuk	102,500	74.91	48
Kole	308,800	74.85	49
Maracha	219,500	74.80	50
Pader	206,700	74.77	51
Kanungu	289,400	74.74	52
Zombo	306,100	74.72	53
Kitagwenda	197,800	74.67	54
Masaka	127,600	74.63	55
Kibaale	234,800	74.51	56
Mitooma	198,900	74.35	57
Hoima City	135,300	74.11	58
Lyantonde	119,600	74.11	59
Kyotera	271,100	73.98	60
Amuria	248,500	73.68	61
Kasese	843,900	73.56	62
Butambala	110,900	73.49	63
Kiryandongo	450,964	73.41	64
Kyenjojo	584,400	73.18	65
Adjumani	463,493	73.17	66
Namisindwa	247,900	72.87	67
Kisoro	332,200	72.83	68
Rubirizi	151,500	72.80	69
Moyo	116,400	72.76	70
Napak	166,200	72.75	71
Kumi	309,500	72.54	72
Kazo	240,400	72.35	73
LT Average Score			

LG	Population	Score (%)	Rank
Kakumiro	601,900	65.79	117
Namutumba	336,400	65.37	118
Mbarara	179,300	65.19	119
Nakasongola	233,400	64.85	120
Rwampara	153,100	64.62	121
Hoima	277,800	64.51	122
Kalaki	155,400	64.12	123
Butebo	125,700	64.11	124
Buyende	468,400	64.10	125
Obongi	185,653	63.93	126
Kalangala	74,500	63.33	127
Kyegegwa	682,413	63.29	128
Kapelebyong	112,500	63.18	129
Buvuma	154,200	62.70	130
Nakapiripirit	128,100	62.28	131
Arua	168,400	61.91	132
Buliisa	171,300	61.80	133
Masindi	366,900	61.76	134
Isingiro	857,130	61.54	135
Kikuube	553,010	60.88	136
Moroto	126,300	60.80	137
Nwoya	314,300	60.62	138
Wakiso	3,519,300	60.57	139
Soroti	323,800	60.38	140
Sembabule	319,300	60.30	141
Butaleja	332,200	60.00	142
Bukomansimbi	158,400	59.32	143
Rakai	338,900	58.76	144
Lwengo	297,200	56.37	145
Madi-Okollo	338,256	51.44	146
		72.6	

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. Kigezi region ranked first with 77.1% followed by West Nile (77.0%). Busoga (64.7%), Bunyoro (63.5%) and South Central (59%) have remained the lowest performing regions.

TABLE 57: REGIONAL LEAGUE TABLE RANKING

No.	Region	Local Governments	Population				Scores			
			2023/24	2023/24	2022/23	2021/22	2023/24	2022/23	2021/22	2020/21
1	Kigezi	Kabale, Kanungu, Kisoro, Rubanda, Rukiga & Rukungiri	1,541,100	80.2%	76.5%	63.4%	63.4%	63.4%	66.5%	
2	Bugisu	Bududa, Bukwo, Bulambuli, Kapchorwa, Kween, Mbale, Namisindwa & Sironko	2,358,400	80.0%	76.9%	66.0%	66.0%	66.0%	63.4%	
3	Kampala	KCCA	1,915,802	76.5%	75.6%	44.4%	44.4%	44.4%	63.6%	
4	Tooro	Bundibugyo, Bunyangabu, Kabarole, Kamwenge, Kasese, Kitagwenda, Kyegegwa, Kyenjojo & Ntoroko	3,709,245	75.7%	69.8%	61.2%	61.2%	61.2%	64.3%	
5	Teso	Amuria, Bukedea, Kaberamaido, Kalaki, Kapelebyong, Katakwi, Kumi, Ngora, Serere & Soroti	2,281,800	73.7%	71.2%	53.7%	53.7%	53.7%	63.9%	
6	Bukedi	Budaka, Busia, Butaleja, Butebo, Kibuku, Pallisa & Tororo	2,470,600	72.7%	66.7%	54.2%	54.2%	54.2%	62.4%	
7	Acholi	Agago, Amuru, Gulu, Kitgum, Lamwo, Nwoya, Omoro & Pader	2,049,002	72.7%	71.7%	60.5%	60.5%	60.5%	63.9%	
8	West Nile	Adjumani, Arua, Koboko, Madi-Okollo, Maracha, Moyo, Nebbi, Obongi, Pakwach, Terago, Yumbe & Zombo	4,283,825	72.5%	68.7%	51.6%	51.6%	51.6%	62.1%	
9	Karamoja	Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Napak & Nakapiripirit	1,285,000	72.1%	73.0%	62.4%	62.4%	62.4%	62.4%	
10	Ankole	Buhweju, Bushenyi, Ibanda, Isingiro, Kazo, Kiruhura, Mbarara, Mitooma, Ntungamo, Rubirizi, Rwampara & Sheema	3,782,030	70.3%	68.7%	51.5%	51.5%	51.5%	63.3%	
11	Lango	Alebtong, Amolatar, Apac, Dokolo, Kole, Kwana, Lira, Otuke & Oyam	2,652,500	69.6%	74.7%	58.9%	58.9%	58.9%	64.0%	
12	Bunyoro	Buliisa, Hoima, Kagadi, Kakumiro, Kibaale, Kikuube, Kiryandongo & Masindi	3,266,674	66.8%	58.4%	42.7%	42.7%	42.7%	53.5%	
13	North Central	Buikwe, Buwuma, Kassanda, Kayunga, Kiboga, Kyankwanzi, Luwero, Mityana, Mubende, Mukono, Nakaseke & Nakasongola	4,746,900	66.5%	68.8%	43.7%	43.7%	43.7%	58.9%	
14	Busoga	Bugiri, Bugweri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo & Namutumba	4,577,600	66.3%	58.6%	44.9%	44.9%	44.9%	64.3%	
15	South Central	Bukomansimbi, Butambala, Gomba, Kalangala, Kalungu, Kyotera, Lwengo, Lyantonde, Masaka, Mpigi, Rakai, Sembabule & Wakiso	6,331,300	61.0%	57.7%	42.6%	42.6%	42.6%	54.7%	

There was varied performance against all the indicators as displayed in the Dashboard below (56).

- (a) **DPT₃ Coverage:** BBugisu (106.7%), Lango (104.8%), Teso (103%) and Busoga (99.7%) regions achieved coverage above the national target of 98%.
- (b) **TB Case Notification Rate:** The national target for TB case notification rate was 179/100,000 however several interventions were implemented, and these have resulted in identification of more TB cases across the country. South Central (157.7/100,000), Busoga (157.7/100,000), West Nile (147.9/100,000), Bukedi (130.5/100,000) and Teso (121.4/100,000) regions registered notification rates below the target of 179/100,000
- (c) **IPTp³ coverage:** This was below the national target of 77% in all regions and poor performance could be attributed to the stock out of commodities across the country and late ANC attendance.
- (d) **ANC 4th visit:** Only 4 regions of Kampala (67.7%), Lango (63.6%), Kigezi (57.4%) and Acholi (55%) achieved the national target of 54%. Tooro (48.6%) and South Central (33.3%) regions had the lowest visits.
- (e) **Health Facility Deliveries:** 5 out of the 15 regions achieved the target of 72% with Kampala having 93.6% of facility deliveries. Busoga (59.7%) Bunyoro (56.6%), West Nile (55.6%) and South Central (47.8%) had the lowest health facility deliveries.
- (f) **Under-five Vitamin A second dose coverage:** Only Karamoja region achieved above the national target of 70%.
- (g) **The proportion of pregnant women tested for HIV during the current pregnancy:** None of the regions achieved the target of 100%. Testing was highest in Kampala (96.2%), Teso (92%), Lango (89.7%) and Bugisu (89.5%).
- (h) **ART Viral Load suppression rate:** None of the sub-regions achieved the VL suppression rate target of 94% for the year. Lango (82.4%), Acholi (80.3%), Bugisu (80.1%) and Karamoja (76%) regions had the lowest VL suppression rate.
- (i) **DPT1 to Measles Rubella Drop Out Rate:** Only four regions registering dropout rate of <5. MR Dropout rate was highest in Busoga region at 12.6%, followed by Lango (8.3%) and Bukedi (8.3%).
- (j) **Maternal Death reviews:** Most of the regions achieved the target of 90% except Bugisu (89.6%) and South Central (83.9%)
- (k) **Perinatal Death Reviews:** Marked improvement registered in the perinatal death reviews across all regions. The following were below the national target of 42%, Bunyoro (39.7%), North Central (38.8%) and Bunyoro (25.6%).
- (l) **Proportion of under 5 dewormed in the last 6 months:** All regions except Kampala achieved the national target of 75% for the year.



TABLE 58: REGIONAL LEAGUE TABLE DASHBOARD FY 2023/24

Region	DPT 3 (%)	TB Case Notification Rate/100,000	IPT ₃ Cov (%)	ANC 4 Visit (%)	Deliveries (%)	Under-5 Vitamin A ^{2nd} dose (%)	Pregnant women tested for HIV (%)	ART VL Suppression Rate (%)	DPT1 to MR Drop Out Rate (%)	Maternal deaths reviewed (%)	Perinatal deaths reviewed (%)	Under 5 deformed in the last 6 months (%)
Kigezi	92.6	158.5	57.4	57.4	74.6	60.5	75.5	90.1	2.0	97.1	99.5	104.2
West Nile	81.7	147.9	41.4	43.8	55.6	54.5	65.4	84.3	0.4	98.9	53.1	116.3
Bugisu	106.7	163.5	54.9	55.0	82.0	53.3	89.5	80.1	0.7	89.6	77.4	106.7
Tooro	94.0	172.5	46.0	48.6	67.2	52.6	78.3	85.6	-6.4	90.6	44.4	98.4
Teso	103.0	121.4	53.1	51.7	74.1	45.2	92.0	84.9	6.3	121.3	62.0	86
Kampala	85.3	374.4	43.0	67.7	93.6	40.0	96.2	89.8	5.1	99.5	65.0	70.7
Bukedi	93.5	130.5	57.6	53.0	76.8	36.5	88.3	86.6	8.2	98.0	68.5	92
Lango	104.8	220.9	60.8	63.6	68.1	63.0	89.7	82.4	8.3	114.5	93.3	111.6
Karamoja	94.7	330.0	53.0	53.8	65.8	77.1	83.9	76.0	7.2	109.1	79.9	130.2
Ankole	84.4	187.1	52.2	52.2	66.2	48.2	65.7	87.3	7.3	98.8	73.8	82.4
Acholi	90.7	169.4	48.2	56.0	67.7	37.1	88.8	80.3	5.4	100.0	85.1	83.0
North Central	94.2	198.4	46.8	47.9	66.9	41.1	82.6	91.5	7.6	90.6	38.8	79.9
Busoga	99.7	157.7	46.0	49.9	59.7	44.7	88.8	84.1	12.6	96.9	77.5	79.3
Bunyoro	81.4	209.1	38.4	42.8	56.4	50.0	79.5	88.0	7.9	100.0	39.7	83.3
South Central	83.0	157.7	31.9	33.3	47.8	31.9	58.2	88.2	6.6	83.9	25.6	92.5
National	95	182.6	46.5	49.1	64.9	46.7	78.6	86.9	5.6	97.1	60.8	92.7
Target FY 2023/24	98.0	179.0	77.0	54.0	72.0	70.0	100.0	94.0	<5	90.0	42.0	75.0
	98.0	>179	77.0	54.0	72.0	70.0	95.0	94.0	<5	90.0	42.0	75.0
	90 - 97	158 - 178	60 - 76	40 - 53	60 - 71	60 - 69	80 - 94	84 - 93	4 - 10	70 - 89	30 - 41	60 - 74
	<90	<158	<60	<40	<60	<60	<80	<84	>10	<70	<30	<60

3.2 HEALTH FACILITY LEVEL PERFORMANCE

3.2.1 Health Facility Performance

Health Facilities in Uganda are categorized by level of care into HC (Level II, III & IV) and Hospitals (General, Regional Referral, National Referral and Specialized referral Hospitals) and by ownership into Public, PNFP and PHPs. The HCs provide primary care services with HC IIIs providing Basic EmONOC services and HC IVs providing comprehensive EmONOC services. General Hospital provide general surgical services in additional comprehensive EmNOC services. The referral Hospitals provide a range of services that also includes specialist services.

In 2023 the Health Subprogram adopted use of Ambulatory Patient Groups (APGs) and Diagnosis Related Groups (DRGs) to measure the volume of outputs from the outpatient and inpatient services respectively. DRG 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 patient cases with similar clinical conditions and treatment needs into categories or groups to which relative weights are attached. The relative weight takes into the principal diagnosis, treatment or procedure received as well as patient characteristics.

APGs are like DRGs but relate to the outpatients managed by the facility. Each outpatient visit is assigned to an Ambulatory Patient Group based on the principal diagnosis, procedure or assessment conducted as well as patient characteristic. Each APG is also assigned a relative weight based on the relative cost of services consumed.

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 previously used Standard Unit of Output which never considered the complexity of cases managed by facilities at the different levels.

Performance of the health facility was also assessed using quality and efficiency indicators. The quality indicators which included.

- (i) Inpatient Case fatality rate
- (ii) Institutional Perinatal Mortality Rate
- (iii) Institutional Neonatal Mortality Rate
- (iv) Institutional Maternal Mortality Risk

While the efficiency indicators included.

- (i) Bed Occupancy Rate (BOR)
- (ii) 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.

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

Tables 59 and 60 below show the contribution of APGs and DRGs by level of care and ownership. The HCs provided 81% of the outpatient services and 29% of the inpatient services down from 89% of outpatient and 43% respectively. The changes were in part due to variable reporting. The sector in general continued to be skewed towards increased access to PHC services which most of the population need.

Public facilities contributed for 80% of outpatient services and 70% of inpatient services, while PNFP facilities accounted for 14% of outpatient services and 25% of inpatient services. The PHP facilities accounted for 6% of outpatient services and 4.8% of inpatient services. It should however be noted that there is generally limited reporting by PHP facilities.

TABLE 59: APG CONTRIBUTION BY LEVEL OF CARE AND OWNERSHIP

	NRH	RRH	GH	HC IV	HC III	HC II	Total	%	
GoU	395,194	1,150,277	10,289,727	8,677,753	43,950,713	23,717,165	88,180,829	80%	
PNFP	-	1746193	5,366,417	419,571	4,578,702	3,481,687	15,592,570	14%	
PHP	-	-	1,847,363	255,777	1,003,608	3,850,781	6,957,529	6%	
2023/24	Total	395,194	2,896,470	17,503,507	9,353,101	49,533,023	31,049,633	110,730,928	100%
	%	0.4%	2.6%	15.8%	8.4%	44.7%	28.0%	100.0%	
2022/23	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 60: DRG CONTRIBUTION BY LEVEL OF CARE AND OWNERSHIP

	NRH	RRH	GH	HC IV	HC III	HC II	Total	%	
GoU	535,048	2,022,262	1,606,401	538,973	850,990	15,274	5,568,274	70.5%	
PNFP	-	259,988	1,000,843	56,274	565,757	66,691	1,957,553	24.7%	
PHP	-	-	208,399	29,817	89,802	49,293	377,311	4.8%	
2023/24	Total	535,048	2,282,250	2,815,704	623,062	1,506,550	131,258	7,903,138	
	%	6.7%	28.8%	35.6%	7.9%	19%	1.9%		
2022/23	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 increased from 280,076 in FY 2022/23 to 535,048 and the Total APGs reduced from 964,802 in FY 2022/23 to 395,194. Mulago NRH had the highest DRG (285,447) and APG score (147,706). Overall, there was a two-fold increase in DRGs from NRH from FY 22/23 to FY 23/24 mainly attributed to improved reporting. The DRGs from Uganda Cancer Institute (UCI) and Uganda Heart Institute (UHI) were captured as part of Mulago NRH. The APGs from NRHs reduced by 50% which could point to improved performance of public and private facilities around Kampala. It is recommended that UHI and UCI be provided with separate codes and begin to report independently as Specialised National Referral Hospitals.

TABLE 61: APG & DRGS SCORES FOR NATIONAL REFERRAL AND SPECIALISED HOSPITALS FY 2023/24

Hospital	No. of admissions	Total OPD	APGs	DRGS
Mulago NRH	60,814	355,282	147,706	285,447
Kawempe NRH	55,428	34,906	34,328	127,937
Kiruddu NRH	16,735	94,837	109,109	89,898
China Uganda Friendship (Naguru) NRH	18,006	122,150	49,908	9,414
Mulago SWNH	8,155	11,350	2,817	13,397
Butabika NRH	5,281	83,018	51,326	8,951
Total 2023/24	164,419	701,543	395,194	535,048
Total 2022/23	152,270	622,926	964,802	280,076

3.2.2.2 Service Quality Outcomes at NRHs

The overall in-patient mortality rate for National Referral and Specialised Hospitals stagnated at 9% when compared to FY 22/23, however the range improved from 1% to 19% to 1% to 16%. The low inpatient mortality rate for Butabika and Mulago SWN Hospital is expected given the nature of cases at these hospitals. Kiruddu and Mulago NRH continued to have the highest inpatient mortality rates at 16% and 12% respectively.

Compared to FY 22/23, the average Institutional Perinatal Mortality Rate at this level stagnated at 93 per 1,000 but the range improved to 41 - 116 from 43 – 120 per 1,000 births. This as expected is still higher than the national average of 17.8/1,000 births given that NRHs handle more severe cases upon referral. The maternal mortality risk at NRHs increased from 503 per 100,000 deliveries to 561 per 100,000 deliveries compared to the national average of 83 per 100,000 deliveries. Mulago SWNH had a sharp increase in IMMR from 895 per 100,000 to 1,456 per 100,000 deliveries while Kawempe NRH experienced a moderate increase from 610/100,000 to 678 per 100,000 deliveries. Given the relatively low patient load at Mulago SWNH a focused technical support supervision to understand the issues behind the increase in IMMR is recommended. .

TABLE 62: SERVICE QUALITY ASSESSMENT FOR NATIONAL REFERRAL AND SPECIALISED HOSPITALS FY 2023/24

Hospital	Admissions	Deaths	Inpatient Mortality 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/1000	Maternal deaths	IMMR/100,000
Mulago NRH	60,814	715	12	0	0	0	0	0	0	0	0	0	0
Kawempe NRH	55,428	3,467	6	18,634	18,364	404	560	1,196	116	143	72	128	687
Kiruddu NRH	16,735	2,739	16	0	0	0	0	0	0	0	0	0	0
CUFH (Naguru) NRH	18,006	437	2	8,457	8,457	89	107	153	41	9	19	9	106
Mulago SWNH	8,155	413	8	1,803	1,821	28	36	36	94	29	75	27	1,498
Butabika NMRH	5,281	116	1	0	0	0	0	0	0	0	0	0	0
Total 2023/24	164,419	13,087	9	29,259	28,912	521	703	1,456	93	181	57	164	561
Total 2022/23	152,270	13,087	9	32,397	31,580	633	796	1,498	93	155	52	163	503

3.2.2.3 Bed Occupancy Rate (BOR) & Average Length of Stay (ALOS) at NRHs

The average BOR and ALOS for National Referral and Specialised hospitals were 83% and 6 days respectively. Butabika NMRH has the highest BOR (210%) and ALOS (52 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 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 a decongestion plan which may include expansion of these hospitals or upgrading of surrounding HC to hospitals to improve quality of service delivery. Mulago SWNH with a BOR of 29% is significantly under utilised..

TABLE 63: BOR AND ALOS FOR NATIONAL REFERRAL AND SPECIALISED HOSPITALS IN FY 2023/24

Hospital	No. of Beds	Admissions	BOR	ALOS
Mulago NRH	1,034	60,814	46	3
Kawempe NRH	381	55,428	111	3
Kiruddu NRH	357	16,735	58	4
CUFH (Naguru) NRH	100	18,006	102	2
Mulago SWNH	309	8,155	29	2
Butabika NMRH	550	5,281	210	52
Total 2023/24	2,731	164,419	83	6
Total 2022/23	2,731	152,270	83	6

3.2.3 Performance of RRHs and Large PNFP

3.2.3.1 Overall Ranking of RRHs and Large PNFPs

Given the similarity of the patient profile in regional referral and large PNFP hospitals a relative ranking has been produced based on the following parameters.

- (i) Outputs – 60%
- (ii) Quality – 20%
- (iii) Efficiency – 20%

The best performing hospital for a given indicator was given a maximum score for that indicator and other hospitals scored relative to it. The Hospitals were then ranked relative to their total scores. Mbale RRH with a total score of 64.8% was the best performing RRH followed by Arua RRH 49.7% and Hoima RRH 47.1%.

TABLE 64: HOSPITAL LEAGUE TABLE - RRH & LARGE PNFP

Name	No. of admissions	Total OPD	Number of Deaths	Inpatient Mortality Rate	Score (max 5)	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths	Perinatal death/1000	Score (Max 5)	Neonatal Death 8-28 days	Neonatal mortality rate	Score (Max - 5)	Maternal deaths	MMR/100,000	Score (Max -5)	Bed Occupancy Rate	Score (max -10)	ALOS	Score (max - 10)	APG Ranking	Score (Max -20)	DRG Ranking	Score (max - 40)	Total Score (%)
Mbale	58,169	97,496	3,750	6	3.3	7,816	7,521	214	257	37	68	3.0	1	5	1.2	75	960	2.6	78	13.3	3	10.2	98,142	4	295,262	40.0	64.8
Arua	19,673	101,789	1,965	10	2.1	6,794	6,519	127	122	8	39	5.1	0	1	5.0	19	280	8.9	79	13.5	4	6.6	83,285	4	172,442	23.4	49.7
Hoima	27,099	94,265	2,087	8	2.7	7,308	6,964	205	139	242	84	2.4	38	40	0.2	57	780	3.2	93	16.0	3	7.7	116,068	5	178,744	24.2	47.1
Mengo	11,418	294,809	357	3.1	6.8	3,422	3,418	19	42	11	21	9.5	-	3	1.9	3	88	28.3	38	6.5	3	8.0	361,731	15	30,686	4.2	45.5
Lubaga	9,085	149,991	384	4.2	5.0	3,409	3,444	17	26	31	21	9.3	-	9	0.7	5	147	16.9	45	7.7	3	8.2	472,378	20	16,945	2.3	44.7
Jinja	32,949	159,111	2,269	7	3.1	5,967	5,727	158	142	137	76	2.6	77	37	0.2	52	871	2.9	71	12.2	4	6.8	101,682	4	176,836	24.0	43.9
Gulu	30,980	117,737	715	2	9.2	5,660	5,453	51	77	87	39	5.1	13	18	0.3	8	141	17.6	66	11.4	3	9.6	36,260	2	122,528	16.6	43.4
St. Kizito Matany	14,424	38,504	616	4.3	4.9	1,853	1,858	35	24	29	47	4.2	7	19	0.3	3	162	15.3	107	18.3	7	4.0	322,751	14	62,576	8.5	42.3
St. Francis Nsambya	11,691	121,044	787	6.7	3.1	2,372	2,423	8	29	20	24	8.5	5	10	0.6	3	126	19.6	28	4.7	3	8.2	321,434	14	61,451	8.3	42.0
Fort Portal	23,323	185,419	1,859	8	2.7	6,418	6,087	73	83	47	33	6.0	0	8	0.8	27	421	5.9	58	10.0	4	7.3	16,751	1	166,222	22.5	41.1
Lira	28,958	87,102	2,070	7	3.0	6,028	5,941	105	121	11	40	5.0	0	2	3.3	12	199	12.5	126	21.6	7	4.0	95,750	4	98,573	13.4	40.9
Yumbe	12,207	52,790	337	3	7.7	2,536	2,478	36	41	21	40	5.0	3	10	0.6	6	237	10.5	25	4.3	3	10.0	109,011	5	110,135	14.9	40.1
Mbarara	42,450	131,617	3,892	9	2.3	8,599	8,295	144	181	141	56	3.6	6	18	0.3	45	523	4.7	78	13.4	4	7.6	66,780	3	132,170	17.9	38.3
St. Mary's Lacor	23,330	71,967	2,685	11.5	1.8	5,869	5,747	73	117	182	65	3.1	75	45	0.1	16	272	9.1	83	14.2	6	4.3	267,898	11	88,332	12.0	38.2
Mubende	26,103	94,121	1,748	7	3.2	5,435	5,279	111	89	88	55	3.7	10	19	0.3	27	497	5.0	89	15.4	3	10.4	59,625	3	102,036	13.8	37.9
Kayunga	19,008	73,906	969	5	4.1	4,114	3,907	92	59	46	50	4.0	1	12	0.5	23	559	4.4	77	13.2	3	9.0	95,788	4	89,320	12.1	36.2
Soroti	22,333	45,036	1,651	7	2.9	4,070	4,304	80	70	24	40	4.9	0	6	1.1	16	393	6.3	122	20.9	5	5.1	13,941	1	97,785	13.2	34.6
Kabale	14,576	80,160	1,004	4	5.3	1,282	1,276	32	12	56	78	2.5	18	36	0.2	8	624	4.0	89	15.2	5	4.9	97,545	4	72,057	9.8	32.9
Moroto	14,423	73,269	575	7	3.1	3,587	3,528	44	47	109	57	3.5	9	51	0.1	8	223	11.1	60	10.3	4	6.4	58,861	2	103,661	14.0	30.5
Masaka	30,885	149,846	2,421	8	2.7	8,900	8,625	112	167	261	63	3.2	40	35	0.2	35	393	6.3	60	10.4	2	10.9	34,689	1	61,785	8.4	29.1
Entebbe	10,395	57,999	402	4	5.5	4,323	4,206	60	65	59	44	4.6	33	22	0.3	9	208	11.9	46	7.9	3	9.9	66,099	3	42,706	5.8	29.1
Total	483,489	2,277,978	32,543	7	3.1	105,782	103,000	1,796	1,910	1,647	52	3.8	336	19	0.3	457	432	5.7	73	12.5	4	3.5	2,896,470	6	2,282,250	14.7	34.7

3.2.3.2 APGs and DRGs for RRHs and Large PNFPs

The performance of RRHs and Large PNFP is shown in Table 64 above. Large PNFP included high volume PNFP Hospitals. The Total DRGs score for RRHs & large PNFP Hospitals was 2,282,250 a significant increase from the total DRG of 646,986 reported last FY. The total APG on the other hand fell from 3,220,108 to 2,282,470. The variations could be attributed to variations in reporting rates, completeness and accuracy of reports. Regular data validation at these hospitals is recommended. Mbale RRH continued to have a very high DRGs score which is attributed to the hospital 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.

3.2.3.3 Service Quality Outcomes at RRHs & Large PNFPs

The overall in-patient mortality rate for RRHs and large PNFP Hospitals remained at 7%, with a range of 2% at Gulu RRH to 11.5% at St. Mary's Hospital Lacor. The overall Institutional Perinatal Mortality rate for RRHs and Large PNFP Hospitals reduced to 52/1000 from 55/1,000 live births, the range also improve to 21- 88/1,000 from 19 - 102/1,000 live births last FY. This is however as expected still higher than the national average of 17.8/1,000. Institutional NMR reduced to 19/1000 from 32/1,000 live births last FY, with a range of 2-45/1,000 compared to 3 - 59/1,000 live births last FY.

The overall IMMR for RRHs and Large PNFP hospitals reduced to 432/100,000 from 486/100,000 live births last financial year this however compares unfavourably to the national average of 83/100,000 live births. IMMR had a range of 88 to 960/1000 compared to 70 - 1,331/100,000 live births last FY. Mbale RRH continued to have a very high IMMR (960/100,000) which could partly be attributed the high workload but requires a more detailed assessment before wider conclusions including for other RRH that have a higher IMMR than NRHs.

3.2.3.4 BOR and ALOS at RRHs & Large PNFPs

The average BOR at RRHs and Large PNFPs increased to 73% from 70%. Soroti, Lira and St. Kizito Matany had BOR over 100% while Mengo, Lubaga, St Francis Nsambya and Entebbe RRH had BOR below 50%. The low BOR in large PNFP hospital may point to financial hardships in accessing health services.

The ALOS at this level was 4 days with the highest at St. Kizito Matany (7) and Lira RRH (7). Masaka RRH had the lowest ALOS at 2 days but given its generally below average quality scores this needs to be analysed further.

	Hospital	No. of beds	No. of admissions	Bed Occupancy Rate	ALOS
1	Mbale	250	58,169	78	3
2	Arua	278	19,673	79	4
3	Hoima	317	27,099	93	3
4	Mengo	221	11,418	38	3
5	Lubaga	277	9,085	45	3
6	Jinja	494	32,949	71	4
7	Gulu	360	30,980	66	3
8	St. Kizito Matany	229	14,424	107	7
9	St. Francis Nsambya	236	11,691	28	3
10	Fort Portal	406	23,323	58	4
11	Lira	400	28,958	126	7
12	Yumbe	320	12,207	25	3
13	Mbarara	296	42,450	78	4
14	St. Mary's Hospital Lacor	282	23,330	83	6
15	Mubende	598	26,103	89	3

	Hospital	No. of beds	No. of admissions	Bed Occupancy Rate	ALOS
16	Kayunga	194	19,008	77	3
17	Soroti	518	22,333	122	5
18	Kabale	287	14,576	60	4
19	Moroto	313	14,423	89	5
20	Masaka	482	30,895	60	2
21	Entebbe	200	10,395	46	3
Total 2023/24		6,958	483,489	73	4
Total 2022/23		6,958	462,827	70	4

3.2.4 Performance of the General Hospitals

3.2.4.1 APGs and DRGs for GHs

Relative ranking was also used to rank the performance of GHs using the following parameters.

- (i) Outputs – 60%
- (ii) Quality – 20%
- (iii) Efficiency – 20%

A total of 193 GHs are coded in the DHIS2 and the 147 (76%) which reported on all parameters were included in the ranking. The best performing hospital on a given parameter was given the highest score and the others scored relative to it. The hospitals were then ranked relative to their total percentage scores.

The top ten and bottom ten hospitals are shown in Table 65. Luwero GH was the highest ranked hospital, followed by Mukono GH and Bethesda Hospital. Public Hospitals accounted for 8 out of the 10 best performing hospitals due to their high-volume outputs, Bethesda and Doctors Plaza hospital had impressive quality scores. Private hospitals dominated the bottom ten ranking mainly because of low volume outputs and poor reporting. (Scores for all GHs are in Annex 5.3)

TABLE 65: HIGHEST AND LOWEST RANKED GENERAL HOSPITALS

Highest Ranked				Lowest Ranked			
Rank	Hospital Name	Ownership	Score (%)	Rank	Hospital Name	Ownership	Score (%)
1	Luwero	GOV	68.8	138	Restoration Gateway	PNFP	9.8
2	Mukono	GOV	65.1	139	Anbar	PFP	9.8
3	Bethesda (Soroti)	PFP	64.8	140	Nkokonjeru	PNFP	9.5
4	Iganga	GOV	59.2	141	Rhema	PFP	9.4
5	Doctors Plaza	PFP	57.8	142	Hope Missionary	PFP	9.1
6	Kamuli	GOV	57.1	143	Holy Cross Orthodox Mission Namungoona	PNFP	8.9
7	Kitgum	GOV	53.8	144	Great Lakes	PFP	8.6
8	Tororo	GOV	53.5	145	Medicare (Mpigi)	PFP	8.5
9	Atatur	GOV	52.5	146	Victory Women's Medical Care	PFP	8.4
10	Kawolo	GOV	51.8	147	Jaro	PFP	8.4

3.2.4.2 APGs and DRGs for GHs

The Total DRGs from the GHs was 2,815,704 an almost threefold increase from last FY which was mainly attributed to improved reporting. There was wide variation in total DRGs with Kitgum GH producing the highest DRGs score of 65,014 DRGs.

The total APGs from GH was 17,503,507 an increase of 45% from last FY. Mukono GH produced the highest APGs score of 595,974 while the lowest APGs scoring Hospital was URO Care Hospital with 832. The performance of all the GHs is shown in Annex 5.3. Non reporting and incomplete reports continued to

be a major challenge for GH especially the PHP hospitals. It is recommended that regular reporting in the DHIS-2 be made a requirement for licensing and reports be validated on a regular basis.

3.2.4.3 Service Quality Outcomes at GHs

The overall in-patient mortality rate for GHs was 3% a 25% improvement when compared to last financial year. The inpatient mortality rate was 0 – 31% an improvement from the range of 0.3-39% reported during FY 22/23. Particularly high inpatient mortality rates were reported at Al Shafa, Paragon and Old Kampala hospital. Further assessments at these hospitals to determine the underlying causes are recommended.

The overall IMMR for GH was 170/100,000 deliveries, with a range of 0 to 1,361/100,000 deliveries. Several of the GHs reported higher than average IMMR. The 20 Hospitals with the highest IMMR are shown in Table 66 below. Focused technical support supervision to determine the underlying causes is required.

The overall IPMR increased from 35/1,000 births to 36/1000 while the range increase from 0-159/1,000 to 2 - 304/1,000 births. The INMR on the hand improved from 17/1,000 births in FY 22/23 to 11/1,000 births in FY 23/24. The unfavourable perinatal indices require further investigation.

TABLE 66: GENERAL HOSPITALS WITH THE HIGHEST IMMR

General Hospital	Ownership	IMMR
Florence Nightingale	PFP	1,361
Rugarama	PNFP	622
Buluba	PNFP	611
Virika	PNFP	564
St. John XXIII Hospital Aber	PNFP	555
Kamuli	GOV	549
Kaabong	GOV	503
Buliisa	GOV	500
Lyantonde	GOV	460
Kuluva	PNFP	446
Abim	GOV	421
Dabani	PNFP	405
Kotido	GOV	401
Amai Community	PNFP	381
Kagando	PNFP	381
Amudat	PNFP	357
Katakwi	GOV	332
Doctors Hospital Seguku	PFP	332
Nkozi	PNFP	313
Mayanja Memorial	PFP	312

3.2.4.4 BOR and ALOS at GHs

The average BOR at GHs was 46% down from 47% with Kapchorwa GH reporting the highest bed occupancy rate at 210%. The ALOS at this for GHs was 3 day, the same as for FY 22/23. Kapchorwa GH reported the longest ALOS at 9.4 days.

3.2.5 Health Centre IV Performance

Relative ranking was also used to rank the performance of HC IVs using the following parameters.

- (i) Outputs – 60%
- (ii) Quality – 20%
- (iii) Functionality – 10%
- (iv) Efficiency – 10%

Only HC IVs reporting on all parameters were included in the ranking. For the output, quality and efficiency indicators, the best performing HC IV on a given parameter was given the highest (maximum) score and the others scored relative to it. For the functionality indicators (Caesarean Section and Blood Transfusion services) the HC IV was given a score of 5 points if it offered the service and 0 points if it did not offer the service. The HC IVs were then ranked relative to their total percentage scores. Bujubuli HC IV was the best performing HC IV, followed by Rwamwanja HC IV and Panyadoli HC IV. The best performing HC IVs were serving communities reflecting the affirmative action by development partners who directly support these facilities. A list of the highest and lowest ranked HC IVs is shown in table 67.

TABLE 67: HIGHEST AND LOWEST RANKED HC IVS

Highest Ranked				Lowest Ranked			
Rank	HC IV	Ownership	Score	Rank	HC IV	Ownership	Score
1	Bujubuli	GOV	82.6	221	Buhunga	GOV	21.5
2	Rwamwanja	GOV	73.7	222	St. Mary's Kakindo	PNFP	21.4
3	Panyadoli	GOV	66.9	223	Azur	PNFP	21.2
4	Nabiganda	GOV	63.5	224	Red Rose	PFP	20.7
5	Kyangwali	GOV	63.3	225	Holy Cross - Kikyusa	PNFP	20.6
6	Kidera	GOV	61.5	226	Kalangala	GOV	20.6
7	Serere	GOV	60.3	227	Hope	PFP	20.5
8	Kibuku	GOV	58.5	228	Busanza	GOV	20.3
9	Budaka	GOV	57.1	229	Ntungamo	GOV	19.9
10	Bugobero	GOV	56.5	230	Muko	GOV	19.8
11	Butebo	GOV	55.7	231	Maracha	GOV	19.5
12	Ngora	GOV	55.0	232	Bugamba	GOV	19.4
13	Busia	GOV	54.9	233	Palabek-Kal	GOV	19.0
14	Bukedea	GOV	54.2	234	Saidina Abubakar Islamic	PNFP	19.0
15	Lalogi	GOV	51.9	235	Mother Francisca Lechner	PNFP	18.4
16	Rukoki	GOV	51.6	236	Bukuya	GOV	18.4
17	Budadiri	GOV	51.5	237	Midas Torch	PFP	18.2
18	Mukuju	GOV	50.4	238	St. Mary's Kalule	PNFP	17.1
19	Mayuge	GOV	50.1	239	Medik	PFP	16.6
20	Bumanya	GOV	50.1	240	St. Luke	PNFP	16.3
21	Butenga	GOV	49.6	241	Mpungu	GOV	14.1
22	Kawaala	GOV	48.8	242	St. Ambrose Charity	PFP	13.9
23	Goli	PNFP	48.8	243	Kiyumba	GOV	13.7
24	Tiriri	GOV	48.8	244	Rugyeyo	GOV	13.4
25	Apapai	GOV	47.7	245	Bukasa	GOV	13.3

3.2.5.1 ALOS, BoR, APGs and DRGs for HC IVs

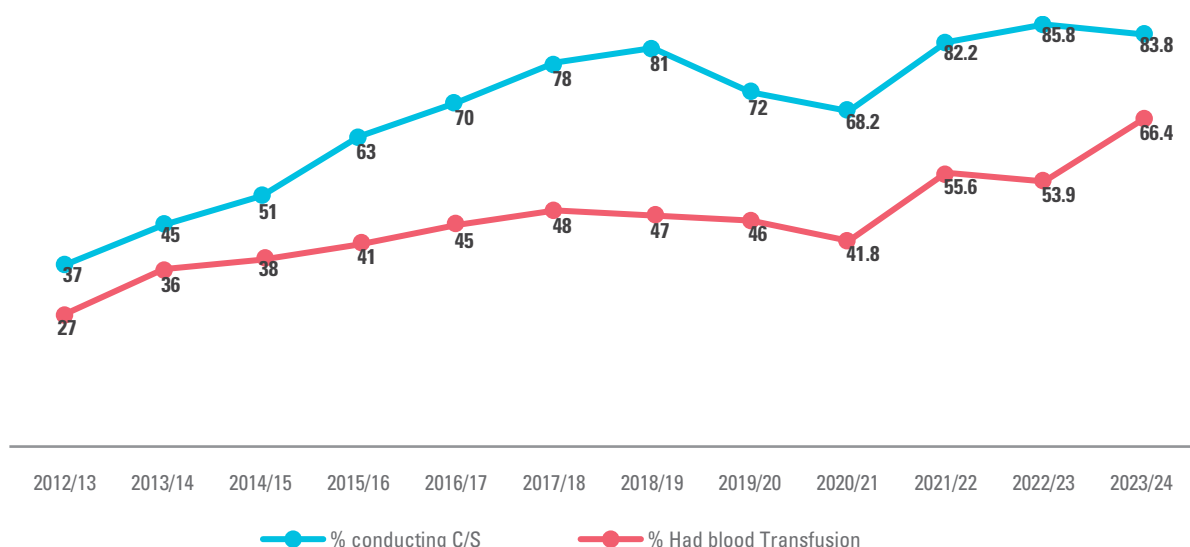
The Total DRGs score from HC IVs reduced from 782,469 in FY 22/23 to 623,062 while the Total APGs reduced from score was 18,372,076 in FY 22/23 to 9,353,101 in FY 23/24. This could to some extent indicate improved performance of the HC IVs. The total APGs and DRGs from individual Health Centres showed

marked variation. The DRGs had a range of 3-12,271 while the APGs had a range of 183 – 129,183. The average BOR at HC IVs increased from 48% in FY 22/23 to 51.6% in FY 23/24. The ALOS also increased from 2 days in FY 22/23 to 2.2 days in FY 23/24. Detailed HC IV rankings are shown annex 5.5

3.2.5.2 Functionality of HC IVs

HC IVs were established to improve access to Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services. The proportion of HC IVs providing blood transfusion services increased from 53% to 66.4% while the proportion providing caesarian section services decreased from 85.8% to 83.8%. The trend in functionality of HC IVs over the years is shown in Figure 59 below. A total of 38 facilities did not provide both C/S and blood transfusion services. lack of Anaesthetic staff is the main reason for absence of C/S services while shortage of refrigerators and absence of a stable power source are the main reasons for absence of blood transfusion services.

FIGURE 59: TRENDS IN FUNCTIONALITY OF HC IVS



3.2.6 Health Centre III & II Performance

The overall performance of HC IIIs and IIs is shown in table 68. 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: OUTPUTS FROM LOWER LEVEL HEALTH FACILITIES

Level	Number of Health Facilities	Ownership	No. of admissions	Total OPD	Total APG	Total DRG
HC III	1,332	GOV	690,914	15,984,217	43,950,713	850,990
HC III	348	PNFP	310,004	530,386	4,578,702	565,757
HC III	198	PFP	31,380	1,890,294	1,003,608	89,802
HC II	1,749	GOV	13,953	8,712,540	23,717,165	15,274
HC II	452	PNFP	35,536	2,288,505	3,481,687	66,691
HC II	1,102	PFP	27,411	1,450,593	3,850,781	49,293
Total	5,181		1,109,198	30,856,535	80,582,655	1,637,807

3.3 COMMUNITY HEALTH SERVICES

The Community Health Workers (CHWs) program has made significant progress since its launch. To understand its importance, it is essential to provide some background on the structure of community health workers in Uganda. There are two main cadres at the community level: The Village Health Teams (VHTs) and the Community Health Extension Workers (CHEWs).

3.3.1 Village Health Teams

On average, there are 179,175 VHT's in Uganda and 2-3 VHT's per village. 30% of the 179,175 VHTs in Uganda did not undergo the required basic training and yet they are working as active VHTs. The 5-7 days training of VHTs is inadequate to equip them with appropriate knowledge and skills needed to promote all health programmes and as well as to provide quality services to the communities. Due to resource constraints, supervision has not been adequately provided to ensure training is consistent for all VHTs. Although the MOH and partners provided different kinds of motivation, there is no formal system for tracking the different incentive packages and support given to the VHTs.

In FY 2023/24, a total of 28,302 VHTs were trained across 38 districts. This includes an additional 19,618 VHTs trained in 20 districts with support from UCREPP coordinated by the HPEC Department. 5,329 VHTs who received training in eCHIS were also provided with mobile phones.

TABLE 69: NUMBER OF VHTS TRAINED AND TOOLED BY LG

SN	District	Numbers	Tooled	Partner	Component Trained
1	Mayuge	168	Phones	MRA	eCHIS
2	Moyo	472	Phones	AMREF	eCHIS
3	Bukomansimbi	565	Phones	Malaria Consortium	eCHIS
4	Namayingo	612	Phones	MRA	eCHIS
5	Gomba	616	Phones	Malaria Consortium	eCHIS
6	Mpigi	912	Phones	Malaria Consortium, UNFPA	eCHIS , RMNCH
7	kamuli	984	Phones	UNICEF	eCHIS
8	Ntugamo	1,000	Phones	UNICEF	eCHIS
9	Amuru	200		UNFPA	RMNCH , eCHIS
10	Amolatar	140		MRA	ICCM
11	Alebtong	93		MRA	ICCM
12	Lira District	428		MRA	ICCM
13	Lira City	542		MRA	ICCM
14	Bugweri	290		MRA	ICCM
15	Iganga	464		MRA	ICCM
16	Luuka	654		MRA	ICCM
17	Moroto	286		MRA	ICCM
18	Lamwo	258		MRA	ICCM
19	UCREPP (20 Districts)	19,618		UCREPP	Integrated Package
Total		28,302			

3.3.2 Community Health Extension Workers

Pilot Phase

The Community Health Extension Workers (CHEWs) program has made significant strides since its inception as a pilot project in 2022. The pilot, initiated in Lira District, Lira City, and Mayuge, was launched with support from USAID. Aiming to strengthen community health systems, a total of 334 CHEWs completed training and were deployed to extend essential health services to households.

Scale Up

Building on the success of the pilot phase, the program has expanded to an additional eight districts, with support from the Global Fund and the World Bank. The Global Fund has played a critical role in funding the scale-up in seven districts—Kazo, Kyotera, Maracha, Namutumba, Ngora, Kyenjojo, and Koboko. In these districts, CHEWs have completed an intensive 6-months training and have been equipped and trained. Additionally, the World Bank has provided targeted support to Nakaseke District, where training is currently ongoing.

As the program continues to gain momentum, additional funding from the Global Fund has been secured to expand to six more districts: Rubirizi, Kitgum, Kalangala, Buliisa, Arua, and Amudat. These districts are set to receive comprehensive support to ensure that CHEWs are effectively trained and equipped to serve their communities.

TABLE 70: CHEWS TRAINING ROADMAP FOR 17 LGS

No.	District	Status	No. of CHEWs
1.	Lira	Completed	92
2.	Lira City	Completed	75
3.	Mayuge	Completed	168
4.	Kazo	Completed	102
5.	Kyotera	Completed	132
6.	Maracha	Completed	182
7.	Namutumba	Completed	222
8.	Nakaseke	On-going	154
9.	Kyenjojo	On-going	334
10.	Koboko	On-going	124
11.	Ngora	On-going	146
12.	Rubirizi	Planned	106
13.	Kitgum	Planned	166
14.	Kalangala	Planned	34
15.	Buliisa	Planned	78
16.	Arua	Planned	64
17.	Amudat	Planned	88
	Total		2,268

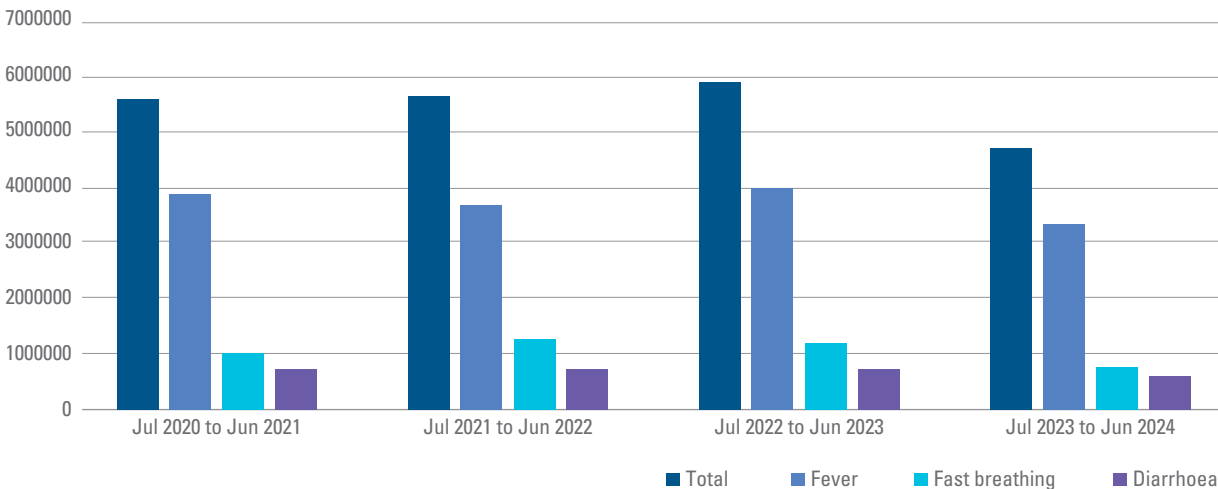


Dr Daniel Kyabayinze vaccinates a pupil at the official launch of the house to house Polio Vaccination Campaign

3.3.3 CHW Outputs

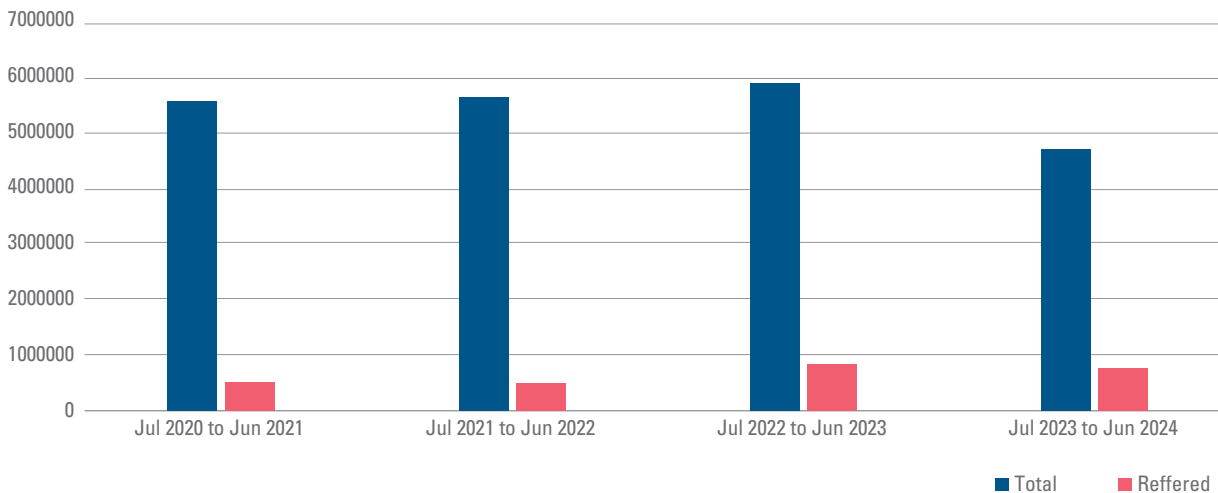
The MoH through the ICCM program supports Community Health Workers to screen and treat children under 5 years. From July 2020 to June 2024, the total number of cases initially increased by 1.4% between FY 2020/2021 and 2021/2022, followed by a further 4.6% rise in FY 2022/2023. However, there was a sharp 20.3% decline in FY 2023/2024. Fever cases saw a 5% decline in 2021/2022, followed by an 8.8% increase in 2022/2023, but dropped by 16.6% in 2023/2024. Fast breathing cases rose significantly by 26.4% in 2021/2022, then dropped by 5.4% in 2022/2023, and fell sharply by 36% in 2023/2024. Diarrhoea cases showed a slight 1.2% rise in 2021/2022, followed by a 0.2% decrease in 2022/2023, and a notable 17.6% reduction in 2023/2024. Overall, the trend indicates fluctuating health conditions, with significant decline in the most recent year.

FIGURE 60: CASES IDENTIFIED IN THE COMMUNITY



Referrals from community

Community Health workers support linking people to care to the facilities they are attached to. While the total number of cases screened in the community rose in the first few years followed by a sharp decline in FY 2023/2024. This suggests that despite the decrease in total cases screened, a higher proportion of cases were referred in last year.



3.3.4 The Community Dashboard

The community health score compares performance across various program indicators as reported by the VHTs through the standard HMIS report 097B.

The performance below is the color coded for the FY 2023/2024.

TABLE 71: COMMUNITY DASHBOARD

	% 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 Children seen by VHT and treated within 24hrs for Diarrhoea	% malaria cases that received ACT	% of children under who received vitamin A in the last 6 months	% of households with hand-washing facilities	% of households with latrines	% villages with stock out of the ACT	% villages with Stock out of RDTs	% of children under 5 years with up-to-date immunization	% of under 5 years reported dead in the community
Uganda	47.7	90.6	58.2	90	96.1	33.1	34.8		37.6	99.5	2.1
Acholi	44.8	64.9	58.2	89.8	107.9	19.7	49	59.2	52.6	106.9	0.22
Ankole	72.3	77.2	81.1	75.2	95.6	2.6	6.3	27.3	20.2	94.1	2.1
Bugisu	51.5	61.5	60.2	89.8	149.7	26.3	68.1	14.1	14.1	145.5	3.9
Bukedi	88.8	87.8	66.5	95.3	163.9	19.3	77.1	40.5	27		3.2
Bunyoro	29.9	79	25.3	96.8	87.3		66.4	72.3	70.8	84.8	1.9
Busoga	30.6	37.1	35.9	89.7	110.5	29.7			35.3	108.8	2.3
Kampala	4.1	14.3	16	85.7	5.6	9.3	22.6	15.3	15.3	22.6	32.5
Karamoja	84.4	86.4	79.6	93.5	183	10.4	22.9	30.8	31.7		0.36
Kigezi	40.4	60	56.9	73.4	114.7	49.5	78.6	9.8	9.4	102.6	1.6
Lango	53.6	74.1	68.9	89.8	135.8	21.9	81	64.7	72.6	126	2.9
North Central	15.7	39.4	37.3	86.9	55.8	50.3	71.9	38.7	32.8	77.7	2.5
South Central	37.5	59.1	50.5	87.1	36.5	36.8	61.1	45.4	36.4	46.7	3.6
Teso	77.6		79.6	93.1	115.5	17	68.2	46.6	43.1	133.1	1.7
Tooro	48.9	93	46.9	101.3	63.9	22.8	70.8	77.5	71.1	68.8	0.96
West Nile	53.8	83.3	66.3	87.4	150.9	80.3	78.6	59	48.5		1.7

CHAPTER 4

Progress in Implementation of the MoH Strategic Plan Outputs for FY 2023/24



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This chapter provides the progress in implementation of the MoH Strategic Plan 2020/21 – 2024/25 outputs for FY 2023/24.

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 Universal Health Coverage by 2030”.

4.1 SUMMARY OF PERFORMANCE FOR THE MOH OUTPUTS FOR FY 2023/24

The total number of output indicators assessed this FY is 180 compared to 191 in the previous FY. The MoH achieved 54.4% (98) of the planned output targets compared to 59% (113) in FY 2022/23; made some progress though did not achieve the annual target for 18.9% (34) indicators compared to 11.5% (22) in the previous FY; made very minimal or no progress for 26.7% (48) compared to 29% (55) indicators assessed. 20 indicators were not assessed this FY largely because these outputs were achieved in the prior year.

The objective areas with highest achievements for the planned outputs were 1) to improve functionality and adequacy of health infrastructure and logistics (62.5%), followed by Strengthen disease surveillance, disaster response and epidemic control at national and sub-national levels (60%). Low achievement of the output targets was observed for Accelerating health research, innovation and technology development (12.5%).

Key reasons for not achieving the planned targets are conflicting activities affecting scheduled governance structure meetings, no/inadequate funding and delayed implementation.

TABLE 72: SUMMARY OF PROGRESS FOR PLANNED OUTPUTS FOR FY 2023/24

Objective	Achieved		Some progress		Not achieved		No Data / Not planned this FY
	No. of Indicators	%	No. of Indicators	%	No. of Indicators	%	
To strengthen health sector governance, management and coordination for UHC (41 indicators assessed)	22	54%	11	27%	8	20%	3
Strengthen human resources for health management and development. (13 indicators assessed)	7	53.8%	2	15.4%	4	30.8%	2
Increase access to nationally coordinated services for communicable and NCD / conditions prevention and control. (70 indicators assessed)	39	56%	7	10%	22	34%	13
Strengthen disease surveillance, disaster response and epidemic control at national and sub-national levels. (15 indicators assessed)	9	60%	3	20%	3	20%	0
To improve functionality and adequacy of health infrastructure and logistics. (24 indicators assessed)	15	62.5%	5	20.8%	4	16.7%	1
To ensure availability of quality and safe medicines, vaccines and technologies. (11 indicators assessed)	5	45%	0	-	6	55%	1
Accelerate health research, innovation and technology development. (8 indicators assessed)	1	12.5%	6	75%	1	12.5%	0
FY 2023/24 (180 indicators)	98	54.4%	34	18.9%	48	26.7%	19
FY 2022/23 (191 indicators)	113	59%	22	11.5%	55	29%	1
FY 2021/22 (188 indicators)	96	51%	41	22%	47	25%	4
FY 2020/21 (179 indicators)	91	50%	37	21%	48	26%	5

Objective 1: To strengthen health sector governance, management and coordination for UHC

There are 16 outputs under objective one with 44 performance indicators of which 3 were not planned for assessment this FY. The MoH achieved 54% (22/41) of the performance indicators; made some progress in 27% (11/41) and there was no or slow progress in 20% (8/41). Reasons for non-achievement include other competing activities affecting holding of governance structure meetings, inadequate funds and delayed initiation of some activities.

TABLE 73: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 1 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Performance			Targets	Performance	Remarks
		2020/21	2021/22	2022/23			
Intervention 1.1 Strengthen governance, management and effectiveness of the health sector at all levels							
1. Governance and management structures reformed and functional	1. Top Management meetings held (%)	25	50	83	100	60	Many competing activities affect the regularity of meetings
	2. HPAC meetings held (%)	50	75	100	100	90	
	3. Senior Management meetings held (%)	92	100	100	100	92	March meeting overtaken by JRM
	4. Technical Working Group meetings held (%)	65 (86/132)	100	100	100	75	Suboptimal performance in some of the TWGs e.g. HR, Clinical and Infrastructure
	5. Departmental meetings held (%)	70.4 (152/216)	80	80	100	50	
Intervention 1.2 Development of Strategic Plan and operational plans							
2. Strategic plans developed	6. MoH 5-year strategic Plan developed		NA	NA	NA	NA	
3. Annual MoH Operational plans developed	7. MoH Annual Workplan compiled timely	Draft	1	1	1	1	Compiled timely
4. Comprehensive District Health Plans developed	8. Districts with evidence based annual health plans (%)	7.4	41	60	45	25	Inadequate resources for follow up of districts
Intervention 1.3 Develop / Review laws, regulations, policies, byelaws and ordinances relevant to health, enact new ones and monitor their implementation							
5. Laws, regulations, policies developed / reviewed	9. Laws, regulations and policies, reviewed / developed (Number)	9	7 (4 Passed & 3 pending presentation)	2	5	6	These include The Public Health Amendment Act 2022, The Uganda Human Organ Donation and Transplant Act 2023, National Drug and Health Products Bill 2024 drafted pending submission to cabinet Revised NHIS Bill 2023 pending approval by cabinet National Health Policy 2024 – pending Cabinet approval National Education and Training for Health Policy 2024 pending submission to cabinet

Outputs	Indicators	Performance			Targets	Performance	Remarks
		2020/21	2021/22	2022/23			
6. Integrated Authority to improve quality assurance and regulatory control systems and accreditation across public and private providers established	10. Joint Health Professionals Authority in place.	0	0	0	Carried forward	Pending	Principles for amendment of the Uganda Health Professionals Regulatory Council Bill and the Laws governing the Health Professional Councils drafted
Intervention 1.4 Development of Standards, guidelines and SOP							
7. Standards, Guidelines and SOPs reviewed / developed, disseminated	11. Standards, guidelines and SOPs reviewed / developed and disseminated (Number)	8	10	10	10	11	MoH QoC Implementation Plan, HMIS Support supervision tool, MoH Regional Support Supervision Guidelines, RHMNCHA QoC Implementation guidelines, Service standards for Nutrition, updated the HFOAP tools for RRHs, Occupational Health and Safety guidelines. Support supervision guidelines, Patient Rights and Responsibility Charter, Comprehensive National Health Service Standards, National QI Framework and Strategic Plan.
Intervention 1.5 Strengthen Supervision and mentorship							
8. Regional Technical Supervisory Structures established to support District Health Service delivery.	12. Regional Supervisory Structures (Number)	4	0	16	14	16	Supported through G2G (7), CDC (9)
9. Effective supervision and mentorship undertaken	13. Health Sub-programs political Oversight visits undertaken (Number)	6	8	12	6	6	
	14. Quarterly integrated supervision visits undertaken (Number)	2	0	0	4	2	2 supported by GOU and UCREEP. Inadequate funding from GOU
	15. No. of technical supervision and mentorship visits undertaken	4	4	4	12	12	Support supervision by top management on Health service delivery undertaken in Lira district, Ruharo, Lwebitakuli, Butaleja, Sembabule, Kyangwali, Lira city, west Nile and mid north region, Karamoja region, Jinja, Kazo, Kabarole, Mitooma, Kumi, Kumi Hospital, Mbale RRH and Jinja RRH
Intervention 1.6 Strengthen the National Quality Improvement system							
10. Improved quality of care	16. Health providers accreditation mechanism developed	0	0	0	1	0	Had been planned for FY 21/22 and still not achieved due to lack of funding
	17. Laboratories accredited to ISO 15189 standards (Number)	33	48	48	44	72	163% achievement
	18. Districts undertaking HFOA (%)	100	29	80	100	100	Supported through UgIFT RBF mainstreaming (HC IVs and HC IIIs) and implementing partners (Hospitals & HCIIIs).
Intervention 1.7 Enhance sector monitoring and evaluation							
11. Sector performance monitored and evaluated	19. MoH, and Programs (EPI, TB, HIV & Malaria) with M&E Plans ()	30	45	100	100	100	

Outputs	Indicators	Performance				Targets		Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24				
Outputs	20. Quarterly MoH performance reports compiled (Number)	4	4	4	4	4	4	All quarterly reports were compiled	
	21. MoH quarterly review meetings held (Number)	2	2	4	4	4	2	Held bi-annually (Q3&4 FY 2022/23 & Q1&2 FY 2023/24)	
	22. Quarterly budget performance reports submitted (Number)	4	4	4	4	4	4		
	23. Annual Health Sector Performance Report compiled and disseminated	1	1	1	1	1	1	AHSPR compiled and disseminated during the JRM	
	24. Annual Joint Performance Review held and aide memoire disseminated	1	1	1	1	1	1	19 th JRM held in October 2023	
25. Mid and end term evaluation of MoH and Strategic plan	NA	NA	Not done	1	1	1	Draft	Midterm was planned for FY 2022/23 but initiated in the FY 2023/24 and currently have a draft report	
Intervention 1.8 Strengthen Data collection, quality and use									
12. Reliable and accurate HIS in place	26. Health Information Strategic Plan developed and disseminated	Draft	1	1	N/A	N/A	N/A	Already in place not planned for this FY	
	27. Health workers trained in data analysis and use (Number)	232	66	206	150	150	240	Trained all district, City and Regional referral hospital Biostaticians. Additional cadres were trained (HMIS focal person) hence the over performance.	
	28. Availability of HMIS tools at all health facilities (%)	49	62	46	75	75	60	Inadequate funding from the GoU and unrealized commitments from partners that affected printing of critical tools (clinical services tools, report forms, maternal child health tools)	
	29. Monthly HMIS reports submitted on time (%)	96	89.2	69	100	100	91	33 LGs are below the national average of 91% (Jinja 53%, Hoima City 58%, Ngora 60.9%, Jinja City 68%, Bugiri 68%, Kampala 72%, Katakwi 72%, Soroti 76%).	
	30. Information products developed and shared quarterly	4	4	4	4	4	4	Weekly epi-bulletins (Malaria, TB, MPDSR, Surveillance)	
	31. Health Facility Atlas developed	Planned for 2021/22	1	1	1	1	1	Digital and health information Monthly bulletins Launched & disseminated in November, 2023	
	32. Functionality of the National Health Data Repository (%)	40	70	100	100	100	60	The landing page is functional, and 60% of indicators are populated with data. Delay due to technical challenges in developing the observatory.	
Intervention 1.9 Resource mobilization and equitable allocation									
13. Equitable resource allocation and efficient utilization	33. Annual MPS, BFP developed and submitted timely (%)	100	100	100	100	100	100		
	34. Annual budget tracking and efficiency report produced and disseminated	0	1	1	1	1	0	No funds	

Outputs	Indicators	Performance			Targets	Performance	Remarks
		2020/21	2021/22	2022/23			
	35. Quarterly financial audits undertaken (Number)	4	4	4	4	4	
Intervention 1.10 Establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels							
14. Functional multi-sectoral framework, compact and accountability framework developed	36. Multi-sectoral framework, compact and accountability framework developed	Draft	Draft	Draft	1	Draft	Compact not yet signed
15. Partnerships and multi-sectoral networks established and strengthened	37. PPPH Strategic Plan 2020 – 2030 developed			Draft	1	Draft	A draft private sector engagement strategy 2024/25-2029/30 in place
	38. Health Sector Integrated Refugee Response Plan developed	Na	Na	Na	N/A	N/A	There is an approved HSIRRP for FY 2019-2024, this plan expires in December 2024.
	39. Refugee Health facilities integrated into the District Health System (Number)	15	0	0	20	0	No funds were allocated I FY 2023/24. These facilities have been transitioned in FY 2024/25 in 8 RHDs of Kyegegwa, Isingiro, Lamwo, Kamwenge, Kikuube, Adjumani, Terego and Yumbe.
	40. Reports for monitoring implementation of the Health Sector Integrated Refugee Response plan (Number)	4	4	4	4	4	Routine monitoring of the Refugee Health program is done by GoU and partner support i.e. One joint monitoring mission conducted in all RHDs by MoH and partners supported by UNHCR, 3 support supervision visits conducted in all RHDs under UGIFT & UCREPP support
	41. Annual stakeholder analysis and mapping undertaken	1	1	1	1	1	A stakeholder mapping database is updated routinely i.e. Mapping of health partner interventions done in selected districts of Busoga and Ankole sub regions supported by WHO
	42. Stakeholder engagement meetings / workshops held (Number)	8	4	4	4	6	Engagements were conducted with different key stakeholders to enhance solidarity in action and better coordination i.e. RHN TWG and PPPH TWG meetings conducted. Consultative meetings with IGAD, MAKSPH, PAU, POE and Private Sector Providers
	43. Regional and International health partnership meetings attended (Number)	10	4	11	4	8	Held engagements like the WHA May, EAC Sectoral Council on Health April 2024, IGAD and ECSA June 2024 Health Ministers' Conference Review and finalization of the EAC-GIZ regional pandemic preparedness and response plan, reviewed the implementation of the multinational COVID-19 response in East Africa funded by AfDB, reviewed the EAC regional response to disease outbreaks such as COVID-19 and Marburg.
	44. Reports on non-state actor contribution to health system investments (Number)	4	1	0	1	0	No report submitted.

Objective 2: Strengthen human resources for health management and development.

There are 10 key outputs under Objective 2 and 15 performance indicators of which 2 were not planned for assessment this FY. The MoH achieved 53.8% (7/13) of the indicators, made some progress in 15.4% (2/13) and no progress in 30.8% (4/13).

TABLE 74: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 2 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Performance			Targets	Performance	Remarks
		2020/21	2021/22	2022/23			
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	N/A	N/A	Already in place
2. Medical Interns deployed	2. Medical interns deployed (Number)	1,400	1,795	1,929	1,000	1,974	There was a backlog from the FY2020/21 due to C-19
3. Salaries paid	3. Salaries paid on time (%)	100	100	100	100	100	All Pension and gratuity Payrolls processed and paid on time
4. Pension & Gratuity paid	4. Pension and Gratuity paid (%)	100	100	100	100	97	Some pensioners were not verified
5. iHRIS functional	5. LGs with up-to-date iHRIS (%)	15	25	141	75	75	All districts have covered 100 & although only 75% are fully functional on IHRIS
6. National Health workforce inventory done	6. National Health Workforce Accounts undertaken	-	-	Draft report	N/A	N/A	
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	100	Affected by change /review of structure for the health sector. Total of 15 schemes of service reviewed and approved. (Total schemes in sector comprise of 200 positions /cadres)
8. Multi-sectoral planning for training of health workforce in appropriate skills and numbers	8. MS Committee meetings attended (%)	100	100	70	100	25	Under performance is due to shortage of staff within the department. Other pressing priorities by the MS membership has limited the convening of meetings. Membership includes MoES, MoFPED, HSC, MoPS MoLG, OPM and MoH. Lack of resources to fund meetings and agreed follow-up actions has hindered the sitting of these meetings.
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)	Concept in place	Roll out	Biometric & iHRIS rolled out	MoH bio-Matrix attendance system at MOH, 2 NRRHs, and 16 RRRHs.
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	0	

Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24			
	11. In-service training curriculum and materials in place	1	1	NA	1	3 Drafts	3 Guidelines are being developed: <ul style="list-style-type: none"> Staff professional development guidelines Content development guideline for Inservice training Guidelines for implementing Health Labour Market Analysis	
	12. Staff on in-service training (Number)	622	400	5,960	20	130	100 staff under Inservice training curriculum development, 30 staff under training on e- learning platform content	
	13. Scholarships awarded (Number)	432	65	0	100	16	5 scholarships in emergency care, 1 Masters Neurosurgery, and 10 in Clinical Neonatology	
	14. Health Manpower Development Centre functional and Regional hubs functional	1	1	1	5	1	Only one HMDC, Mbale which plays a co-ordination role for partner activities, but it is not functional as a centre because there is no operational budget and lacks staffing. Regional hubs established in Arua, Fort Portal and Moroto with support from Enabel but they are not functional	
	15. Training database updated	1	1	1	1	1	E- learning platform being updated	

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 13 of the output indicators were not for assessment in year one, and there was no source of data for 2 indicators leaving 70 indicators for assessment. The MoH achieved 56% (39/70) of the targets, made some remarkable progress in 10% (7/70), no progress or decline 34% (24/70).

TABLE 75: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 3 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
Intervention 3.1 Revitalize public health inspection in collaboration with other MDAs to accelerate WASH (rural and urban) improvement.							
1.	Environmental Health Sanitation & Hygiene (EHS&H) Strategic Plan developed	Draft	Draft	Draft	1	Draft	To be finalized in FY 2024/25
2.	Functional Sanitation and Hygiene Working Group	9	11	5	4	6	150% achievement (3 urban, 3-rural)
Intervention 3.2 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices							
3.	Increased access to inclusive sanitation and hygiene services in rural areas	48	0	100	100	0	KDS proposed for review as it is outdated (since 1997)
4.	Sanitation week commemorated nationally	1	1	1	1	1	Commemorated in Kakumiro (March 2024) presided over by the Rt. Hon Prime Minister
5.	SCs holding annual sanitation week (%)	No data	0	100	25	No data	No established reporting system
Intervention 3.3 Improved monitoring of hygiene and sanitation							
4.	Functional Hygiene & Sanitation MIS	Under development	Not planned	Still under development	MIS operational	Not operational	The MIS is still under development
Intervention 3.4 Strengthen the Community Health program							
5.	Intersectoral Community Health Programs in place	Draft	Draft	Finalised and launched	N/A	N/A	Approved and disseminated in FY 2022/23
6.	CHEWs operational	Piloting	Piloting	Piloting in Mayuge and Lira	Implementation	Pilot on-going	CHEWs training in Kazo, Kyotera, Namutumba & Maracha Districts.
7.	Functional VHTs	Not planned	Not planned	1	1	1	Revised VHT guidelines already in use
10.	Trained and tooled VHTs (Number)	14,177	250	1,270	10,000	5,329	A total of 28,302 VHTs were trained in 38 districts. 5,329 were provided with mobile phones for eCHIS in Mayuge, Moyo, Bukomansimbi, Namayingo, Gomba, Mpigi, Kamuli and Ntungamo districts.

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
Intervention 3.5 Intensify advocacy, communication and social mobilization for increased awareness and positive behaviour change for all health interventions							
8. Integrated Health Education and Promotion program in place	11. Integrated Health Communication Strategy developed and disseminated	1	Strategy developed and implementation ongoing	Already in place	N/A	N/A	Already in place
9. IEC materials developed and disseminated	12. IEC materials developed / revised (Number)	10	504	2,345	10	2,453	Talking points and Frequently Asked Questions for Non-Communicable Diseases, posters in English, social media messages, refugee languages such as Lingala and French, and indigenous local languages; street and pull up banners and T-shirts. All these were printed and distributed to the districts for the yellow fever preventive mass vaccination campaign, WASH, Reproductive Health, GHS, NCDs, Malaria, HIV/AIDS, TB & Leprosy, NTDs, UNEPI among others.
10. Increased health literacy and utilization of health services	13. Community engagement / mobilization activities through various means (mass media, campaigns, social media, etc) (Number)	>48	84	>100	48	158	A total of 98 radio talk shows and 14 TV talk shows and six media breakfast meetings were conducted, conducted two Community dialogues for Trachoma awareness and education in Nabilatuk and Moroto districts, 3 Community sensitizations activities with film van trucks on NCDs, Malaria, Immunization, WASH in Lwengo, Kimuli, Rakai, and Masaka districts, 14 community engagement activities in Mbale city and Mbale, Butaleja, Bulambuli, Namutumba and Nakasongola districts to create awareness and education about Polio, TB, HIV/AIDS, Malaria among others. etc
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							
11. Standards & guidelines for childcare facilities in place	14. Standards & guidelines for childcare facilities developed	1	MIYCAN & Baby Friendly Health Initiative guidelines reviewed	NA – Guidelines in place	1	Draft	Awaiting approval of the Employment Bill, 2022 to be finalized
12. Breast Feeding/ baby care corners in health institutions established	15. Workplaces with breastfeeding corners (%)	2	3	No data	20	3	Nakasero hospital, Nsambya hospital, Mbale RRH
13. Breast-feeding week commemorated	16. Annual BF week commemorated	1	1	1	1	1	Held in August, 2023

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
14. Code of marketing breast milk substitutes adhered to	17. Commercial outlets and health facilities monitored conforming to the code of marketing (%)	20	0	0	40	0	No funding
	18. Schools (primary and secondary) visited and sensitized to ensure provision of safe and fortified foods to children (Number)	10	0	0	25	68	Supported by GAIN International
16. National food fortification policy and law developed	19. National food fortification policy and law in place	0	0	0	1	0	Not relevant, as it is catered for the National Food and Fortification Policy under MAAIF
17. Hunger and malnutrition reduced	20. Regulations on sweetened beverages and alcohol developed	RIA ongoing	1	Draft	1	Draft	Waiting approval by STM
Intervention 3.7 Increase access to immunization against childhood diseases							
18. Target population fully immunized	21. New vaccines introduced (Number)	To be introduced in 2022/23	To be introduced in 2022/23	3	Measles Rubella 2 nd dose	Introduced HepB birth dose and IPV2	Continued with the roll out of MR2 since FY 2021/22
	22. Yellow Fever Vaccination Campaigns (%)	Scheduled for 2022/23	Scheduled for 2022/23	70.5	90%	75%	This was a sub-national campaign in 53 districts and achieved 75% coverage
	23. Measles campaigns and SIAs conducted (%)	Not planned for this year	Due 2022/23	98	95%	95%	This was implemented sub-nationally as response campaigns
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							
19. Reduced morbidity and mortality due to malaria	24. Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25 finalized and disseminated	Draft	Draft	Draft	Carried forward	Draft	Not finalized
	25. 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	1	27.8 million nets distributed throughout the entire country. A total 10 million households were reached with a household coverage of 91% (10,976,458 /12,040,171) achieved
	26. National Malaria days held with mass IPT for malaria (Number)	1	1 SMC conducted in Kotido and Moroto	2	1	1	The World Malaria Day was commemorated in Kibuku district in April 2024
	27. Health workers in the public and private sector trained in integrated management of malaria (Number)	2,116	3,843	660	500	1,367	A total of 1,367 participants were trained, of these 647 (47%) were from the private sector. Participants trained were from 42 districts from 9 regions (Ankole, Tororo, Bunyoro, Central, Karamoja, Teso, Acholi, Bukedi and Bugisu)

Outputs	Indicators	Performance			Target		Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24			
20. Reduced morbidity and mortality due to HIV/AIDS	28. Develop HIV/AIDS 5-year Strategic plan	Not planned	Not planned	Not Planned	N/A	NA	Achieved earlier	
	29. HIV prevention interventions including IEC materials developed (Number)	10	9	7	5	9	IEC materials developed for: Content creation and sharing for HIV prevention, Condom last-Mile distribution, Global Alliance, Munnonye Campaign, AP3, CHECK NOW HIV testing campaign, World AIDS day Campaigns, Pre-exposure prophylaxis to prevent HIV for Priority & Key populations, IEC materials for PMTCT	
	30. Condoms procured and distributed (Number)	345 million	192 million	141 million	415,000,000	123,593,368	The 30% under achievement was due over-estimated target and inconsistent funding towards the last mile delivery of condoms to community hotspot through the alternative distribution mechanism implemented by the Joint medical stores (JMS). Going forward 3% last mile distribution costs have been institutionalized.	
	31. HIV test kits procured and distributed (Number)	5.732 million	9.1 million	13 million	3,300,000	9,093,940	Under estimation of the target (300%)	
	32. High risk population receiving PrEP and PEP (%)	No data	No data	98	90%	85%	There was a decline of 13% from 98% the previous year due to stock outs of commodities	
21. Reduced morbidity and mortality due to TB/Leprosy	33. 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	100	HIV care and treatment is integrated with all programs	
	34. Service providers trained to manage SGBV cases, deliver integrated youth-friendly HIV, SRH services (Number)	350	269	226	250	290	Global fund and PEPFAR availed to train additional service providers	
	35. TB/L National Strategic Plan in place	1 Approved and disseminated	NA Under implementation	NA	NA	NA	Mid-term review for the current NSP 2020/21 – 2024/25 was concluded. Preparations for the ETR and writing of the strategic plan 2025/26 – 2029-30 are ongoing.	

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24			
22. 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	36. Advocacy and Community engagement activities on TB	6	14	14	12	23	Implemented 1) Integrated bi-annual CAST plus campaign; 2) Implemented the TB TUGIGOB LIVE TB free campaign targeting TB hotspots in 6 districts; 3) Conducted Digital media TB awareness and sensitization campaign over 10 million people were reached with TB messages; 4) Conducted 20 school debates on TB and leprosy; 8 University and community TB and leprosy awareness and screening; 5) Conducted advocacy and awareness meetings with Religious, Cultural leaders & DEOs. 6) Printed and disseminated over 250,000 IEC materials	
	37. Facilities (HC IVs and IIIs) with diagnostics for TB (%)	83	100	688	86%	100%	Accredited and enrolled 47 Private health facilities giving a total of 1,980 with TB diagnostics.	
	38. Health workers trained in TB Preventive therapy for contacts (Number)	0	580	580	400	28,565	These were trained in HIV/TB consolidated guidelines including TPT with support from implementing partners (USAID-LPHS-TB Activity, MTI, TIFA, TASO)	
	39. MDR-TB initiating Hospitals (Number)	17	17	18	18	22	Ongoing decentralization of MDR-TB with accreditation and activation of 2 RRHs (Kayunga RRH & Yumbe RRH) & 2 Hospitals (Tororo GH & Apac GH).	
	40. NTDs mapped to determine endemicity (%)	0	83	9	20	10	Out of the 19 endemic NTDs in Uganda, only 10 have been mapped across endemic districts i.e. Schistosomiasis, Soil transmitted helminths, Trachoma, Onchocerciasis, Lymphatic Filariasis, Human African Trypanosomiasis, Visceral Leishmaniasis, Podoconiosis, Guinea worm disease and Tungaisis	
	41. Endemic districts (90) achieving elimination of schistosomiasis (%)	0	0	0	16	5	Only 5 districts were able to conduct MDA for schistosomiasis due to limited funding. There are efforts to integrate MDA into child health days. These districts were Buliisa, Nitroko, Kikuube, Pakwachi and Maracha.	
	42. High transmission Districts implementing Indoor Residual Spraying (IRS) (%)	32	0	17	100	37	20 out of the planned 55 districts implemented IRS. (Amolatar, Dokolo, Kalaki, Kaberamaido, Arua district, Obongi, Moyo, Adjumani, Koboko, Yumbe, Maracha, Terago, Mido-okolo, Budaka, Butebo, Butaleja, Pallisa, Namutumba, Tororo and Bugiri).	

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
	43. Local Governments undertaking malaria Larval Source Management (Number)	4 (Kisoro, Kabale, Rubanda and Lira)	4 (Kisoro, Kabale, Rubanda and Lira)	11	15	11	Mitooma, Otuke, Lira, Lira city, Kabale, Kisoro, Rubanda, Alebtong, Palisa, Kibuku, Namutumba district
	44. Case management centres active for HAT (sleeping sickness) diagnosis in endemic districts (Number)	43	11	14	43	10	Currently, there are 10 Case Management Centers for HAT. 4 West Nile, 2 Lango, 2 Busoga, 2 Teso 2. There was a reduction in the number of diagnostic centers (27) and treatment centers (15) from the baseline following the elimination of HAT gambiense form as a public health problem in 2022 and thus the scale down to 10 treatment centers that conduct surveillance. Only one case of HAT gambiense was managed in FY2023/24
Intervention 3.9 Prevent and control NCDs							
23. Reduced NCDs	45. Multi-sectoral NCD Strategic plan developed		Draft	Draft not yet approved	1	0	
	46. NCD days commemorated (Sickle cell, Mental health, diabetes) (Number)	5	6	6	3	3	World Diabetes Day commemorated in Kumi district
	47. Media campaigns (monthly) (Number)	12	0	3	12	13	Through partners, and talking a multi-sector approach several Radio and TV talk shows were conducted to raise awareness on NCDs. An estimated 26,750 people were sensitized, educated on the benefit of physical activities during the National day for physical activity.
	48. Trainers trained in cervical cancer screening using HPV DNA testing and Pap smears (Number)	32	30	30	0	190	40 DHTs, 150 (Nurses and Midwives)
	49. Health workers trained to risk screen for major NCDs like other cancers, CVDs, DM (Number)	2,022	0	72	200	No data	
	50. Legislation developed to ban use of trans fats in the food-chain	Not planned this year	Not planned this year	0	1	0	
	51. 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	1	1	98.8% households with iodised salt (UDHS 2022)
	52. National Physical exercise day in place	0	0	1	1	1	Commemorated July 2024
	53. Public workplaces with physical exercise initiatives (Number)	0	105	105	190	No data	

Outputs	Indicators	Performance		Target	Performance	Remarks	
		2020/21	2021/22				2022/23
Intervention 3.10 Strengthen an emergency medical service and referral system							
24. Nationally coordinated ambulance service and referral system in place	54. National Emergency Medical Services Policy and Strategic Plan in place.	Cabinet memo submitted	1 Approved by Cabinet and launched on 18 th November 2021	Not Planned	N/A	N/A	
	55. Regional Ambulance Hubs established (Number)	2	2	2	2	0	
	56. Ambulances procured (Number)	116	12	62	50	111	
	57. EMS cadre trained (in-service) (Number)	460	4,438	3,654	400	442	
	58. Referral guidelines disseminated	Finalized	Na	Not planned	N/A	N/A	
	59. RRHs with functional ICUs & HDUs (Number)	14	16	16	18	16	
							4 regional hubs are under construction (Arua, Mbarara, Mbale and Lira) with support from UCREEP and Enabel
							UCREEP (44), Government of Japan (25), GF (37) and other partners (5).
							Of these 10 are type C (advanced life support), 97 type B (basic care support), 4 medical command vehicles Trainings were supported by GOU
Intervention 3.11 Improve maternal, neonatal and child health services at all levels of care							
25. Reduced maternal, neonatal and child mortality	60. Costed RMNCAH roadmap 2020 - 25 disseminated	Draft	1	Not planned	N/A	N/A	
	61. RMNCAH Parliamentary Forum Advocacy meetings for increased financing for RMNCAH (Number)	0	1	1	4	4	
	62. Primary Health workers trained in New-born Care (Number)	150	600	600	300	315	
						Sharpened Plan and Investment Case II 2022/23-2026/27 developed, and a national dissemination done in Oct, 2023. Regional roll-out planned for Q1 (FY 2024/2025) with a comprehensive package including MPDSR report, EmONC assessment report, ANC communication plan, etc. There has been a 30% increase in reproductive health commodities funding (from 24 billion to 34 billion).	
						Worked through the RRHs for this performance (81 neonatal nurses from RRHs, 234 in essential newborn care from lower levels).	

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
	63. MCH Guidelines, SOPs/manuals developed	3	3	7	2	4	Developed and validated the Local Maternity and Neonatal System strategy (1); Emergency Triage, Assessment, and Treatment guidelines (1); Clinical protocols for the management of sick and small newborns (1); and Basic Emergency Obstetric and Newborn Care training manual (1)
	64. Districts implementing Integrated Community Case Management (iCCM) strategy (%)	59	53	82	88	60	81 districts fully implementing iCCM strategy (67 supported by Global fund, 14 by Presidential Malaria Initiative).
Intervention 3.12 Improve adolescent health services							
26. Reduced teenage pregnancies	65. Health workers re-oriented in Adolescent and youth friendly Health services (Number)	343	700	700	400	660	Received additional resources from UNFPA. Revamped the training approach, shifting from classrooms to on-site facility sessions. Other trainings were supported by Plan International and UNICEF
	66. Adolescent Health Policy developed and disseminated	Draft	Draft Stakeholder consultations still ongoing	Draft	N/A	N/A	Adolescent health policy issues merged into the national health policy. To develop Adolescent Health Implementation Guidelines
Intervention 3.13 Increase access to Sexual and Reproductive health Services with special focus on Family Planning and age-appropriate information							
27. Improved Sexual and Reproductive Health	67. FP Implementation Plan developed	Draft	1	Not planned	N/A	N/A	Achieved in 2021/22
	68. SRH&R Strategic Plan disseminated	Draft	Dissemination	Not planned	1	0	Not yet finalized
	69. Health workers trained in FP counselling and provision (Number)	240	500	652	300	252	Critical cadre from 3 health regions (Teso, Bukedi and Busoga) were mentored. Other partner trainings were not documented hence under reporting
	70. Obstetric fistula camps organized (Number)	22	12	12	2	24	Conducted a total of 1,525 fistula repairs with support from AMREF, UNFPA and Terrowodde hospital (Mbarara RRH, Hoima RRH, Mbale RRH, Kirovu Hospital, Lacor Hospital, Arua RRH, Koboko Hospital, Moyo Hospital, Nebbi Hospital, Yumbe RRH, Kagadi Hospital, Jinja RRH, Kamuli mission hospital and Warr HCIV).
	71. Districts with District Male Engagement Plans (%)	0	30	30	100	25	This is not a well conceptualized initiative at local government level

Outputs	Indicators	Performance		Target		Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24		
28. Increased access to quality laboratory services	Intervention 3.14 Improve the National Health Laboratory Services						
	72. National Laboratory Services Strategic Plan developed	1	1	Done	NA	NA	Achieved in FY 2022/23
	73. Standards, guidelines, manuals and SOPs developed and disseminated (Number)	6	2	2	3	0	No new guidelines developed
	74. Test Menu reviewed and disseminated	1	0	To be reviewed and updated in the FY22/23	NA	NA	This is scheduled for the FY 2024/25
	75. Updated Lab supplies List	1	0	To be reviewed and updated in the FY22/23	NA	NA	This is scheduled for the FY 2024/25
	76. Annual quantification done	1	1	1	1	1	
	77. National database of all laboratories in the country showing capacities, location and affiliation.	Not planned	Scheduled for implementation in FY 2022 / 2023.	0	1	0	This activity was not implemented due to lack of funding.
	78. Lab PPP strategies established (Number)	0	Scheduled for implementation in FY 2022 / 2023.	2	5	0	
	79. Laboratory infrastructure improved (Number)	4	No data	13	8	2	Fort Portal and Lira Laboratories construction are >70% completed with support from World Bank
	80. Hubs equipped (Biosafety Cabinets, waste treatment autoclaves, cold storage facilities, etc) (Number)	4	No data	89	35	100	All 100 lab hubs were equipped with cold storage facilities, the credo boxes, which supports sample movement between the peripheral facilities (on bikes) to the hubs. Centrifuges and Fridges were distributed in 44 health facilities.
	81. ToT for laboratory SPARS done	1	1	1	1	1	ToTs for Lab SPARS was implemented in the fy22/23. In 2023/24 the ToTs performed Lab SPARS mentorship and assessment in 418 health facilities.
	82. Annual refresher training on use of Laboratory Web based ordering system (Number)	1	Scheduled for implementation in FY 2022 / 2023.	0	30	22	8 laboratories did not meet the minimum requirements for fast-tracking Lab accreditation or certification

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24			
	83. Laboratories mentored on ISO implementation (Number)	10	23	25	4	4	4	The Lab SPARS assessment was performed in 418 health facilities across the 4 quarters of the reporting period. As a result of the mentorship, the health facilities assessment scores have increased by 2 points (13 to 15), indicated improved health facility management in the Laboratory Information Management Systems (LIMS), Equipment, Ordering, Receipt and Recording, and storage management practices for improved laboratory services.
	84. Mentorships visits to facilities implementing for laboratory SPARS (quarterly) (Number)	2	4	4	4	4	4	The Lab SPARS assessment was performed in 418 health facilities across the 4 quarters of the reporting period. As a result of the mentorship, the health facilities assessment scores have increased by 2 points (13 to 15), indicated improved health facility management in the Laboratory Information Management Systems (LIMS), Equipment, Ordering, Receipt and Recording, and storage management practices for improved laboratory services.
	85. Regional DOAs for national and sub national databases and information systems (Number)	1	0	0	1	1	1	DOA were conducted in 7/17 health regions. Results indicate 43% of the indicators to be in the acceptable Error to Data ratio, 13% to be in the unacceptable error rate, and 45% of the assessed indicator to be in the highly unacceptable error to data range.

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), made some remarkable progress in 20% (3/15), and little progress or no achievement for 20% (3/15) of the performance indicators for the year.

TABLE 76: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 4 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
1. Epidemic diseases timely detected and controlled	1. IES&PHE Strategic Plan developed	Draft	Draft	Draft	1	Draft	Draft Presented to SMC and HPAC, awaiting presentation to Top management
	2. Revised IDSR Guidelines Version 3 rolled out (Number)	Tot for National trainers conducted	41	120	36	39	39 districts covered in 4 Health Regions of 39 districts trained in IDSR 3rd edition Include; Kigezi: Kabale, Kanungu, Kisoro, Rubanda, Rukiga, Rukungiri, Ankole: Buhweju, Sheema, Mbarara District, Mbarara city, Rubirizi, Bushenyi, Mitooma, Isingiro, Rwampara, Kazo, Ntungamo and Ibanda, Masaka: Bukomasimbi, Butambala, Gomba, Kalungu, Kyotera, Lwengo, Lyantonde, Masaka city, Masaka district, Mpigi, Rakai, Sembabule Acholi: Gulu District, Gulu City, Amuru, Kitgum, Omoro, Pader, Agago, Lamwo and Butebo
	3. Districts using revised IDSR Guidelines Version 3 to detect early and report Public Health threats within 24 Hours (Number)	0	41	120	36	39	39 districts trained in IDSR 3rd edition and now using the revised guidelines; Kigezi: Kabale, Kanungu, Kisoro, Rubanda, Rukiga, Rukungiri, Ankole: Buhweju, Sheema, Mbarara District, Mbarara city, Rubirizi, Bushenyi, Mitooma, Isingiro, Rwampara, Kazo, Ntungamo and Ibanda, Masaka, Bukomasimbi, Butambala, Gomba, Kalungu, Kyotera, Lwengo, Lyantonde, Masaka city, Masaka district, Mpigi, Rakai, Sembabule Acholi: Gulu District, Gulu City, Amuru, Kitgum, Omoro, Pader, Agago, Lamwo and Butebo
	4. Integrated sentinel surveillance sites established (Number)	Not planned	23	8	10 GHs & 10 HC Ivs	20 (7 RRHs, 3 GHs, 10 HCIVs)	Arua RRH, Jinja RRH, Fort Portal RRH, Mbarara RRH, Hoima RRH, Mubende RRH, Mbale RRH, Bukuku HC IV, Kataraka HC IV, Amber Hospital, True Vine Hospital, Ruharo Mission Hosp, Namatara HC IV, Bufumbo HC IV, Adumi HC IV, Kuluva Hospital, Budondo HC IV, Al-Shafa Hospital, Walukuba HC IV

Outputs	Indicators	Performance				Target FY 2023/24	Performance	Remarks
		2020/21	2021/22	2022/23				
	5. Districts supported in early reporting of priority diseases (Number)	135	109	118	32	11	e-IDSR rolledout and Mentorships happened in 11 districts of Mukono, Iganga, Kaliro, Namayingo, Bugweri, Luuka, Kamuli and Buyende, Mbale and Rukungiri. The challenge of not achieving the target is lack of funds to implement as planned.	
	6. LGs trained to prepare and respond to PHEs (Number)	135	25	64	30	67	67 districts covered; CBS guidelines disseminated to 8 districts of Nakaseke, Mityana, Luwero, Kayunga, Nakasongola, Namayingo, Nebbi and Kyotera District, 20 Districts of Mubende and Busoga regions for EBS, 39 districts for IDSR.	
	7. LGs affected by major PHEs supported (Number)	135	15	25	15	30	Responded and contained outbreaks in 30 districts i.e; Cholera outbreaks in 5 districts of Kayunga, Namayingo, Adjumani, Mbale City and Kyotera Investigation of yellow fever threat in 4 districts of Bundibugyo, Kabale, Kasese and Masaka Anthrax in 6 districts of Ibanda Bukedea, Kazo, Amudat, Kween and Kyotera Rabies in 2 districts of Katakwi and Busia, RVF in 7 Kakumiro, Kazo, Kiruhura, Nakaseke, Kole, Sheema and Rubanda Districts Acute Watery Diarrhea Outbreak at Namirembe landing site in Masaka District, Black water fever in Bukomansimbi, Red eyes outbreak in Mayuge district, CCHF in Kyanakwanzi district Response to Mudslide and floods 3 districts of Kasese, Bunyangabu and Fort portal	

Outputs	Indicators	Performance			Target	Performance	Remarks	
		2020/21	2021/22	2022/23				
2. Zoonotic diseases prevented, detected, responded and controlled	8. DHT Trained (%)	4.4	20	10	30	8	Trained and Formulated OH teams in 12 Boarder Districts of Arua, Koboko, Nebbi, Kasese, Kisoro, Tororo, Manafwa, Bukwo, Kyotera, Amudat, Amuru and Lamwo. The challenge of not achieving the target is insufficient funds to implement in 21 districts as planned.	
	9. Ministries departments and agencies handling zoonotic diseases (%)	75	75	19	80	85	MoH, MAAIF, MWE, UWA, TDDA, USAID, SBCC, AFROHUN, CSOs, BUILD UGANDA-ILIRI, MoIA, DGAL, WHO, President's Office, FAO, RESOLVE-IDI, IDI-GHS, OPM	
	10. Sectors and disciplines participating in One Health issues (%)	42	50	19	80	85	MoH, MAAIF, MWE, UWA, TDDA, USAID, SBCC, AFROHUN, CSOs, BUILD UGANDA-ILIRI, MoIA, DGAL, WHO, President's Office, FAO, RESOLVE-IDI, IDI-GHS, OPM	
	11. Planning meetings held (Number)	20	20	4	50	5	These meetings include the stakeholders' routine quarterly meetings. The challenge of not achieving the target is over-rapping activities as teams were engaged in PHE response activities.	
	12. Strategies developed at the national and district level (Number)	3	8	8	5	2	Second national cholera plan (2023-2030) Rabies preparedness plan for Busia Draft National Action Plan for Health Security (NAPHS)	
	Intervention 4.2 Strengthen the disaster and Public Health Emergency coordination mechanisms at regional to inform disaster response							
	4. Functional coordination mechanisms at regional level to inform pandemic /epidemic response	13. Global and regional protocols agreed and signed by the governments, to respond to global pandemics (Number).	2	1	3	2	3	IGAD cross border surveillance, EAC treaty, One Stop Boarder Post (OSBP) Act.
		14. Regional and cross border meetings held (Number)	4	2	11	4	6	Uganda -DRC on Re activation of surveillance cross border zone, Uganda -Kenya Management of cholera, Uganda – South Sudan on plague, Uganda - Rwanda on PopCAP, Uganda EAC partner states on strengthen Surveillance, Uganda-TZ-South Sudan-DRC-Rwanda for EVD preparedness & Response.
	5. Community-level awareness, preparedness and response strengthened	15. ToT and refreshers for capacity building for community-level awareness, preparedness and response (Number)	135	146	146	146	146	8 Districts for CBS (community Based surveillance), 20 districts on EBS, 39 districts on IDSR, 64 districts for RRTs from 6 regions of; West Nile, Bugisu, Bunyoro, Toro, North Central and Kigezi

Objective 5: Improve functionality and adequacy of health infrastructure and logistics.

There are 8 outputs and 25 performance indicators under objective 5. The MoH achieved 62.5% (15/24), made some remarkable progress in 20.8% (5/24), there was minimal or no progress in 16.7% (4/24). One of the indicators were not planned for assessment this FY.

TABLE 77: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 5 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Performance		Target	Performance	Remarks	
		2020/21	2021/22				2022/23
Intervention 5.1 Develop and upgrade health infrastructure							
1. Planned expansion of health infrastructure 2. Construction, rehabilitation/ expansion and equipping of health facilities	1. National Master Plan for establishment, expansion and maintenance of public health infrastructure developed	Not planned	0	0	1	Draft	Draft at 75% completion level.
	2. Centres of excellence established commissioned and functional (Number)	1	Not planned	0	UHI & UCI	On-going	The financing agreement for construction of the new UHI signed. Works on-going at UCI
	3. New Regional Referral Hospitals established (Number)	2	Not planned	0	2	0	No funding
	4. General Hospitals constructed or upgraded (Number)	2	4	2	4	0	However, 3 HC IVs are being upgraded to community Hospitals, Kabwohe in Sheema, Mitooma in Mitooma, Muko in Rubanda, at 30% average progress of construction
	5. General Hospitals rehabilitated (Number)	1	2	3	3	11	11 hospitals out of the planned twelve (12) received some funds for rehabilitation. (Busolwe, Kambuga, Kapchorwa, Kitgum, Kotido, Kaberamaido, Katakwi, Busolwe, Amuria, Koboko and Luwero). The rest were not worked on due to budget cut
	6. HC IIIs constructed (Number)	2	12	56 (under construction)	30	14	14 HC IIIs are being established in refugee hosting District under UCREPP and these are: Koro, Lyete, Twajiji, Kikuruma, Kabazane, Ruhoko, Kyangwali, Morobi, Luru, Idiwa, Uriama, Bololoni, Igarama, Luzira
	7. HC IVs constructed/ renovated (Number)	2	9	16 (under construction)	10	11	Only 11 out of the 20 Planned HC IVs received funding for upgrade. (Nabiswera, Nambieso, Namalu, Bubungi, Merikiti, Magada, Rwebitakuli, Mateete, Kitagata and Pabbo)
	8. HC IIIs upgraded to HC IIIs (Number)	64	37	44	0	0	Completion of the ongoing projects was carried out
	9. HC IIIs renovated (Number)	0	43	11	0	0	Not planned for this FY

Outputs	Indicators	Performance			Target		Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24			
3. Improved health care waste management	10. MoH headquarters rehabilitated and retrofitted.	1	1	1	1	1	Retrofitting was done at headquarters	
	11. High-capacity regional incinerators constructed, equipped and operationalized (Number)	Not planned	Procurement initiated	4	5	5	5 incinerators out of the planned target of 5, are under construction Progress of construction: KCCA (75%), Lira RRH (95%), Gulu RRH (70%) and Mbarara RRH (90%) and Fort portal RRH (45%) against target high-capacity incinerators with combustion capacity of 500Kg/Hr at max operating temperature of 1200°C The sub regions that are left to be covered with the high-capacity incinerators include Eastern Region. Additionally small sized incinerators have been installed in Jinja, Lira, Hoima, fort portal Mubende, RRHs.	
4. Increased availability of safe blood	12. Blood Banks constructed (Number)	Not planned	1 (Soroti RBB)	3	4	3	Hoima and Arua Blood banks are substantially complete in terms of construction and equipping-ready for commissioning Soroti blood bank is at 90% completion in terms of construction	
	13. Blood storage facilities (fridges) procured (Number)	42	15	0	20	4	Supported by implementing partners	
5. Increased coverage of health workers accommodation	14. Public health sector staff houses constructed (Number)	100	53	53	50	114	114 have been comprehensively renovated in Busolwe – 72 and Kawolo-42 under GoU funding A total of 976 staff housing units out of the planned 150, have been constructed since FY 2020-21 to FY 2022-23 through the projects of UgIFT, URMCHIP, KIDP UgIFT - (554 units), URMCHIP - (242 units), KIDP - (60 units) GoU - (116 units) – Gomba, Cyanika, Vura, Entebbe, Jinja, Malaba, Busia. Enabel - (4 units) These housing units were completed and commissioned	

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
Intervention 5.2 Improved capacity for operation and maintenance of medical equipment							
6. Functional medical equipment	15. Medical Equipment Policy developed	Not planned	0	1	1	1	The National Medical Equipment Maintenance guidelines have been developed/reviewed and are at the final stage of approval by the TMC
	16. Medical Equipment list and specifications reviewed	Not planned	Review ongoing at 80%	1	1	1	Constitutes part of the National Medical Equipment Maintenance guidelines that are due for approval by the TMC
	17. Medical equipment inventory maintained and updated	1	1	1	1	1	Maintained and updated using a computer application/system (NOMAD) The total number of equipment so far captured in the system is 51,465 (representing an estimated 75% of the total equipment). Of these 42,887 (83%) are functional
	18. Fully equipped and adequately funded equipment maintenance workshops (%)	12	30	80	55	90	13 Regional workshops and 1 national workshop – Wabigalo are functional. Mbarara, Kayunga, Yumbe, Entebbe have no Workshop. There has been no funding for establishment of new workshops which require construction, equipment and human resource
	19. Health workers trained in Medical Equipment Use (Number)	25	200	200	200	722	Selected medical staff were trained on the use and handling of equipment on a quarterly basis across the country by the Regional Workshop Engineers and technicians
Intervention 5.3 Procure, distribute and maintain appropriate medical equipment at all levels of health service delivery.							
7. Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment.	20. Basic equipment available at lower-level health facilities (%)	No data	70	70	70	70	Under the UgIFT and URMCHIP projects all the upgraded and improved facilities (452 facilities), were provided with basic equipment. Additionally, Districts are provided with a grant (formula based) for small equipment acquisition and maintenance
	21. HC IIIs equipped (Number)	0	50	232	56	65	Equipped under UgIFT
	22. No. of HC IVs equipped	Not planned	45	45	10	0	No funding
8. Functional MoH fleet	23. Vehicles procured (Number)	439	55	156	10	72	46 under UCREEP, 18 GF, 5 UgIFT, 1 KOFHI, 2(Others)
	24. No. of motorcycles procured	898 100 URMCHIP, 657 GAVI, 122 GFTAM, 19 C-19 Donations	Not planned	325	Not planned	420	220 under UCREEP, 200 under UNICEF

Objective 6: 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 indicator was not planned for assessment this year. The MoH achieved 45% (5/11) of the indicators assessed), and there was minimal or no progress in 55% (6/11).

TABLE 78: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 6 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Performance		Target	Performance	Remarks	
		2020/21	2021/22				2022/23
Intervention 6.1 Ensure proper forecasting and quantification of the national essential medicines and health supplies requirements							
1. Medicines and health supplies available	1. Health workers trained in Supply Chain Management (Number)	269	2,763	1,120	200	2,144	These were mainly trained of MTCs and Pharmacovigilance plus causality assessments with support from GF through NMS
	2. Hospitals and HC IVs with functional Medicines & Therapeutic Committees	No data	No data	143	65	31	79/ 255 (74 Public Hospitals, 5 Private Hospitals). HCIVs are newly onboarded, and we shall not consider them functional.
	3. Integrated supply chain management system	100	85	100	100	100	The Department is in the process of having the NTD & Nutrition commodities on the ordering platforms of the warehouses
	3. Operational framework in response to public health emergency threats in place	Not planned	Plan in place	1	NA	NA	Already achieved
Intervention 6.2 Strengthen the pharmaceutical information management systems to enhance traceability and accountability of EMHS.							
4. e-LMIS system scaled up to all health facilities	5. Health facilities utilizing the e-LMIS (%)	36 (715 public facilities)	40	90 (1,348/1,500)	75	45	Facilities grappling with internet challenges, power and computers. Facilities are still transitioning to EMRS (eAFYA & Clinic Master)
Intervention 6.3 Slow down and control the spread of resistant organisms							
5. National Antimicrobial Consumption and Use surveillance plan developed	6. Antimicrobial Consumption and Use surveillance plan developed	Not planned	Not planned	0	1	1	
	7. Surveillance of antimicrobials use in human health done	1	2	0	1	1	Generated on a quarterly basis
Intervention 6.4 Develop a reporting platform for monitoring implementation of ADR reporting and management at health facilities.							
7. Community and consumers sensitized on appropriate medicine use, antimicrobial stewardship and patient reporting of suspected ADR.	8. Community sensitization activities (Number)	Not planned	0	0	10	13	
Intervention 6.5 Promote local pharmaceutical manufacturing in Uganda.							
8. Pharmaceutical Industrial Park established	9. A PPP investment plan for production of medicines and health supplies in place	Not planned	Concept note developed	Presented to WG	1	0	

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
Intervention 6.6 Strengthen pricing mechanism for health commodities							
9. National Medicines Formulary including indicative prices disseminated	10. National Medicines Formulary including indicative prices finalized	Not planned	Draft in place	0	1	0	
Intervention 6.7 Integration of Traditional and Complementary Medicines in medical practice in Uganda.							
10. Situational analysis of the Traditional and Complementary Medicines (TCM) conducted	11. TCMs situation analysis undertaken	Not planned	Not planned	0	1	0	No funding, regulations for TCMs not yet developed
11. National Formulary for TCM products developed	12. National Formulary for TCM products in place	Not planned	Not planned	Not planned	1	0	Regulations for TCMs not yet developed
Intervention 6.8 Establish an efficient, safe and environmentally sustainable Healthcare Waste Management System.							
12. Guidelines on HCWM revised and disseminated.	13. Guidelines revised and disseminated.				1	Draft	Pending since 2021/22

Objective 7: Accelerate health research, innovation and technology development.

There are 8 key outputs and 8 performance indicators for objective 7. The sector achieved 12.5% (1/8), made some progress in 75% (6/8) and made no progress in 12.5% (1/8) of the planned outputs. The National Health, Research and Innovation Strategy and MoH Research agenda were not developed to guide the sector in research.

TABLE 79: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 7 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
Intervention 7.1 Establish the national health innovation cluster							
1. National Health, Research and Innovation strategy developed and disseminated	1. National Health, Research and Innovation strategy developed and disseminated	0	0	0	1	0	No funding. Still at concept note stage
Intervention 7.2 Develop a MoH research agenda							
2. MoH research agenda	2. MoH research agenda developed annually	0	0	0	1	Draft	Essential National Health Research Agenda draft being shared with MoH Sector Working Groups.
Intervention 7.3 Evidence generation							
3. Health Surveys undertaken	3. Health surveys conducted (Number)	3	2	3	3	2	Preparing for UPHIA STEPS 2022, UDHS 2022
		Covid-19 SERO status surveys and National Client Satisfaction Survey	NHA 2016/17 – 2017/18, Client Satisfaction Survey	Client satisfaction for Acholi sub region, HHFA, NHA 2018/19 – 2019/20			

Outputs	Indicators	Performance			Target	Performance	Remarks
		2020/21	2021/22	2022/23			
Intervention 7.4 Conduct basic epidemiological, applied, interventional and operational research.							
4. Research conducted and published	4. Research / studies conducted (Number)	53	10	>10	10	6	FEXINIDAZOLE in the treatment of Gambience Sleeping Sickness in Lwala Hospital Gene Therapy for HIV, haemophiliacs and Sickle Cell protocol Bee Venom extract clinical trial Schistosomiasis protocol study for Establishing a single sex controlled human Schistosoma mansoni infection model for controlling mansoni infection in Uganda. Lenacapavir – new drug demonstrated 100% efficacy and superiority to daily Truvada for PrEP HIV prevention Collaborative One-Health Research initiative on Epidemics (COHRIE) project update Others ongoing – mainly in HIV, Ebola, Malaria, Covid vaccines, gene therapy, TB About 600 ongoing research protocols and supported mostly by the Global fund mechanism
Intervention 7.5 Establish a national health research knowledge translation platform and data base.							
5. A National health research knowledge translation platform and data base developed	5. National health research knowledge translation platform and data base in place	Not planned	0	0	1	1	https://research.uncst.go.ug/admin/update.php?a=7f39f8317fbd1988ef4c628eba02591
Intervention 7.6 Digitalization of the HIS							
6. GIS coding of health facilities done	6. Health facilities coded (%)	100	100	100	100	90	A number of new and private facilities not coded
7. National Health Information Exchange Registries (Client, Health Workers, Health Facilities and Health Product) developed	7. NHIER operational consultancy services procured	TORs developed and procured	1	1	1	0.5	Client registry not yet functionalized due to challenges with Unique Identifier, while the Product registry is under upgrade
Intervention 7.7 Establish the national health innovation cluster							
8. National health innovation cluster operationalized	8. Health innovations and technologies developed and supported (Number)	0	0	0	5	2	National Health Innovation Cluster TORs drafted pending approval to enable the establishment and operationalization of the NHIC S+4IR Integrated platform that enables transmission of data in areas with poor internet connectivity field tested. Maternal and Perinatal Death Surveillance and Response (MPDSR) Actions Tracker App scaled nationally

4.2 PROGRESS IN IMPLEMENTATION OF THE HEALTH SECTOR PROJECTS

No	Project Title	Start Date	End Date	Forecast Disbursement FY 2023/24	Actual Disbursement FY 2023/24	Progress / Remarks
1.	Rehabilitation of Busolwe Hospital	1/07/2017	30/06/2023	UGX 9.88 billion	UGX 3.31 billion	The works of Refurbishment and equipping of Busolwe General Hospital started in October 2022 and its ongoing. Current percentage progress is 86%. The key scope of works includes construction of new casualty block, refurbishment of main theatre, OPD, wards, mortuary, store, kitchen, external works
2.	Construction and equipping of the International Specialized Hospital in Uganda	2019/20	30/06/2020	USD 249.9 million	0	The Progress of work (construction) is at 35%. The training block and Hostel were completed and handed over. The main Hospital building is at sub structure level
3.	Uganda Reproductive Maternal and Child Health Services Improvement Project	1/07/2017	30/06/2022	USD 0	0	The project completed and closed in December 2023. Project completion report was written.
4.	Uganda COVID-19 Response and Emergency Preparedness Project	3/08/2021	31/12/2024	USD 195,500,000	USD 28,203,959 million	The Project has received a cumulative Disbursements of USD 133,356,023 as at 30/06/2024. Cumulative Expenditure of USD 121,700,768 as at 30/06/2024. FY 2023/24 of USD 86.64m budget included a restructuring package, but by closure of the year the Bank had not approved the restructuring. The Bank approved a workplan of USD 40M for FY 2023/24, USD 24.01M was spent in addition to USD 15m commitments arising from Civil Works and Procurement of Medical Equipment.
5.	Global Fund for AIDS, TB and Malaria (NFM2, NFM3, GC7)	1/07/2010	31/12/2026	USD 492,500,298	Expenditure UGX 26,619,294,595	Major procurements are still ongoing so payment is not yet effected (e.g. oxygen plants, incinerators, civil works, ambulances, IRS equipment and supplies etc
6.	GAVI Vaccines and Health Systems Strengthening Support	1/07/2017	30/06/2023	UGX 53,511,751	Expenditure UGX 44,769,751	Funds were reprogrammed to implement the Big Catch-up immunization intervention in October 2024
7.	Construction of 138 Health Centre IIIs in sub counties without any health facility	2020/21	2024/25	UGX 55.1 billion	0	Funding goes directly to LGs. However, 46 new HC IIIs have been constructed with 93 remaining.
8.	Italian Support to the Health Sector Development Plan Karamoja Staff Housing Project - Phase I	2017/18	2022/23	UGX 0	UGX	The scope of work is construction of 68 twin staff houses. 66 staff house so far completed. Project is at 95% left with Kalita HC III in Amudat and Lemusui HC III in Nakapiripirit still under construction.
9.	Italian Support to the Health Sector Development Plan Karamoja Infrastructure Development Project - Phase II	2021/22	2024/25	Euros 5 million	0	New health centre IIIs and 29 other health facilities rehabilitated (staff houses, maternity/general ward, OPD, fencing), 6 Ambulances procured, 18 motorcycles and 9 Public Address systems
10.	Upgrade of ICUs in all RRHs, HDUs in all RRHs and GHs	2020/21	2024/25	7.5% (UGX 1.5/20 billion)	7.5% (UGX 1.5/20 billion)	14 out of 16 RRHs were equipped with ICU. Yumbe and Kayunga are yet to get ICU equipment, ICU Blocks: Only Five (5) RRH for now have standard ICU Blocks (Jinja, Arua, Mubende, Mbarara and Gulu Construction/remodeling for the standard ICU is going on in Mbale RRH ICU which is at 90%, and Masaka ICU remodeling is at 80% completion Construction of new standard ICU under UGREEP Project has started for 3 RRHs (Hoima, Kabale and Arua)

No	Project Title	Start Date	End Date	Forecast Disbursement FY 2023/24	Actual Disbursement FY 2023/24	Progress / Remarks
11.	Improvement of Radiology Services in RRH and General Hospitals	2020/21	2024/25	42.8% (UGX 21.7 /50.7 billion)	0	14 out of 16 RRHs have been equipped with CT scanners. The two hospitals that lack the CT scanners (Kayunga and Yumbe) are scheduled to get in this FY 2023-24 The CT scanners were commissioned and are functional.
12.	Establishment of Electronic integrated and patient management record system	2020/21	2024/25	0	0	The Electronic integrated and patient management record system has been established in all 5 NRHs, and 16 RRHs, 32 GHs, 5 HC IVs and 2 HC IIIs are utilising the Electronic Medical Records system with funding from GF and Partners.
13.	Functionalizing neonatal intensive care units (NICUs) in all RRHs and select GHs	2020/21	2024/25	0	0	All RRHs and 25 General hospitals have NICU rooms equipped with basic equipment such as infant incubators, radiant warmer, phototherapy units and oxygen concentrators. There is need to establish Level 1 NICUs at Referral hospitals and Level II NICUs at General Hospitals.
14.	Renovation and equipping of 15 General Hospitals (Abim, Apac, Atutur, 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	Only Six (6) Hospitals out of the planned 15 hospitals have been partially rehabilitated since FY 2020/21 to FY 2022/23: Gomba, Kawolo, Kambuga, Buwenge and Kapchorwa. There has generally been inadequate funding to rehabilitate all the planned hospitals
15.	Establishing 12 regional Ambulance hubs	2020/21	2024/25	UGX 3 billion		The two functional Regional Ambulance Hubs in Naguru and Masaka. Construction for 2 call centers is ongoing in Arua and Fort portal
16.	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.
17.	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	Permanent Port Health Services established at 11 Points of Entry i.e., Goli One Stop Border Post (OSBP), Suam OSBP, Elegu OSBP, Mutukula OSBP, Busia OSBP, Malaba OSBP, Katuna OSBP, Mirama Hillis OSBP, Mpondwe OSBP, Transami OSBP, & Cyanika OSBP. Other POEs are at Vurra at 95%.
18.	Construction and equipping of Regional Blood Bank at Soroti	2020/21	2022/23	UGX 4.5 billion	0	Soroti blood bank is at 80% completion in terms of construction

Annex

5.1 NATIONAL LEAGUETABLE FY 2023/24

Local Government	Approved posts in public health facilities filled (%)	DPT ₃ Coverage	Score (5)	TB Case Notification Rate/100,000	Score (5)	IPT3 Coverage (%)	Score (5)	NC 4 Coverage (%)	Score (5)	Health Facility Delivers (%)	Score (5)	Under-five Vitamin A 2nd dose cov (%)	Score (5)	% of pregnant women tested for HIV during current pregnancy	Score (5)	ART Viral Load Suppression Rate (%)	Score (5)	DPT1 to MR Drop Out Rate (%)	Score (5)	Maternal deaths reviewed (%)	Score (5)	Fetal death reviewed (%)	Score (5)	VHT/ICM quarterly reports rate (%)	Score (5)	% of under 5 deformed in the last 6 months	Score (5)	LG PA Score (%)	Score (5)	Average SPARS Scores (%)	Score (5)	Total Score	Score (5)	Ranking
Lira City	85.0	4.3	123.5	5.0	433.9	5.0	96.7	9.7	99.0	5.0	98.8	9.9	122.2	5.0	107.0	5.0	86.4	8.6	1.1	9.6	175.0	5.0	100.0	5.0	100	5.0	118.8	5.0	36	1.8	39.4	2.0	90.76	1
Kiruhura	61.2	3.1	114.8	5.0	198.2	5.0	112.6	10.0	104.4	5.0	103.8	10.0	82.1	4.1	104.2	5.0	88.9	8.9	2.6	9.1	100.0	5.0	84.0	4.2	86.5	1.8	148.6	5.0	87	4.4	75.0	3.8	89.24	2
Soroti City	72.5	3.6	163.6	5.0	592.0	5.0	121.1	10.0	126.8	5.0	210.2	10.0	83.1	4.2	199.7	5.0	93.8	9.4	11.2	5.9	168.8	5.0	100.0	5.0	100	5.0	162.2	5.0	29	1.5	72.5	3.6	88.10	3
Rubanda	82.1	4.1	109.8	5.0	90.9	4.5	78.6	7.9	69.6	3.5	76.4	7.6	79.8	4.0	82.4	4.1	88.9	8.9	4.5	8.3	100.0	5.0	100.0	5.0	100	5.0	128.8	5.0	86	4.3	40.5	2.0	84.27	4
Fort Portal City	72.0	3.6	139.9	5.0	565.9	5.0	75.3	7.5	73.3	3.7	169.5	10.0	96.0	4.8	117.2	5.0	90.3	9.0	2.4	9.1	100.0	5.0	37.4	1.9	84.8	4.2	165.9	5.0	15	0.8	92.9	4.6	84.26	5
Kween	83.3	4.2	115.3	5.0	117.8	5.0	59.6	6.0	59.1	3.0	100.7	10.0	45.9	2.3	113.0	5.0	61.0	6.1	0.0	10.0	100.0	5.0	100.0	5.0	79.3	4.0	110.0	5.0	69	3.5	94.7	4.7	83.63	6
Budaka	72.3	3.6	123.9	5.0	137.5	5.0	68.5	6.8	62.7	3.1	103.7	10.0	51.8	2.6	106.5	5.0	80.0	8.0	6.4	7.6	100.0	5.0	69.7	3.5	100	5.0	79.8	5.0	59	3.0	88.9	4.4	82.70	7
Jimja City	96.6	4.8	84.2	4.2	729.4	5.0	72.0	7.2	100.6	5.0	99.0	9.9	32.8	1.6	108.9	5.0	86.8	8.7	15.2	4.4	100.0	5.0	61.2	3.1	100	5.0	108.4	5.0	65	3.3	94.1	4.7	81.83	8
Nebbi	77.5	3.9	76.0	3.8	214.2	5.0	42.6	4.3	64.6	3.2	92.0	9.2	34.6	1.7	88.8	4.4	87.8	8.8	-10.4	10.0	100.0	5.0	100.0	5.0	100	5.0	73.6	5.0	65	3.3	84.6	4.2	81.80	9
Mbarara City	95.9	4.8	106.4	5.0	447.8	5.0	87.6	8.8	84.7	4.2	140.4	10.0	39.5	2.0	114.2	5.0	93.1	9.3	16.1	4.0	100.0	5.0	73.1	3.7	77.8	3.9	79.7	5.0	81	4.1	41.9	2.1	81.80	10
Kwania	74.3	3.7	115.1	5.0	189.7	5.0	58.8	5.9	65.6	3.3	71.5	7.2	77.6	3.9	99.8	5.0	81.2	8.1	1.1	9.6	0.0	5.0	92.6	4.6	89.7	3.5	112.8	5.0	74	3.7	66.7	3.3	81.74	11
Kiboga	74.6	3.7	97.8	4.9	242.2	5.0	59.1	5.9	61.4	3.1	98.3	9.8	63.0	3.2	94.6	4.7	95.2	9.5	9.1	6.6	100.0	5.0	67.6	3.4	98.5	4.9	99.7	5.0	62	3.1	77.8	3.9	81.74	12
Kampala	100.0	5.0	85.3	4.3	374.4	5.0	43.0	4.3	67.7	3.4	93.6	9.4	40.0	2.0	96.2	4.8	89.8	9.0	5.1	8.1	99.5	5.0	65.0	3.2	56.1	2.8	70.7	5.0	71	3.6	53.6	2.7	81.54	13
Bundibugyo	86.0	4.3	157.4	5.0	254.7	5.0	61.4	6.1	59.1	3.0	72.9	7.3	99.0	4.9	97.2	4.9	83.0	8.3	-26.3	10.0	100.0	5.0	94.2	4.7	64.1	3.2	180.7	5.0	67	3.4	28.0	1.4	81.46	14
Kabale	67.7	3.4	97.2	4.9	215.6	5.0	69.6	7.0	71.7	3.6	87.5	8.7	86.9	4.3	80.7	4.0	90.7	9.1	10.1	6.2	100.0	5.0	100.0	5.0	92.9	4.6	127.5	5.0	76	3.8	33.3	1.7	81.34	15
Mbale	118.0	5.9	108.2	5.0	121.3	5.0	75.7	7.6	68.8	3.4	82.4	8.2	73.1	3.7	95.0	4.8	74.2	7.4	-8.2	10.0	100.0	5.0	94.9	4.7	6.6	0.3	134.2	5.0	58	2.9	35.3	1.8	80.71	16
Gulu City	83.2	4.2	95.3	4.8	423.5	5.0	52.2	5.2	74.6	3.7	134.2	10.0	47.6	2.4	104.1	5.0	80.1	8.0	1.2	9.6	100.0	5.0	72.8	3.6	100	5.0	69.7	5.0	61	3.1	22.2	1.1	80.64	17
Agago	58.3	2.9	111.5	5.0	119.6	5.0	55.0	5.5	60.9	3.0	74.0	7.4	60.4	3.0	106.6	5.0	70.4	7.0	-7.5	10.0	100.0	5.0	90.3	4.5	97.9	4.9	131.3	5.0	63	3.2	70.0	3.5	79.98	18
Rukiga	82.4	4.1	95.0	4.7	176.3	5.0	46.6	4.7	53.5	2.7	58.0	5.8	69.8	3.5	74.5	3.7	86.5	8.7	0.0	10.0	100.0	5.0	100.0	5.0	96.9	4.8	103.5	5.0	85	4.3	54.8	2.7	79.70	19
Manafwa	100.0	5.0	101.2	5.0	201.3	5.0	44.9	4.5	46.6	2.3	78.3	7.8	52.4	2.6	81.5	4.1	83.6	8.4	-9.7	10.0	100.0	5.0	61.1	3.1	98.1	4.9	96.6	5.0	65	3.3	75.0	3.8	79.66	20
Annolatar	88.3	4.4	134.7	5.0	108.8	5.0	71.9	7.2	75.9	3.8	83.6	8.4	81.8	4.1	101.7	5.0	81.3	8.1	23.3	1.4	100.0	5.0	111.9	5.0	100	5.0	146.6	5.0	51	2.6	90.5	4.5	79.42	21
Bushenyi	70.6	3.5	94.1	4.7	210.1	5.0	61.4	6.1	74.0	3.7	99.1	9.9	53.0	2.6	85.8	4.3	86.6	8.7	5.5	8.0	100.0	5.0	63.3	3.2	83.8	3.2	91.6	5.0	81	4.1	48.6	2.4	79.39	22
Katakwi	74.4	3.7	108.8	5.0	148.3	5.0	59.0	5.9	62.4	3.1	81.8	8.2	31.1	1.6	92.4	4.6	86.9	8.7	3.2	8.8	100.0	5.0	64.8	3.2	90.5	4.5	94.3	5.0	55	2.8	81.8	4.1	79.19	23
Pallisa	86.7	4.3	107.8	5.0	82.4	4.1	53.0	5.3	50.3	2.5	72.4	7.2	46.8	2.3	82.0	4.1	87.1	8.7	3.0	8.9	100.0	5.0	79.2	4.0	91.1	4.6	141.6	5.0	78	3.9	83.3	4.2	79.12	24
Sironko	87.8	4.4	118.3	5.0	118.1	5.0	54.2	5.4	56.5	2.8	83.8	8.4	59.4	3.0	98.2	4.9	80.3	8.0	4.0	8.5	100.0	5.0	97.2	4.9	92.7	4.6	99.5	5.0	50	2.5	33.3	1.7	79.11	25
Ibanda	50.3	2.5	93.7	4.7	189.8	5.0	61.4	6.1	55.9	2.8	67.7	6.8	92.5	4.6	69.0	3.5	85.6	8.6	8.5	6.9	100.0	5.0	95.4	4.8	83.3	4.2	113.3	5.0	94	4.7	81.1	4.1	79.09	26
Sheema	58.9	2.9	87.2	4.4	244.4	5.0	53.7	5.4	49.9	2.5	87.2	8.7	31.7	1.6	58.0	2.9	87.7	8.8	1.1	9.6	100.0	5.0	99.0	4.9	99.2	5.0	80.6	5.0	63	3.2	72.1	3.6	78.39	27
Oyam	73.9	3.7	95.8	4.8	225.2	5.0	69.6	7.0	68.0	3.4	75.7	7.6	43.8	2.2	90.4	4.5	83.3	8.3	10.0	6.3	100.0	5.0	91.5	4.6	85.3	4.3	90.8	5.0	53	2.7	68.8	3.4	77.69	28

Local Government	Approved posts in public health facilities filled (%)	DPT ³ Coverage (%)	TB Case Notification Rate/100,000	IPT3 Coverage (%)	NC 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/CCM quarterly reports rate (%)	% of under 5 delivered in the last 6 months	LG PA Score (%)	Average SPARS Scores (%)	Total Score	Ranking																
																			Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)
																			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Bududa	87.1	4.4	104.2	5.0	96.7	4.8	50.6	5.1	53.0	2.6	73.6	7.4	58.7	2.9	77.8	3.9	76.4	7.6	1.2	9.6	100.0	5.0	81.3	4.1	100	5.0	109.7	5.0	63	3.2	42.1	2.1	77.61	29
Luwero	90.9	4.5	114.0	5.0	225.0	5.0	47.4	4.7	55.4	2.8	85.7	8.6	44.5	2.2	90.9	4.5	91.7	9.2	7.5	7.2	100.0	5.0	49.7	2.5	97.7	4.9	94.3	5.0	65	3.3	64.0	3.2	77.60	30
Bukwo	57.5	2.9	95.6	4.8	114.4	5.0	45.0	4.5	44.2	2.2	65.8	6.6	109.7	5.0	83.9	4.2	67.0	6.7	-5.1	10.0	100.0	5.0	100.0	5.0	100	5.0	209.0	5.0	46	2.3	52.1	2.6	76.75	31
Apac	86.9	4.3	101.6	5.0	342.5	5.0	39.3	3.9	55.9	2.8	65.8	6.6	44.8	2.2	97.6	4.9	88.3	8.8	10.2	6.2	100.0	5.0	89.4	4.5	100	5.0	73.3	5.0	51	2.6	95.2	4.8	76.62	32
Abim	77.1	3.9	101.6	5.0	145.0	5.0	53.3	5.3	62.6	3.1	76.6	7.7	54.8	2.7	82.7	4.1	78.7	7.9	4.6	8.3	100.0	5.0	100.0	5.0	95.4	4.8	119.3	5.0	58	2.9	17.9	0.9	76.58	33
Kaberaimaido	98.1	4.9	125.6	5.0	119.0	5.0	37.0	3.7	60.4	3.0	68.5	6.9	52.2	2.6	80.2	4.0	81.9	8.2	7.5	7.2	100.0	5.0	75.9	3.8	79.6	4.0	90.0	5.0	69	3.5	92.9	4.6	76.38	34
Kapchorwa	81.0	4.1	96.5	4.8	198.7	5.0	49.3	4.9	45.0	2.2	92.8	9.3	49.9	2.5	86.0	4.3	75.8	7.6	5.4	8.0	100.0	5.0	93.7	4.7	84.2	4.2	102.5	5.0	57	2.9	32.0	1.6	76.06	35
Arua City	88.7	4.4	99.9	5.0	300.0	5.0	53.8	5.4	48.1	2.4	82.3	8.2	38.7	1.9	89.2	4.5	84.7	8.5	-16.4	10.0	100.0	5.0	14.6	0.7	89.3	4.5	83.9	5.0	21	1.1	90.0	4.5	76.05	36
Rukungiri	63.7	3.2	90.8	4.5	230.4	5.0	59.4	5.9	62.1	3.1	86.6	8.7	38.7	1.9	72.5	3.6	92.1	9.2	-2.0	10.0	100.0	5.0	100.0	5.0	0	0.0	84.5	5.0	57	2.9	59.3	3.0	76.02	37
Busia	51.1	2.6	98.9	4.9	138.9	5.0	59.2	5.9	56.6	2.8	88.2	8.8	41.2	2.1	85.8	4.3	87.9	8.8	1.9	9.3	93.8	4.7	53.1	2.7	100	5.0	101.1	5.0	49	2.5	33.3	1.7	75.97	38
Koboko	56.2	2.8	86.1	4.3	145.4	5.0	60.3	6.0	60.3	3.0	65.8	6.6	45.2	2.3	79.0	3.9	83.0	8.3	-5.2	10.0	100.0	5.0	73.4	3.7	100	5.0	384.1	5.0	41	2.1	60.0	3.0	75.96	39
Mbale City	85.7	4.3	92.4	4.6	328.6	5.0	66.9	6.7	62.0	3.1	104.4	10.0	28.8	1.4	100.7	5.0	84.8	8.5	10.7	6.0	87.3	4.4	69.7	3.5	100	5.0	75.9	5.0	37	1.9	31.6	1.6	75.95	40
Amuru	98.1	4.9	102.9	5.0	126.5	5.0	49.7	5.0	55.5	2.8	59.5	5.9	28.5	1.4	106.3	5.0	75.6	7.6	14.8	4.5	100.0	5.0	106.2	5.0	100	5.0	70.4	5.0	80	4.0	95.2	4.8	75.86	41
Kotido	49.0	2.5	97.0	4.8	329.5	5.0	60.4	6.0	57.5	2.9	69.8	7.0	60.0	3.0	81.6	4.1	81.2	8.1	2.2	9.2	175.0	5.0	77.2	3.9	82	4.1	140.8	5.0	48	2.4	53.8	2.7	75.62	42
Namayingo	50.6	2.5	117.5	5.0	126.9	5.0	58.6	6.0	51.3	2.6	57.4	5.7	40.3	2.0	110.4	5.0	82.0	8.2	11.4	5.8	100.0	5.0	78.0	3.9	100	5.0	80.4	5.0	93	4.7	84.2	4.2	75.53	43
Otuke	76.3	3.8	93.8	4.7	348.6	5.0	51.2	5.1	53.0	2.6	53.6	5.4	85.9	4.3	91.0	4.5	81.0	8.1	4.0	8.5	100.0	5.0	88.5	4.4	100	5.0	156.9	5.0	24	1.2	50.0	2.5	75.24	44
Dokolo	85.5	4.3	86.7	4.3	103.5	5.0	71.6	7.2	65.9	3.3	66.8	6.6	45.4	2.3	88.1	4.4	76.8	7.7	13.5	5.0	100.0	5.0	81.8	4.1	100	5.0	99.9	5.0	33	1.7	87.5	4.4	75.12	45
Bunyanyabu	86.4	4.3	102.1	5.0	224.0	5.0	52.1	5.2	49.0	2.5	81.2	8.1	58.9	2.9	82.8	4.1	84.1	8.4	-5.7	10.0	100.0	5.0	59.3	3.0	78.9	3.9	112.8	5.0	45	2.3	6.1	0.3	75.07	46
Iganga	83.6	4.2	104.5	5.0	229.2	5.0	48.3	4.8	59.1	3.0	91.1	9.1	29.3	1.5	105.0	5.0	87.1	8.7	15.0	4.5	95.2	4.8	97.5	4.9	61	3.1	80.0	5.0	71	3.6	61.5	3.1	75.02	47
Nabielatuk	55.4	2.8	100.0	5.0	302.4	5.0	75.1	7.5	83.0	4.1	63.5	6.3	94.0	4.7	96.6	4.8	61.8	6.2	-0.4	10.0	100.0	5.0	100.0	5.0	0	0.0	113.8	5.0	33	1.7	35.5	1.8	74.91	48
Kole	86.8	4.3	101.8	5.0	128.6	5.0	49.9	5.0	49.3	2.5	57.0	5.7	26.6	1.3	77.4	3.9	80.7	8.1	2.7	9.0	100.0	5.0	70.0	3.5	100	5.0	83.5	5.0	39	2.0	92.3	4.6	74.85	49
Maracha	73.0	3.7	81.2	4.1	164.9	5.0	50.5	5.0	54.2	2.7	60.1	6.0	45.3	2.3	86.1	4.3	73.3	7.3	5.2	8.1	100.0	5.0	91.1	4.6	90.3	4.5	64.5	5.0	57	2.9	88.9	4.4	74.80	50
Pader	59.2	3.0	103.2	5.0	142.7	5.0	47.7	4.8	55.7	2.8	60.8	6.1	37.8	1.9	100.8	5.0	83.0	8.3	0.1	9.9	100.0	5.0	93.9	4.7	100	5.0	80.9	5.0	28	1.4	38.9	1.9	74.77	51
Kanungu	76.7	3.8	93.0	4.6	152.7	5.0	46.6	4.7	52.3	2.6	64.9	6.5	51.5	2.6	69.6	3.5	89.3	8.9	6.5	7.6	87.5	4.4	100.6	5.0	100	5.0	92.9	5.0	61	3.1	50.0	2.5	74.74	52
Zombo	81.0	4.1	92.3	4.6	194.1	5.0	43.2	4.3	53.4	2.7	62.2	6.2	51.5	2.6	87.1	4.4	88.0	8.8	0.5	9.8	100.0	5.0	79.3	4.0	73	3.7	122.7	5.0	30	1.5	64.0	3.2	74.72	53
Kitaviwenda	87.3	4.4	105.9	5.0	151.7	5.0	36.1	3.6	44.9	2.2	59.1	5.9	84.3	4.2	88.0	4.4	81.4	8.1	1.4	9.5	100.0	5.0	38.1	1.9	93.8	4.7	174.2	5.0	31	1.6	83.3	4.2	74.67	54
Masaka	142.0	7.1	97.5	4.9	171.6	5.0	55.5	5.6	54.2	2.7	40.8	4.1	50.9	2.5	70.1	3.5	86.4	8.6	2.7	9.0	100.0	5.0	100.0	5.0	0	0.0	114.4	5.0	59	3.0	73.3	3.7	74.63	55
Kibaale	96.8	4.8	89.3	4.5	177.2	5.0	41.4	4.1	41.1	2.1	53.0	5.3	87.8	4.4	87.2	4.4	90.8	9.1	10.6	6.1	100.0	5.0	49.6	2.5	100	5.0	106.3	5.0	63	3.2	83.3	4.2	74.51	56
Mitooma	61.9	3.1	107.2	5.0	186.0	5.0	56.5	5.7	57.9	2.9	73.0	7.3	38.3	1.9	67.5	3.4	82.3	8.2	10.5	6.1	100.0	5.0	64.0	3.2	100	5.0	81.5	5.0	74	3.7	77.8	3.9	74.35	57
Hoima City	60.3	3.0	102.2	5.0	507.0	5.0	61.2	6.1	53.0	2.7	142.8	10.0	27.1	1.4	101.1	5.0	84.0	8.4	0.7	9.7	94.8	4.7	21.0	1.0	73.1	3.7	95.7	5.0	16	0.8	51.9	2.6	74.11	58
Lyantonde	89.0	4.5	92.1	4.6	292.6	5.0	60.9	6.1	51.4	2.6	77.5	7.7	48.4	2.4	91.1	4.6	94.8	9.5	19.4	2.8	100.0	5.0	86.8	4.3	100	5.0	133.0	5.0	44	2.2	56.7	2.8	74.11	59
Kyotera	80.2	4.0	97.6	4.9	214.3	5.0	54.1	5.4	46.3	2.3	77.2	7.7	49.4	2.5	63.9	3.2	87.8	8.8	8.4	6.9	100.0	5.0	41.8	2.1	100	5.0	116.6	5.0	35	1.8	89.5	4.5	73.98	60
Amuria	55.2	2.8	113.6	5.0	100.2	5.0	63.2	6.3	50.8	2.5	81.9	8.2	36.4	1.8	101.2	5.0	80.9	8.1	-2.2	10.0	100.0	5.0	29.4	1.5	33.3	1.7	85.5	5.0	55	2.8	61.5	3.1	73.68	61
Kasese	39.8	2.0	97.8	4.9	129.6	5.0	46.0	4.6	53.6	2.7	73.4	7.3	31.4	1.6	72.1	3.6	86.7	8.7	-11.9	10.0	100.0	5.0	46.3	2.3	100	5.0	85.1	5.0	60	3.0	57.9	2.9	73.56	62

Local Government	Approved posts in public health facilities filled (%)	DPT ³ Coverage	TB Case Notification Rate/100,000	IPT3 Coverage (%)	NC 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/CCM quarterly reports rate (%)	% of under 5 dewormed in the last 6 months	LG PA Score (%)	Average SPARS Scores (%)	Total Score	Ranking																
																			Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	
																			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Butambala	65.5	3.3	100.3	5.0	317.4	5.0	49.3	4.9	396.6	2.0	136.6	10.0	75.0	3.7	82.1	4.1	92.3	9.2	8.5	6.9	75.0	3.8	9.9	0.5	100	5.0	149.5	5.0	69	3.5	33.3	1.7	73.49	63
Kiryandongo	67.8	3.4	80.7	4.0	154.3	5.0	38.9	3.9	423.2	2.1	54.2	5.4	78.4	3.9	78.4	3.9	84.7	8.5	5.6	7.9	100.0	5.0	55.8	2.8	100	5.0	113.7	5.0	51	2.6	100.0	5.0	73.41	64
Kyenjojo	91.0	4.6	82.5	4.1	214.2	5.0	50.0	5.0	410.2	2.1	63.0	6.3	43.4	2.2	76.9	3.8	85.3	8.5	0.6	9.8	44.4	2.2	35.3	1.8	100	5.0	90.8	5.0	65	3.3	91.7	4.6	73.18	65
Adjumani	90.5	4.5	72.6	3.6	122.5	5.0	44.1	4.4	444.9	2.2	54.1	5.4	70.2	3.5	57.7	2.9	84.5	8.5	5.9	7.8	100.0	5.0	55.7	2.8	100	5.0	101.1	5.0	69	3.5	81.0	4.0	73.17	66
Namisisindwa	66.0	3.3	153.9	5.0	136.3	5.0	47.3	4.7	550.2	2.8	96.3	9.6	338.1	1.7	97.8	4.9	83.4	8.3	-8.4	10.0	100.0	5.0	23.4	1.2	93.8	4.7	113.3	5.0	29	1.5	4.5	0.2	72.87	67
Kisoro	83.1	4.2	78.5	3.9	82.8	4.1	45.0	4.5	394.2	2.0	65.0	6.5	54.8	2.7	75.4	3.8	85.9	8.6	-6.9	10.0	100.0	5.0	96.8	4.8	44.4	2.2	100.8	5.0	68	3.4	41.5	2.1	72.83	68
Rubirizi	55.7	2.8	94.7	4.7	202.0	5.0	63.7	6.4	82.7	4.1	51.4	5.1	37.0	1.8	66.5	3.3	79.2	7.9	9.3	6.6	100.0	5.0	100.0	5.0	99.2	5.0	68.7	5.0	63	3.2	37.5	1.9	72.80	69
Moyo	95.3	4.8	62.5	3.1	171.0	5.0	42.6	4.3	42.7	2.1	63.0	6.3	56.9	2.8	54.1	2.7	91.8	9.2	0.2	9.9	100.0	5.0	58.3	2.9	100	5.0	76.1	5.0	46	2.3	46.3	2.3	72.76	70
Napak	59.7	3.0	105.5	5.0	392.9	5.0	57.0	5.7	60.9	3.0	75.0	7.5	107.4	5.0	91.2	4.6	78.5	7.9	7.6	7.2	100.0	5.0	80.6	4.0	3.1	0.2	181.4	5.0	47	2.4	48.0	2.4	72.75	71
Kumi	60.9	3.0	94.4	4.7	87.2	4.4	52.3	5.2	50.9	2.5	70.4	7.0	27.6	1.4	79.9	4.0	76.7	7.7	-2.1	10.0	100.0	5.0	66.0	3.3	98.2	4.9	73.7	5.0	80	4.0	7.0	0.3	72.54	72
Kazo	63.8	3.2	89.2	4.5	118.6	5.0	48.9	4.9	45.6	2.3	44.7	4.5	50.2	2.5	52.6	2.6	74.3	7.4	-1.2	10.0	100.0	5.0	52.0	2.6	100	5.0	77.3	5.0	71	3.6	86.7	4.3	72.35	73
Kailungu	72.8	3.6	88.0	4.4	230.4	5.0	36.2	3.6	48.1	2.4	97.5	9.7	70.7	3.5	78.3	3.9	90.9	9.1	15.0	4.4	100.0	5.0	7.9	0.4	100	5.0	93.1	5.0	51	2.6	90.5	4.5	72.25	74
Kaliro	94.1	4.7	102.8	5.0	138.4	5.0	34.9	3.5	40.0	2.0	46.8	4.7	54.8	2.7	82.0	4.1	79.5	8.0	7.4	7.3	100.0	5.0	66.2	3.3	95.3	4.8	82.6	5.0	79	4.0	63.6	3.2	72.14	75
Kassanda	79.3	4.0	101.4	5.0	226.9	5.0	27.5	2.8	54.5	2.7	69.9	7.0	40.9	2.0	80.7	4.0	93.8	9.4	-27.5	10.0	50.0	2.5	8.2	0.4	90	4.5	76.2	5.0	65	3.3	90.3	4.5	72.06	76
Kamwenge	56.3	2.8	78.4	3.9	125.7	5.0	46.9	4.7	51.5	2.6	61.0	6.1	62.9	3.1	72.4	3.6	85.1	8.5	-21.8	10.0	57.1	2.9	32.0	1.6	100	5.0	73.8	5.0	77	3.9	60.0	3.0	71.67	77
Alelthong	59.0	3.0	96.9	4.8	188.3	5.0	47.2	4.7	57.1	2.9	57.1	5.7	50.0	2.5	80.3	4.0	75.9	7.6	3.1	8.8	100.0	5.0	84.2	4.2	92	4.6	100.1	5.0	32	1.6	35.0	1.8	71.19	78
Lamwo	77.9	3.9	67.8	3.4	111.6	5.0	46.6	4.7	56.0	2.8	54.9	5.5	39.1	2.0	75.3	3.8	84.2	8.4	5.4	8.0	100.0	5.0	85.1	4.3	100	5.0	67.7	5.0	22	1.1	68.4	3.4	71.15	79
Bukwe	75.4	3.8	86.7	4.3	179.1	5.0	58.2	5.8	50.7	2.5	62.3	6.2	37.5	1.9	82.7	4.1	90.4	9.0	9.7	6.4	85.7	4.3	45.1	2.3	71.9	3.6	69.0	5.0	67	3.4	68.4	3.4	71.01	80
Bugweri	66.4	3.3	91.7	4.6	104.1	5.0	38.5	3.8	48.9	2.4	58.2	5.9	54.8	2.7	80.7	4.0	80.9	8.1	13.8	4.9	100.0	5.0	101.7	5.0	88.2	4.4	49.4	5.0	54	2.7	78.9	3.9	70.93	81
Omoroti	72.8	3.6	97.4	4.9	148.8	5.0	53.1	5.3	56.4	2.8	58.2	5.8	36.8	1.8	87.3	4.4	80.1	8.0	6.0	7.8	100.0	5.0	73.0	3.7	100	5.0	100.9	5.0	31	1.6	25.0	1.3	70.89	82
Kitigum	85.6	4.3	80.3	4.0	267.9	5.0	50.8	5.1	56.0	2.8	76.5	7.6	22.4	1.1	85.3	4.3	84.3	8.4	13.1	5.2	100.0	5.0	100.0	5.0	56	2.8	78.0	5.0	35	1.8	70.8	3.5	70.89	83
Kibuku	83.0	4.2	83.8	4.2	81.2	4.1	45.3	4.5	52.1	2.6	65.6	6.6	20.8	1.0	89.2	4.5	87.1	8.7	10.7	6.0	100.0	5.0	85.0	4.3	62.9	3.1	83.3	5.0	75	3.8	64.9	3.2	70.74	84
Tororo	67.5	3.4	81.0	4.0	190.1	5.0	59.2	5.9	48.5	2.4	71.4	7.1	38.7	1.9	83.8	4.2	87.5	8.7	12.0	5.6	100.0	5.0	75.3	3.8	62.7	3.1	85.1	5.0	48	2.4	60.0	3.0	70.64	85
Kaabong	53.2	2.7	93.2	4.7	386.2	5.0	53.5	5.3	53.8	2.7	78.5	7.9	87.5	4.4	81.3	4.1	63.7	6.4	11.1	5.9	100.0	5.0	91.5	4.6	11.2	0.6	120.7	5.0	44	2.2	82.4	4.1	70.36	86
Ngora	69.7	3.5	108.0	5.0	71.2	3.6	55.8	5.6	44.4	2.2	69.2	6.9	127.0	5.0	79.4	4.0	82.5	8.2	14.7	4.6	100.0	5.0	41.8	2.1	73.6	3.7	106.7	5.0	56	2.8	63.2	3.2	70.28	87
Buhweju	67.9	3.4	90.2	4.5	176.5	5.0	47.8	4.8	42.1	2.1	43.2	4.3	57.0	2.9	60.3	3.0	83.3	8.3	2.7	9.0	100.0	5.0	100.0	5.0	66.1	3.3	80.0	5.0	24	1.2	66.7	3.3	70.13	88
Ntungamo	65.2	3.3	78.8	3.9	153.9	5.0	43.5	4.3	41.0	2.1	65.6	6.6	39.4	2.0	62.6	3.1	84.8	8.5	4.9	8.2	100.0	5.0	49.4	2.5	92.1	4.6	55.9	5.0	47	2.4	75.0	3.8	70.10	89
Pakwach	58.9	2.9	94.3	4.7	190.9	5.0	33.7	3.4	55.2	2.8	62.6	6.3	53.1	2.7	85.5	4.3	79.8	8.0	6.8	7.5	100.0	5.0	63.8	3.2	65.2	3.3	125.3	5.0	49	2.5	74.1	3.7	70.04	90
Kyankwanzhi	88.7	4.4	76.1	3.8	157.5	5.0	35.0	3.5	34.6	1.7	40.8	4.1	43.6	2.2	72.5	3.6	92.0	9.2	2.2	9.2	100.0	5.0	39.0	1.9	100	5.0	89.4	5.0	67	3.4	59.1	3.0	70.01	91
Luuka	63.0	3.2	97.0	4.8	135.3	5.0	41.8	4.2	40.5	2.0	40.6	4.1	50.5	2.5	74.3	3.7	82.1	8.2	6.8	7.5	100.0	5.0	54.7	2.7	100	5.0	106.0	5.0	63	3.2	77.8	3.9	69.98	92
Lira	68.0	3.4	110.7	5.0	186.0	5.0	46.5	4.7	44.2	2.2	46.2	4.6	92.0	4.6	71.5	3.6	78.1	7.8	14.0	4.8	100.0	5.0	94.9	4.7	100	5.0	187.4	5.0	49	2.5	41.2	2.1	69.93	93
Gulu	81.0	4.1	88.2	4.4	122.0	5.0	41.7	4.2	45.4	2.3	49.4	4.9	21.7	1.1	74.1	3.7	76.2	7.6	-1.3	10.0	100.0	5.0	103.8	5.0	65	3.3	62.7	5.0	49	2.5	38.9	1.9	69.89	94
Anudat	45.9	2.3	94.1	4.7	213.3	5.0	49.1	4.9	38.0	1.9	47.9	4.8	115.4	5.0	90.2	4.5	73.1	7.3	6.4	7.6	100.0	5.0	56.9	2.8	100	5.0	132.4	5.0	25	1.3	53.1	2.7	69.82	95
Karenga	80.6	4.0	84.1	4.2	272.2	5.0	46.4	4.6	43.7	2.2	67.5	6.7	57.0	2.8	67.0	3.3	53.0	5.3	0.0	10.0	100.0	5.0	56.8	2.8	51.7	2.6	146.7	5.0	53	2.7	67.2	3.4	69.73	96
Kayunga	82.1	4.1	92.2	4.6	127.4	5.0	54.0	5.4	44.7	2.2	70.5	7.1	44.9	2.2	91.4	4.6	88.3	8.8	19.6	2.8	100.0	5.0	64.7	3.2	74.3	3.7	87.9	5.0	87	4.4	23.1	1.2	69.25	97

Local Government	Approved posts in public health facilities filled (%)	DPT ³ Coverage (%)	TB Case Notification Rate/100,000	IPT3 Coverage (%)	NC4 Coverage (%)	Health Facility Deliveries (%)	Under-five Vitamin A and 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/CCM quarterly reports rate (%)	% of under 5 delivered in the last 6 months	LGA PA Score (%)	Average SPARS Scores (%)	Total Score	Ranking																
																			Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)	Score (5)				
																			%	%	%	%	%	%	%	%	%	%	%	%	%	%		
Terego	70.9	3.5	92.9	4.6	186.3	5.0	46.8	4.7	48.6	2.4	52.3	5.2	50.4	2.5	73.7	3.7	77.5	7.7	2.8	9.0	100.0	5.0	28.7	1.4	100	5.0	113.6	5.0	27	1.4	58.1	2.9	69.13	98
Kamuli	90.6	4.5	107.6	5.0	127.8	5.0	40.0	4.0	49.9	2.5	65.7	6.6	34.2	1.7	90.6	4.5	81.6	8.2	9.0	6.7	95.2	4.8	75.7	3.8	43.6	2.2	74.7	5.0	75	3.8	19.2	1.0	69.12	99
Bugiri	59.6	3.0	95.5	4.8	80.9	4.0	50.1	5.0	40.5	2.0	52.6	5.3	52.4	2.6	82.0	4.1	90.5	9.0	11.2	5.8	100.0	5.0	68.8	3.4	28.1	1.4	64.7	5.0	84	4.2	85.7	4.3	69.04	100
Bulambuli	64.9	3.2	98.4	4.9	171.6	5.0	39.0	3.9	40.6	2.0	59.5	6.0	51.9	2.6	62.1	3.1	78.6	7.9	4.3	8.4	100.0	5.0	80.4	4.0	100	5.0	97.7	5.0	40	2.0	18.2	0.9	68.93	101
Sererere	66.5	3.3	85.7	4.3	110.0	5.0	38.7	3.9	37.2	1.9	63.4	6.3	31.2	1.6	82.4	4.1	79.1	7.9	9.4	6.5	100.0	5.0	64.1	3.2	100	5.0	79.5	5.0	48	2.4	70.4	3.5	68.92	102
Mityana	74.8	3.7	87.5	4.4	275.1	5.0	43.8	4.4	48.8	2.4	73.5	7.3	54.0	2.7	78.4	3.9	95.1	9.5	9.5	6.5	127.3	5.0	67.2	3.4	23.2	1.2	85.5	5.0	73	3.7	15.8	0.8	68.84	103
Kagadi	70.7	3.5	111.1	5.0	222.5	5.0	27.5	2.7	43.5	2.2	58.8	5.9	42.4	2.1	86.2	4.3	89.6	9.0	13.4	5.1	100.0	5.0	41.4	2.1	100	5.0	96.7	5.0	46	2.3	93.3	4.7	68.81	104
Kabarole	98.1	4.9	75.5	3.8	111.3	5.0	39.5	3.9	38.6	1.9	38.3	3.8	59.8	3.0	64.6	3.2	85.6	8.6	12.4	5.4	100.0	5.0	73.9	3.7	100	5.0	110.0	5.0	63	3.2	67.7	3.4	68.81	105
Mayuge	80.2	4.0	91.8	4.6	92.5	4.6	45.0	4.5	41.2	2.1	45.1	4.5	37.1	1.9	84.6	4.2	79.5	7.9	13.4	5.0	85.7	4.3	93.4	4.7	100	5.0	58.5	5.0	86	4.3	43.8	2.2	68.80	106
Mubende	90.7	4.5	95.4	4.8	145.7	5.0	43.0	4.3	47.3	2.4	54.8	5.5	57.9	2.9	74.4	3.7	94.3	9.4	8.7	6.8	92.9	4.6	9.5	0.5	96	4.8	89.5	5.0	62	3.1	25.0	1.3	68.54	107
Gomiba	62.9	3.1	89.5	4.5	181.4	5.0	47.1	4.7	45.6	2.3	48.0	4.8	66.2	3.3	82.6	4.1	87.8	8.8	10.6	6.1	100.0	5.0	0.0	0.0	83.6	4.2	83.3	5.0	61	3.1	86.4	4.3	68.26	108
Jimja	91.0	4.6	74.0	3.7	113.8	5.0	49.6	5.0	49.2	2.5	55.3	5.5	48.5	2.4	80.7	4.0	85.4	8.5	18.0	3.3	50.0	2.5	61.9	3.1	99.5	5.0	104.8	5.0	66	3.3	95.5	4.8	68.19	109
Mpigi	76.4	3.8	85.2	4.3	240.7	5.0	54.7	5.5	51.5	2.6	68.0	6.8	30.9	1.5	84.3	4.2	92.7	9.3	15.1	4.4	100.0	5.0	18.6	0.9	98.3	4.9	60.8	5.0	48	2.4	42.9	2.1	67.76	110
Nakaseke	86.2	4.3	113.9	5.0	196.9	5.0	48.1	4.8	43.8	2.2	70.6	7.1	25.4	1.3	82.6	4.1	95.2	9.5	18.8	3.0	50.0	2.5	19.3	1.0	100	5.0	62.1	5.0	76	3.8	77.3	3.9	67.45	111
Bukedea	77.2	3.9	89.6	4.5	60.3	3.0	40.7	4.1	44.5	2.2	59.3	5.9	30.2	1.5	87.6	4.4	81.9	8.2	0.9	9.7	100.0	5.0	3.7	0.2	100	5.0	66.5	5.0	43	2.2	52.8	2.6	67.32	112
Masaka City	64.5	3.2	100.2	5.0	320.8	5.0	36.3	3.6	56.2	2.8	109.3	10.0	19.3	1.0	81.7	4.1	90.8	9.1	8.0	7.0	89.7	4.5	11.3	0.6	90.6	4.5	53.7	5.0	24	1.2	12.7	0.6	67.24	113
Yumbe	62.1	3.1	106.9	5.0	105.0	5.0	41.3	4.1	38.9	1.9	52.9	5.3	91.5	4.6	56.5	2.8	81.0	8.1	6.1	7.7	90.0	4.5	46.6	2.3	89.1	3.5	136.3	5.0	51	2.6	29.2	1.5	66.99	114
Mukono	59.6	3.0	94.6	4.7	216.5	5.0	54.1	5.4	49.3	2.5	69.1	6.9	26.3	1.3	90.5	4.5	88.9	8.9	8.0	7.0	76.5	3.8	33.8	1.7	79.2	4.0	73.4	5.0	52	2.6	6.7	0.3	66.68	115
Ntoroko	90.2	4.5	72.9	3.6	237.9	5.0	63.9	6.4	53.1	2.7	64.2	6.4	37.0	1.8	95.7	4.8	83.0	8.3	15.3	4.3	100.0	5.0	85.0	4.3	0	0.0	54.3	5.0	32	1.6	58.3	2.9	66.64	116
Kakumiro	44.7	2.2	72.5	3.6	150.9	5.0	43.5	4.4	35.3	1.8	50.6	5.1	40.3	2.0	67.4	3.4	90.2	9.0	-7.9	10.0	100.0	5.0	45.7	2.3	76.2	3.8	64.7	5.0	51	2.6	14.3	0.7	65.79	117
Namutumba	55.4	2.8	90.8	4.5	86.8	4.3	34.9	3.5	34.2	1.7	43.4	4.3	75.7	3.8	75.4	3.8	83.3	8.3	13.3	5.1	100.0	5.0	100.0	5.0	9.8	0.5	86.2	5.0	76	3.8	78.9	3.9	65.57	118
Mbarara	59.0	3.0	74.3	3.7	183.5	5.0	44.9	4.5	38.7	1.9	43.8	4.4	39.1	2.0	46.1	2.3	94.8	9.5	12.4	5.4	100.0	5.0	96.9	4.8	91.7	4.6	63.7	5.0	79	4.0	3.8	0.2	65.19	119
Nakasongola	89.8	4.5	76.7	3.8	158.1	5.0	45.5	4.5	44.3	2.2	62.6	6.3	27.4	1.4	74.8	3.7	82.8	8.3	12.0	5.5	0.0	5.0	2.4	0.1	95	4.8	62.2	5.0	46	2.3	48.1	2.4	64.85	120
Rwampara	65.3	3.3	96.4	4.8	363.8	5.0	38.6	3.9	39.7	2.0	38.3	3.8	33.8	1.7	55.1	2.8	92.0	9.2	5.1	8.1	100.0	5.0	71.4	3.6	47.5	2.4	75.8	5.0	60	3.0	22.7	1.1	64.62	121
Hoima	59.0	3.0	76.5	3.8	246.9	5.0	48.0	4.8	48.5	2.4	43.0	4.3	45.5	2.3	85.6	4.3	89.0	8.9	17.3	3.6	100.0	5.0	35.0	1.8	100	5.0	69.5	5.0	45	2.3	63.6	3.2	64.51	122
Kalaki	80.2	4.0	70.3	3.5	132.6	5.0	51.1	5.1	43.1	2.2	52.6	5.3	49.2	2.5	70.4	3.5	87.6	8.8	21.3	2.1	0.0	5.0	92.8	4.6	0	0.0	62.8	5.0	63	3.2	88.2	4.4	64.12	123
Butebo	97.9	4.9	86.3	4.3	205.3	5.0	50.3	5.0	48.2	2.4	69.0	6.9	20.4	1.0	106.0	5.0	85.1	8.5	18.8	3.0	100.0	5.0	31.0	1.6	19.8	1.0	47.8	5.0	37	1.9	72.2	3.6	64.11	124
Buyende	64.9	3.2	123.4	5.0	101.2	5.0	44.2	4.4	57.2	2.9	62.7	6.3	44.3	2.2	92.0	4.6	80.4	8.0	17.8	3.4	100.0	5.0	60.3	3.0	23.7	1.2	86.3	5.0	62	3.1	35.0	1.8	64.10	125
Obongi	86.8	4.3	63.5	3.2	129.8	5.0	37.4	3.7	39.4	2.0	39.8	4.0	50.7	2.5	49.5	2.5	94.1	9.4	-36.1	10.0	100.0	5.0	9.1	0.5	1.7	0.1	68.7	5.0	52	2.6	83.3	4.2	63.93	126
Kiangala	74.5	3.7	76.9	3.8	578.5	5.0	47.7	4.8	40.0	2.0	38.0	3.8	41.1	2.1	69.3	3.5	83.5	8.4	9.1	6.6	100.0	5.0	2.9	0.1	90.8	4.5	61.1	5.0	25	1.3	75.0	3.8	63.33	127
Kyegonga	65.7	3.3	77.9	3.9	120.9	5.0	31.3	3.1	41.7	2.1	56.1	5.5	40.9	2.0	74.6	3.7	82.3	8.2	5.7	7.9	100.0	5.0	16.0	0.8	17.9	0.9	66.4	5.0	45	2.3	90.9	4.5	63.29	128
Kapelebyong	59.7	3.0	101.7	5.0	236.4	5.0	46.3	4.6	45.3	2.3	62.5	6.3	19.7	1.0	101.1	5.0	77.3	7.7	16.6	3.9	100.0	5.0	12.5	0.6	38.8	1.9	45.7	5.0	49	2.5	88.9	4.4	63.18	129
Buvuma	76.7	3.8	75.6	3.8	339.2	5.0	28.0	2.8	22.6	1.1	37.5	3.8	17.0	0.9	57.3	2.9	84.4	8.4	19.1	2.9	100.0	5.0	95.2	4.8	100	5.0	38.7	5.0	51	2.6	100.0	5.0	62.70	130
Nakapiririt	66.7	3.3	77.6	3.9	324.7	5.0	41.0	4.1	36.1	1.8	50.7	5.1	33.2	1.7	75.8	3.8	67.6	6.8	17.2	3.6	100.0	5.0	65.6	3.3	83.2	4.7	97.7	5.0	49	2.5	57.1	2.9	62.28	131

Local Government	Approved posts in public health facilities filled (%)	DPT ³ Coverage	TB Case Notification Rate/100,000	PFT3 Coverage (%)	NC 4 Coverage (%)	Health Facility Deliveries (%)	Under-five Vitamin A and 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/CCM quarterly reports rate (%)	% of under 5 developed in the last 6 months	LG PA Score (%)	Average SPARS Scores (%)	Total Score	Ranking																
	Score (5)	%	Score (5)	%	Score (5)	%	Score (5)	%	Score (5)	%	Score (5)	%	Score (5)	%	Score (5)	%	Score (5)	%																
Arua	103.0	5.2	72.5	3.6	111.6	5.0	47.4	4.7	43.4	2.2	47.1	4.7	23.7	1.2	79.3	4.0	78.2	7.8	18.7	3.1	100.0	5.0	54.8	2.7	85.3	4.3	59.4	5.0	37	1.9	32.1	1.6	61.91	132
Bulisa	58.0	2.9	72.8	3.6	148.3	5.0	12.6	1.3	46.5	2.3	48.7	4.9	34.4	1.7	85.7	4.3	87.2	8.7	18.8	3.0	100.0	5.0	85.1	4.3	100	5.0	89.4	5.0	39	2.0	56.5	2.8	61.80	133
Masindi	79.6	4.0	71.5	3.6	258.1	5.0	41.1	4.1	51.1	2.6	60.0	6.0	59.4	3.0	84.4	4.2	89.5	8.9	19.1	2.9	200.0	5.0	52.8	2.6	0	0.0	76.4	5.0	35	1.8	61.4	3.1	61.76	134
Isingiro	60.9	3.0	64.8	3.2	114.1	5.0	34.3	3.4	37.1	1.9	47.3	4.7	46.2	2.3	55.3	2.8	84.5	8.4	11.6	5.7	80.0	4.0	67.9	3.4	62.2	3.1	87.9	5.0	94	4.7	16.2	0.8	61.54	135
Kikuube	57.0	2.9	69.4	3.5	213.4	5.0	36.0	3.6	39.2	2.0	49.7	5.0	34.2	1.7	70.9	3.5	85.3	8.5	5.2	8.1	100.0	5.0	27.8	1.4	72.6	3.6	63.8	5.0	27	1.4	15.8	0.8	60.88	136
Moroto	58.0	2.9	88.2	4.4	658.0	5.0	36.5	3.6	44.2	2.2	55.0	5.5	84.8	4.2	82.9	4.1	84.2	8.4	18.1	3.3	100.0	5.0	86.1	4.3	9	0.5	103.8	5.0	26	1.3	20.0	1.0	60.80	137
Nwoya	74.1	3.7	73.9	3.7	80.5	4.0	37.2	3.7	43.2	2.2	42.5	4.2	31.5	1.6	61.5	3.1	85.4	8.5	14.7	4.6	100.0	5.0	100.0	5.0	1.9	0.1	74.1	5.0	41	2.1	83.3	4.2	60.62	138
Wakiso	65.7	3.3	81.4	4.1	113.7	5.0	23.4	2.3	25.8	1.3	34.3	3.4	23.0	1.2	48.8	2.4	86.1	8.6	0.0	10.0	60.9	3.0	37.4	1.9	76.6	3.8	99.2	5.0	73	3.7	31.4	1.6	60.57	139
Soroti	72.0	3.6	66.7	3.3	27.8	1.4	35.4	3.5	31.2	1.6	40.2	4.0	33.8	1.7	56.1	2.8	85.4	8.5	7.7	7.1	100.0	5.0	54.3	2.7	85.7	4.3	65.7	5.0	59	3.0	57.1	2.9	60.38	140
Sembabule	48.0	2.4	83.1	4.2	154.7	5.0	19.2	1.9	36.3	1.8	42.0	4.2	60.9	3.0	70.5	3.5	88.3	8.8	19.7	2.7	175.0	5.0	54.2	2.7	60.3	3.0	90.5	5.0	55	2.8	84.6	4.2	60.30	141
Butaleja	60.9	3.0	79.1	4.0	70.4	3.5	61.8	6.2	55.0	2.7	67.9	6.8	20.4	1.0	85.3	4.3	85.1	8.5	13.6	5.0	100.0	5.0	54.7	2.7	0.53	0.0	68.2	5.0	16	0.8	28.8	1.4	60.00	142
Bukomansimbi	84.4	4.2	96.0	4.8	181.8	5.0	45.0	4.5	40.8	2.0	52.0	5.2	34.1	1.7	69.9	3.5	86.3	8.6	27.0	0.0	100.0	5.0	0.0	0.0	81.5	4.1	90.5	5.0	40	2.0	73.1	3.7	59.32	143
Rakai	89.6	4.5	67.6	3.4	137.5	5.0	43.5	4.3	34.9	1.7	50.6	5.1	28.5	1.4	54.8	2.7	88.6	8.9	16.2	4.0	50.0	2.5	25.2	1.3	94.6	4.7	73.9	5.0	47	2.4	37.5	1.9	58.76	144
Lwengo	69.0	3.5	84.2	4.2	182.7	5.0	42.9	4.3	36.3	1.8	53.7	5.4	32.9	1.6	62.3	3.1	87.6	8.8	15.8	4.1	16.7	0.8	0.0	0.0	75	3.8	70.3	5.0	57	2.9	42.9	2.1	56.37	145
Madi-Okollo	47.0	2.4	51.9	2.6	92.5	4.6	31.2	3.1	30.0	1.5	34.1	3.4	29.2	1.5	51.2	2.6	78.6	7.9	7.8	7.1	100.0	5.0	21.9	1.1	0	0.0	56.7	5.0	24	1.2	50.6	2.5	51.44	146
NATIONAL	74.0	3.7	92.5	4.6	184.8	5.0	47.0	4.7	49.7	2.5	65.7	6.6	47.3	2.4	79.5	4.0	86.9	8.7	5.5	8.0	97.1	4.9	60.8	3.0	60	3.0	93.7	5.0	54.2	2.7	19.7	3.9	72.61	



International Day to End Obstetric Fistula 2024 commemoration in Namayingo District

Residents of Namayingo commit to ending Obstetric Fistula by 2030

5.2 GENERAL HOSPITAL PERFORMANCE AGAINST APGS & DRGS IN FY 2023/24

S/N	Name	Ownership	No. of beds	Total OPD	No. of admissions	APC Ranking	DRG Ranking
1	Kitgum	GOV	255	71,577	18,885	197,753	65,014.0
2	Tororo	GOV	224	84,258	15,517	276,749	60,682.9
3	Kamuli	GOV	179	71,825	18,064	317,514	60,158.8
4	Atutur	GOV	153	77,959	17,328	261,459	54,765.6
5	Iganga	GOV	107	82,692	17,712	403,320	54,503.3
6	Katakwi	GOV	108	42,757	13,309	212,996	54,477.6
7	Virika	PNFP	163	19,247	3,110	107,576	53,788.5
8	Dr. Ambrosoli Memorial Kalongo	PNFP	286	34,524	12,354	183,350	50,714.3
9	Luwero	GOV	109	60,455	19,377	370,223	50,279.8
10	Mityana	GOV	171	70,094	13,396	245,194	49,944.1
11	Mukono	GOV	75	55,332	12,911	595,974	48,690.6
12	Kawolo	GOV	154	125,455	17,888	309,233	48,480.9
13	Angal	PNFP	220	23,652	11,481	140,247	47,355.7
14	Kitovu	PNFP	180	24,863	5,379	99,529	46,906.1
15	St. John XXIII Aber	PNFP	222	41,242	13,556	182,993	44,701.9
16	Kaberaimaido	GOV	92	47,408	11,339	194,078	43,334.2
17	Buwenge	GOV	59	33,167	5,601	140,876	43,186.2
18	Amuria	GOV	123	50,674	14,107	171,826	41,744.4
19	Nebbi	GOV	185	59,577	12,422	321,734	40,983.2
20	Kiboga	GOV	100	75,951	11,081	267,542	39,252.0
21	Kiryandongo	GOV	114	41,894	11,570	224,080	37,386.9
22	Adjumani	GOV	314	54,524	10,928	186,393	36,341.4
23	Pag Mission	PNFP	225	15,964	7,573	145,403	35,878.1
24	Kaabong	GOV	139	45,894	9,957	147,073	34,485.3
25	Pallisa	GOV	166	59,466	12,203	158,101	34,164.2
26	Cure Children's	PNFP	77	7,262	2,169	8,348	33,839.0
27	Bwera	GOV	146	45,312	15,964	176,375	33,812.4
28	Anaka	GOV	133	34,670	10,092	245,826	32,462.9
29	Busolwe	GOV	107	59,286	9,784	166,135	32,459.7
30	Mutolere	PNFP	200	9,782	6,353	68,018	32,352.3
31	Kyenjojo	GOV	116	44,729	10,046	311,260	31,251.1
32	Nakasero	PPF	99	94,746	6,587	142,026	31,093.3

S/N	Name	Ownership	No. of beds	Total OPD	No. of admissions	APC Ranking	DRG Ranking
33	Gombe	GOV	98	35,443	11,415	156,573	30,694.2
34	Ibanda	PNFP	184	20,625	8,987	119,279	29,626.8
35	Rukunyu	GOV	120	35,346	10,849	148,231	28,979.6
36	Bugiri	GOV	104	47,384	10,440	253,583	28,944.1
37	Apac	GOV	125	67,873	11,297	283,576	28,617.0
38	Kagadi	GOV	119	17,772	12,724	165,574	27,167.7
39	Bududa	GOV	107	29,240	11,311	151,193	27,057.3
40	Kisoro	GOV	141	59,876	8,120	162,474	27,008.5
41	Bombo General Military	GOV	214	51,334	9,881	178,284	26,186.5
42	Kapchorwa	GOV	129	22,615	10,571	158,898	25,811.5
43	Nakaseke	GOV	187	78,092	8,830	188,765	25,469.3
44	Bundibugyo	GOV	105	45,455	10,802	310,075	24,757.5
45	Holy Innocent's Children's	PNFP	81	36,071	6,046	86,768	23,164.7
46	Amai Community	PNFP	99	7,648	5,056	101,504	22,845.3
47	Kagando	PNFP	209	10,727	6,379	133,370	22,473.2
48	Masindi	GOV	136		10,208	179,349	22,261.8
49	Masafu	GOV	86	57,834	9,415	188,736	21,840.2
50	Moyo	GOV	213	35,912	4,742	108,498	21,779.3
51	Rakai	GOV	83	49,395	7,486	84,470	21,300.1
52	Abim	GOV	129	33,984	5,704	118,545	21,288.7
53	Koboko	GOV	189	34,519	9,956	347,810	20,579.5
54	St. Joseph's Kitgum	PNFP	280	21,066	4,288	101,491	20,511.1
55	St. Francis Naggalama	PNFP	98	68,263	3,765	182,272	20,281.5
56	COU Kisiizi	PNFP	274	41,389	6,277	105,752	20,144.9
57	Kiwoko	PNFP	204	22,434	6,320	147,150	20,061.2
58	Kalisizo	GOV	93		7,515	143,372	20,019.8
59	KIU Teaching	PNFP	363	31,107	8,288	75,092	19,487.1
60	Lwala	PNFP	100	8,792	4,033	59,436	18,933.0
61	St. Paul (Kasese)	PNFP	123	5,933	5,213	75,842	18,760.8
62	St. Josephs Maracha	PNFP	200	12,097	4,586	68,039	18,391.9
63	Nyapea	PNFP	139	9,437	6,570	114,620	18,374.7
64	Ishaka Adventist	PNFP	136	16,886	6,289	187,618	17,944.6
65	Kitagata	GOV	145	23,100	8,440	85,490	17,140.8

S/N	Name	Ownership	No. of beds	Total OPD	No. of admissions	APC Ranking	DRG Ranking
66	Dabani	PNFP	96	12,480	4,393	131,747	17,121.9
67	Kambuga	GOV	100	33,334	6,412	100,013	17,020.4
68	Lyantonde	GOV	100	46,961	7,372	136,174	16,783.8
69	Karoli Lwanga (Nyakibale)	PNFP	180	14,192	6,422	92,453	16,455.5
70	Kamuli Mission	PNFP	159	30,674	4,283	136,864	16,089.8
71	Ngora Freda Carr	PNFP	89	9,664	4,030	61,570	15,333.2
72	Bwindi Community	PNFP	152	24,051	4,283	97,642	14,922.1
73	Comboni	PNFP	100	16,541	4,229	94,968	14,796.7
74	St. Charles Lwanga	PNFP	78	17,734	2,762	55,301	14,182.8
75	Villa Maria	PNFP	126	30,743	4,383	82,843	14,108.1
76	Ruharo Mission	PNFP	132	48,798	4,659	49,241	13,724.3
77	Lugazi Scoul	PNFP	43	45,986	3,358	81,688	13,297.8
78	Amudat	PNFP	84	11,736	3,225	69,852	13,026.1
79	Mt. St. Mary's -DOK	PNFP	207	21,700	3,551	54,651	12,981.4
80	Buliisa	GOV	32	15,593	3,599	76,629	12,809.0
81	Life Care	PFP	70	18,166	2,512	58,812	12,478.6
82	Kuluva	PNFP	210	9,776	4,093	110,539	11,989.9
83	Kumi (Ongino)	PNFP	230	16,485	3,301	72,167	11,936.3
84	Itojo	GOV	147	42,792	8,173	82,136	11,524.0
85	Kisubi	PNFP	94	69,895	5,245	178,460	11,414.9
86	Rugarama	PNFP	171	24,720	4,490	62,917	11,258.1
87	Double Cure	PNFP	105	23,711	1,491	40,922	10,878.3
88	Benedictine Eye	PNFP	136	19,978	2,159	7,305	10,158.1
89	Kibuli	PNFP	130	95,427	6,424	105,519	9,648.3
90	Kyegegwa	GOV	37	25,117	2,877	152,091	9,535.9
91	Bishop Asclii	PNFP	98	23,511	3,828	83,083	9,392.6
92	Gulu Military	GOV	67	25,328	2,105	51,828	9,080.3
93	Mukono COU	PNFP	50	68,663	3,146	141,498	9,029.9
94	Kotido	GOV	35	53,548	3,981	195,991	8,793.2
95	Nkozi	PNFP	100	30,559	2,658	68,102	8,632.7
97	Kakira Sugar Works	PNFP	69	43,883	3,054	71,738	8,542.3
98	Kida	PFP	43	3,834	2,131	32,843	8,343.3
99	St. Francis Nyenga	PNFP	77	16,235	1,799	69,091	8,238.3

S/N	Name	Ownership	No. of beds	Total OPD	No. of admissions	APC Ranking	DRG Ranking
100	Buluba	PNFP	130	37,091	2,306	79,578	8,235.1
101	Rubongi Military	GOV	53	15,953	2,031	56,406	7,957.7
102	Rushere Community	PNFP	73	7,984	1,811	65,863	7,881.3
103	St. Catherine's	PPF	49	75,790	2,323	59,284	7,816.2
104	Rushoroza	PNFP	105	11,928	2,702	60,797	7,736.7
105	Kilembe Mines	PNFP	222	17,071	2,587	49,549	7,399.0
106	Trinity Bajjo International	PPF	13	1,815	529	5,740	7,349.1
107	Kanginima (Butebo)	PNFP	35	2,703	1,668	25,079	7,272.8
108	Doctors Seguku	PPF	47		2,086	62,662	7,208.2
110	Doctors Plaza	PPF	48	6,964	1,804	13,081	7,145.1
111	Ggwatiro Nursing Home	PPF	74	3,653	2,522	34,784	7,034.9
112	Mbale People's	PPF	38	10,624	5,336	24,866	7,005.2
113	Murchision Bay Main	GOV	113	15,500	2,665	18,752	6,928.0
114	Bethesda (Soroti)	PPF	51	20,928	1,350	45,813	6,927.9
115	True Vine	PPF	19	8,937	1,107	21,271	6,454.9
116	Buwenge NGO	PNFP	33	6,763	1,809	83,060	6,281.4
117	Nakasongola Military	GOV	94	18,172	1,529	43,722	6,121.6
118	Kampala	PPF	68	59,275	4,721	68,328	6,002.6
119	Montana	PPF	21	2,475	1,149	7,039	5,976.4
120	Gary Holmes	PNFP	51	35,443	1,326	49,480	5,549.5
121	Florence Nightingale	PPF	44	4,472	1,250	23,155	5,456.1
122	Kabarole COU	PNFP	66	16,352	1,961	45,259	5,355.4
123	Lira University	GOV	80	7,408	1,363	31,890	5,142.6
124	Kumi Orthopaedic Centre	PPF	120	3,677	815	1,456	5,062.0
125	St. Joseph	PPF	40	32,278	2,115	46,515	4,918.2
126	Bamu	PPF	98	4,166	1,500	8,664	4,883.0
127	Oriajini	PNFP	38	5,149	1,422	95,411	4,830.7
128	Nkokonjeru	PNFP	65	14,747	1,517	65,033	4,767.8
129	Mt. Elgon	PPF	34	13,052	1,028	12,382	4,402.8
130	Kihunde	PPF	26	6,893	711	8,007	4,285.2
131	Kasese	PPF	51		1,208	10,141	4,105.8
132	Gulu Independent	PPF	98	5,428	982	30,179	3,956.7
133	Restoration Gateway	PNFP	92	2,629	1,251	9,934	3,848.6

S/N	Name	Ownership	No. of beds	Total OPD	No. of admissions	APC Ranking	DRG Ranking
134	St. Stephen's Mpererwe	PNFP	32	8,554	1,034	41,955	3,771.5
135	Mayanja Memorial	PPP	69	15,516	1,255	23,838	3,512.7
136	Holy Cross Orthodox Mission Namungoona	PNFP	31	10,055	1,072	47,428	2,835.4
137	Rhema	PPP	21	6,329	571	13,691	2,635.2
138	LifeLink (Kyaliwajala)	PPP	40	74,997	1,635	46,204	2,549.9
139	St. Anthony's	PNFP	71	6,140	1,413	41,186	2,408.8
140	Anbar	PPP	20	10,388	468	21,436	2,290.0
141	Divine Mercy (Kamukuzi)	PPP	33	28,582	1,111	83,763	2,253.3
142	Old Kampala	PNFP	45	5,600	526	16,516	2,220.1
143	Hope Missionary	PPP	19	2,748	521	4,815	2,214.0
144	Pioneer	PPP	19	3,544	386	3,778	2,195.0
145	Kabasa Memorial	PNFP	36	1,118	530	8,119	2,056.8
146	Terrewege Community Women	PNFP	24		448	1,109	1,668.0
147	Al-Shafa	PPP	59	8,580	293	11,979	1,513.7
148	Novatania Medical Centre	PPP	4	3,035	217	8,307	1,192.7
149	Great Lakes	PPP	45	4,368	329	8,272	1,103.4
150	Kampala Independent	PPP	11	7,612	398	20,405	1,096.2
152	Nile International	PPP	3	9,244	273	18,057	1,063.4
153	Case Medical Centre	PPP	53	107,176	2,643	93,613	935.8
154	Midmay Uganda	PNFP	40	18,250	727	91,455	883.0
155	Victory Women's Medical Care	PPP	8	3,277	147	9,719	879.8
156	Paragon	PPP	25	2,721	401	13,494	869.2
159	Ahamadiya	PNFP	31	3,996	340	26,922	846.7
160	Norvik	PPP	27	89,165	1,002	48,710	679.0
161	Medicare (Mpgi)	PPP	30	943	105	16,036	624.3
162	Medi-Pal International	PPP	3	18,591	205	9,693	604.9
163	Jaro	PPP	24	3,683	297	9,342	565.2
164	Spép Karl	PNFP	13	687	119	4,826	480.2
165	International Kampala	PPP	NR	139,232		96,926	466.8
166	Galilee Community	PPP	25	1,467	92	49,234	391.7
167	Roswell Women and Children	PPP	NR	17,120		72,910	375.6
168	Doctors Referral	PPP	NR	3,312		19,982	256.8
169	Tumu	PNFP	6		83	2,119	252.3
170	Mukwaya	PPP	NR	41,127		42,073	180.0

S/N	Name	Ownership	No. of beds	Total OPD	No. of admissions	APC Ranking	DRG Ranking
171	UMC Victoria (Naguru)	PPP	NR	71,660		67,067	143.6
172	Mbarara Community	PPP	15	634	80	1,032	92.5
173	Peoples Medical Centre	PPP	NR	10,074		22,159	66.4
174	Wynestone Medical centre	PPP	NR	4,689		16,133	54.8
175	Master Cares Bethlehem Community	PNFP	5		290	15,510	53.6
176	Medsafe	PPP	NR	5,478		53,244	49.6
177	Womens Internstional and Fertility Centre	PPP	NR	2,388		19,290	38.0
178	St. Andrea Kahwa Kooki Community	PPP	NR	5,064		13,663	34.0
179	Le Memorial Medical Services	PPP	NR	3,659		12,683	23.2
180	Kiititale	PPP	NR	961		10,094	18.8
181	Ark Specialist	PPP	NR	3,141		8,408	12.8
182	Lifeline	PPP	NR	4,106		6,743	9.2
183	Ankole	PPP	NR	904		1,333	6.0
184	Ntinda	PPP	NR	3,043		5,759	4.8
185	Addy Memorial	PPP	NR	976		6,826	4.4
186	ASG Eye	PPP	NR	10,359		-	-
187	Bai Heath & Medical International Centre	PPP	NR	11,136		9,486	-
188	Corsu Rehabilitation	PNFP	NR	25,029		1,463	-
189	Dr Agarwal's Eye	PPP	NR	14,991		-	-
190	Lifelink (Ntinda)	PPP	NR	60,328		51,865	-
191	Makerere University	GOV	NR	26,767		28,884	-
192	URO Care	PPP	NR	6,062		832	-
193	Vine	PPP	NR	1,891		2,330	-
Total				5,960,260	919,717	17,503,506	2,815,704

5.3 GENERAL HOSPITAL PERFORMANCE FOR QUALITY IN FY 2023/24

S/N	Name	Ownership	No. of admissions	Number of Deaths	Inpatient Mortality Rate	Deliveries in unit	Fresh still birth	Macerated still birth - Total	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death 8-28 days	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
1	Kapchorwa	GOV	10,571	578	5.5	2,929	41	39	14	33	-	4.9	5	171	210	9.4
2	Iganga	GOV	17,712	743	4.2	7,361	129	163	136	59	25	22.2	20	272	135	3.0
3	Kamuli	GOV	18,064	607	3.4	3,279	73	70	132	90	3	44.0	18	549	109	3.9
4	Kaberaimaido	GOV	11,339	112	1.0	1,678	11	22	8	25	-	4.8	2	119	103	3.1
5	Atutur	GOV	17,328	347	2.0	2,335	21	52	15	38	1	6.9	3	128	103	3.3
6	Kagadi	GOV	12,724	228	1.8	4,305	70	69	23	39	4	6.5	5	116	102	3.5
7	Bwera	GOV	15,964	607	3.8	5,352	34	45	4	16	-	0.8	6	112	98	3.3
8	Bundibugyo	GOV	10,802	94	0.9	2,152	13	26	4	20	-	1.9	2	93	96	3.4
9	Bugiri	GOV	10,440	228	2.2	4,540	110	77	23	49	25	11.2	8	176	91	3.3
10	Gombe	GOV	11,415	187	1.6	5,000	115	48	42	42	20	12.8	8	160	89	2.8
11	Amudat	PNFP	3,225	80	2.5	560	19	6	8	59	1	16.2	2	357	88	8.4
12	Angal	PNFP	11,481	828	7.2	3,313	44	68	18	39	7	7.5	7	211	79	5.6
13	Kambuga	GOV	6,412	166	2.6	2,132	17	20	33	33	1	16.0	5	235	70	4.0
14	Cure Children's	PNFP	2,169	42	1.9	-	-	-	-	-	-	-	-	-	68	8.8
15	Kaabong	GOV	9,957	210	2.1	994	26	9	20	56	2	22.6	5	503	68	3.4
16	Holy Innocent's Children's	PNFP	6,046	229	3.8	-	-	-	23	-	4	-	-	-	66	3.2
17	Anaka	GOV	10,092	135	1.3	3,055	24	51	26	33	3	9.6	2	65	60	2.9
18	Abim	GOV	5,704	155	2.7	950	17	8	11	39	-	11.8	4	421	60	5.0
19	Busolwe	GOV	9,784	170	1.7	2,361	19	21	1	17	-	0.4	2	85	60	2.4
20	Dr. Ambrosoli Memorial Kalongo	PNFP	12,354	520	4.2	2,752	35	48	53	50	11	23.5	5	182	60	5.1
21	Kampala	PNFP	4,721	72	1.5	1,734	2	-	1	2	-	0.6	-	-	56	2.9
22	Itojo	GOV	8,173	136	1.7	3,226	42	61	14	37	1	4.7	7	217	54	3.5
23	Bududa	GOV	11,311	233	2.1	1,525	26	15	20	41	-	13.5	1	66	52	1.8
24	Case Medical Centre	PNFP	2,643	3	0.1	643	-	3	-	4	1	1.3	-	-	51	3.8
25	Kalisizo	GOV	7,515	171	2.3	2,549	22	27	15	25	-	5.9	2	78	51	2.3
26	Amuria	GOV	14,107	154	1.1	2,805	57	61	48	62	-	17.8	3	107	50	1.6
27	Amai Community	PNFP	5,056	229	4.5	1,049	23	10	7	39	-	6.8	4	381	49	3.5
28	Ibanda	PNFP	8,987	376	4.2	2,433	42	39	35	49	-	14.9	6	247	44	3.3
29	COU Kisizi	PNFP	6,277	285	4.5	856	5	11	40	65	2	48.9	2	234	39	6.2
30	Adjumani	GOV	10,928	747	6.8	3,242	29	33	13	23	-	4.0	4	123	39	4.1
31	Ggwatiro Nursing Home	PNFP	2,522	19	0.8	622	-	-	-	-	-	-	-	-	39	4.1

S/N	Name	Ownership	No. of admissions	Number of Deaths	Inpatient Mortality Rate	Deliveries in unit	Fresh still birth	Macerated still birth - Total	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death 8-28 days	Neonatal mortality rate	Maternal Deaths	MMR/100,000	BOR	ALOS
32	Kagando	PNFP	6,379	583	9.1	1,313	17	17	29	49	-	22.7	5	381	38	4.5
33	Gulu Military	GOV	2,105	30	1.4	94	-	-	-	-	-	-	-	-	38	4.4
34	Buwenge NGO	PNFP	1,809	5	0.3	969	1	2	-	3	-	-	-	-	37	2.5
35	Kanginima (Butebo)	PNFP	1,668	22	1.3	257	-	-	-	-	-	-	-	-	37	2.8
36	Karoli Lwanga (Nyakibale)	PNFP	6,422	269	4.2	1,296	5	44	31	62	4	27.1	4	309	35	3.6
37	Bwindi Community	PNFP	4,283	128	3.0	872	4	3	17	27	1	20.2	2	229	34	4.4
38	Bombo General Military	GOV	9,881	306	3.1	3,349	35	83	15	41	-	4.6	5	149	34	2.7
39	Hope Missionary	PPF	521	9	1.7	62	1	-	1	33	-	16.4	-	-	34	4.4
40	Comboni	PNFP	4,229	134	3.2	1,071	13	12	24	46	1	23.4	1	93	31	2.7
41	Apac	GOV	11,297	114	1.0	3,146	31	24	27	26	8	11.3	4	127	30	1.2
42	Bishop Ascili	PNFP	3,828	97	2.5	1,333	16	9	8	25	1	6.8	3	225	28	2.6
43	Ishaka Adventist	PNFP	6,289	226	3.6	1,639	3	1	1	3	1	1.2	1	61	27	2.2
44	Kakira Sugar Works	PNFP	3,054	86	2.8	191	-	1	-	5	-	-	-	-	26	2.1
45	Divine Mercy (Kamukuzi)	PPF	1,111	14	1.3	881	5	7	-	14	1	1.1	1	114	26	2.8
46	Dabani	PNFP	4,393	165	3.8	988	35	4	13	54	1	14.6	4	405	25	2.0
47	Kabarole COU	PNFP	1,961	41	2.1	333	2	6	-	21	-	-	-	-	21	2.6
48	Anbar	PPF	468	24	5.1	59	2	-	1	52	-	17.2	-	-	21	3.2
49	Holy Cross Orthodox Mission Namungoona	PNFP	1,072	28	2.6	333	2	-	1	9	-	3.0	1	300	21	2.2
50	Buluba	PNFP	2,306	114	4.9	491	20	16	14	110	-	30.8	3	611	19	3.9
51	Gary Holmes	PNFP	1,326	5	0.4	606	1	5	-	10	-	-	1	165	18	2.5
52	Kamuli Mission	PNFP	4,283	267	6.2	1,189	33	13	31	66	34	55.6	2	168	17	2.3
53	Florence Nightingale	PPF	1,250	42	3.4	147	3	-	1	28	-	6.9	2	1,361	16	2.1
54	Kasese	PPF	1,208	111	9.2	410	-	2	-	5	1	2.4	-	-	15	2.3
55	Kampala Independent	PPF	398	14	3.5	110	-	-	1	9	-	8.8	-	-	14	1.4
56	Buliisa	GOV	3,599	35	1.0	800	22	11	16	63	-	20.4	4	500	14	0.5
57	Mbale People's	PPF	5,336	76	1.4	295	2	3	2	24	-	6.9	1	-	13	4.0
58	Benedictine Eye	PNFP	2,159	-	-	-	-	-	-	NR	-	-	-	-	11	2.6
59	Buwenge	GOV	5,601	87	1.6	1,401	17	24	12	39	-	8.8	2	143	11	0.4
60	Kabasa Memorial	PNFP	530	3	0.6	73	-	2	-	28	-	-	-	-	11	2.7
61	Katakwi	GOV	13,309	298	2.2	2,411	30	32	38	42	3	17.1	8	332	9	3.3
62	Luwero	GOV	19,377	200	1.0	5,024	30	42	1	15	-	0.2	4	80	8	2.0
63	Jaro	PPF	297	8	2.7	78	-	1	5	78	1	77.9	-	-	8	2.2

S/N	Name	Ownership	No. of admissions	Number of Deaths	Inpatient Mortality Rate	Deliveries in unit	Fresh still birth	Macerated still birth - Total	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death 8-28 days	Neonatal mortality rate	Maternal Deaths	MMR/100,000	BOR	ALOS
64	Kitgum	GOV	18,885	878	4.6	3,683	34	65	15	31	3	5.0	3	81	8	4.4
65	Masafu	GOV	9,415	154	1.6	2,988	42	32	25	35	1	9.1	9	301	7	3.0
66	Gulu Independent	PNFP	982	25	2.5	71	-	2	1	43	-	14.3	-	-	7	2.7
67	Kotido	GOV	3,981	20	0.5	998	24	16	14	57	1	15.8	4	401	7	2.8
68	Mukono	GOV	12,911	105	0.8	9,123	52	60	47	17	-	5.2	10	110	7	1.8
69	Kiryandongo	GOV	11,570	222	1.9	2,737	44	34	40	44	1	15.4	2	73	7	3.0
70	Kiboga	GOV	11,081	286	2.6	3,883	68	49	40	42	5	11.9	7	180	7	2.7
71	Double Cure	PNFP	1,491	24	1.6	244	3	8	2	57	-	8.8	-	-	7	1.7
72	St. John XXIII Aber	PNFP	13,556	1,044	7.7	3,786	55	43	112	55	5	30.8	21	555	7	4.7
73	Pallisa	GOV	12,203	428	3.5	3,977	83	79	61	58	1	16.0	11	277	6	3.7
74	Rukunyu	GOV	10,849	357	3.3	3,615	24	20	16	17	1	4.7	5	138	6	3.0
75	Nebbi	GOV	12,422	452	3.6	3,105	20	58	33	37	21	18.0	8	258	6	3.8
76	Nakasero	PNFP	6,587	288	4.4	1,315	-	10	1	8	4	3.6	1	76	6	3.8
77	Rakai	GOV	7,486	89	1.2	2,113	32	32	1	31	-	0.5	2	95	6	2.8
78	Tororo	GOV	15,517	933	6.0	4,330	92	58	69	51	2	16.7	10	231	6	3.6
79	Mityana	GOV	13,396	522	3.9	6,556	92	76	8	28	-	1.3	9	137	5	3.0
80	Great Lakes	PNFP	329	6	1.8	82	1	-	2	44	-	29.4	-	-	5	2.4
81	Lwala	PNFP	4,033	164	4.1	772	24	14	40	104	9	65.2	-	-	4	4.6
82	Masindi	GOV	10,208	407	4.0	4,379	53	57	30	33	-	7.0	2	-	4	2.4
83	Kyeriyojo	GOV	10,046	333	3.3	3,422	47	32	12	27	1	3.8	6	175	4	2.1
84	Lyantonde	GOV	7,372	103	1.4	2,389	41	36	28	45	-	12.1	11	460	4	2.4
85	Lugazi Scoul	PNFP	3,358	-	-	311	-	-	-	-	-	-	-	-	4	2.3
86	Kisoro	GOV	8,120	162	2.0	3,202	15	26	9	16	-	2.8	1	31	4	3.0
87	Kiwoko	PNFP	6,320	492	7.8	1,750	28	28	6	37	-	3.5	5	286	4	5.5
88	Mutolere	PNFP	6,353	294	4.6	1,336	30	30	19	60	5	18.4	2	150	4	5.4
89	Bamu	PNFP	1,500	158	10.5	555	2	4	-	11	-	-	-	-	4	0.9
90	Kisubi	PNFP	5,245	64	1.2	1,327	5	10	3	13	-	2.2	1	75	4	2.9
91	Terrewode Community Women	PNFP	448	6	1.3	-	-	-	-	-	-	-	-	-	4	8.6
92	Mukono COU	PNFP	3,146	38	1.2	1,034	6	12	-	18	-	-	2	193	3	2.4
93	St. Josephs Maracha	PNFP	4,586	312	6.8	928	28	30	62	138	2	73.6	1	108	3	6.6
94	Master Cares Bethlehem Community	PNFP	290	-	-	134	1	-	1	15	-	7.5	-	-	3	2.4
95	Kibuli	PNFP	6,424	33	0.5	1,918	-	-	-	-	-	-	-	-	3	3.0

S/N	Name	Ownership	No. of admissions	Number of Deaths	Inpatient Mortality Rate	Deliveries in unit	Fresh still birth	Macerated still birth - Total	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death 8-28 days	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
130	St. Stephen's Mpererwe	PNFP	1,034	13	1.3	362	3	2	-	14	-	-	-	-	2	2.1
131	Rubongi Military	GOV	2,031	13	0.6	171	1	-	-	6	-	-	-	-	2	1.8
132	Kihunde	PPF	711	10	1.4	37	-	-	-	-	-	-	-	-	1	2.3
133	Montana	PPF	1,149	33	2.9	150	-	-	-	-	-	-	-	-	1	1.1
134	Murchison Bay Main	GOV	2,665	162	6.1	-	-	-	-	-	-	-	-	-	1	2.6
135	Nkokonjeru	PNFP	1,517	52	3.4	533	7	9	4	38	-	7.6	1	188	1	2.6
136	Nakasongola Military	GOV	1,529	39	2.6	103	-	1	-	12	-	-	-	-	1	3.7
137	Moyo	GOV	4,742	224	4.7	1,808	20	22	19	34	-	10.7	4	221	1	2.7
138	Victory Women's Medical Care	PPF	147	2	1.4	146	5	5	1	80	-	7.3	-	-	1	3.1
139	Kilembe Mines	PNFP	2,587	88	3.4	648	3	5	2	20	1	5.9	1	154	1	4.8
140	Doctors Plaza	PPF	1,804	77	4.3	380	-	-	-	-	-	-	-	-	1	0.1
141	St. Joseph's Kitgum	PNFP	4,288	160	3.7	564	11	15	8	61	-	14.4	-	-	1	3.5
142	Mildmay Uganda	PNFP	727	17	2.3	365	2	4	3	25	-	8.3	-	-	1	2.9
143	St. Anthony's	PNFP	1,413	103	7.3	279	2	-	3	19	-	11.6	-	-	1	2.6
144	Lira University	GOV	1,363	35	2.6	255	-	3	1	16	-	3.9	-	-	1	2.9
145	Kitagata	GOV	8,440	378	4.5	3,226	15	37	11	20	-	3.4	2	62	1	0.8
146	Ahamadiya	PNFP	340	5	1.5	94	-	2	-	22	-	-	-	-	1	0.4
147	Rushere Community	PNFP	1,811	73	4.0	323	6	7	6	59	-	18.8	-	-	1	1.9
148	Paragon	PPF	401	101	25.2	179	2	1	2	24	-	9.7	-	-	1	3.0
149	Mt. St. Mary's -DOK	PNFP	3,551	185	5.2	823	12	15	6	42	1	8.8	1	122	1	2.7
150	Virika	PNFP	3,110	254	8.2	709	17	5	5	39	-	7.1	4	564	1	2.2
152	Restoration Gateway	PNFP	1,251	32	2.6	252	6	1	6	53	-	24.5	-	-	1	3.1
153	Bethesda (Soroti)	PPF	1,350	29	2.1	171	-	-	-	5	-	-	-	-	1	0.1
154	Tumu	PNFP	83	-	-	3	-	-	-	-	-	-	-	-	1	2.0
155	Spep Karl	PNFP	119	5	4.2	19	-	-	-	-	-	-	-	-	1	3.0
156	Old Kampala	PNFP	526	125	23.8	50	-	-	-	-	-	-	-	-	0	1.8
159	Doctors Seguku	PPF	2,086	19	0.9	603	1	1	1	5	-	1.7	2	332	0	0.0
160	Kumi Orthopaedic Centre	PPF	815	18	2.2	-	-	-	-	-	-	-	-	-	0	2.5
161	Mbarara Community	PPF	80	7	8.8	42	-	-	-	-	-	-	-	-	0	2.4
162	Norvik	PPF	1,002	5	0.5	213	3	1	-	19	-	-	-	-	0	0.3
163	LifeLink (Kyaliwajala)	PPF	1,635	1	0.1	477	3	2	-	12	-	-	-	-	0	0.3
164	Medicare (Mpigi)	PPF	105	7	6.7	18	1	-	1	118	-	58.8	-	-	0	2.1

S/N	Name	Ownership	No. of admissions	Number of Deaths	Inpatient Mortality Rate	Deliveries in unit	Fresh still birth	Macerated still birth - Total	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death 8-28 days	Neonatal mortality rate	Maternal deaths	M/MR/100,000	BOR	ALOS
165	Mayanja Memorial	PPF	1,255	27	2.2	321	2	3	-	16	-	-	1	312	0	0.2
166	St. Catherine's	PPF	2,323	1	0.0	463	4	2	-	13	-	-	-	-	0	0.0
167	Kyegegwa	GOV	2,877	115	4.0	2,162	23	30	21	35	-	9.9	-	-	-	-
168	Medi-Pal International	PPF	205	3	1.5	91	-	-	1	14	-	14.1	-	-	-	-
169	International Kampala	PPF	-	-	-	1,167	-	2	-	2	-	-	1	86	-	-
170	Roswell Women and Children	PPF	-	-	-	939	-	-	-	-	-	-	-	-	-	-
171	Doctors Referral	PPF	-	-	-	642	-	2	1	5	-	1.5	-	-	-	-
172	Mukwaya	PPF	-	-	-	450	1	3	1	11	-	2.3	1	222	-	-
173	UMC Victoria (Naguru)	PPF	-	-	-	359	-	-	-	-	-	-	-	-	-	-
174	Peoples Medical Centre	PPF	-	-	-	166	-	-	-	-	-	-	-	-	-	-
175	Wynestone Medical centre	PPF	-	-	-	137	-	-	-	-	-	-	-	-	-	-
176	Medsafe	PPF	-	-	-	124	-	-	-	-	-	-	-	-	-	-
177	Womens Internstional and Fertility Centre	PPF	-	-	-	95	-	-	-	-	-	-	-	-	-	-
178	St. Andrea Kahwa Kooki Community	PPF	-	-	-	85	3	-	2	61	-	24.4	-	-	-	-
179	Le Memorial Medical Services	PPF	-	-	-	58	-	-	-	-	-	-	-	-	-	-
180	Kitintale	PPF	-	-	-	47	-	-	-	-	-	-	-	-	-	-
181	Ark Specialist	PPF	-	-	-	32	-	-	2	63	-	62.5	-	-	-	-
182	Lifeline	PPF	-	-	-	23	-	-	-	1	-	-	-	-	-	-
183	Ankole	PPF	-	-	-	15	-	-	-	-	-	-	-	-	-	-
184	Ntinda	PPF	-	-	-	12	-	-	-	-	-	-	-	-	-	-
185	Addy Memorial	PPF	-	-	-	11	2	-	-	-	-	-	-	-	-	-
186	ASG Eye	PPF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
187	Bai Heath & Medical International Centre	PPF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
188	Corsu Rehabilitation	PNFP	-	-	-	-	-	-	-	-	-	-	-	-	-	-
189	Dr Agarwal's Eye	PPF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
190	Lifelink (Ntinda)	PPF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
191	Makerere University	GOV	-	-	-	-	-	-	-	-	-	-	-	-	-	-
192	URO Care	PPF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
193	Vine	PPF	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			919,717	27,963	3	248,694	3,081	3,224	2,430	36	329	11.3	424	170	4	3

5.4 HC IV PERFORMANCE FY 2023/24 AGAINST APGS AND DRGS IN FY 2023/24

S/N	Name	Ownership	No. of beds	No. of admissions	Total OPD	Number of Deaths	Inpatient Mortality Rate/1000	Deliveries	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Pernatal death/1000	Neonatal Death 8-28 days	Neonatal mortality rate/1000	Maternal deaths	MMR/100,000	Patient days	BOR	ALOS	Caesarean sections	Blood Units	Total APG	Total DRG	Total Score (%)
1	Bujubuli	GOV	201	11,553	66,149	82	7.10	4,879	3	3	0	1	1	0.2	0	0.0	16,832	22.9	1.5	1,459	0	115,360	12,271	82.6
2	Rwamwanja	GOV	153	12,130	52,222	71	5.85	3,793	8	5	1	4	0	0.3	1	26.4	33,639	60.2	2.8	747	278	105,954	10,590	73.7
3	Panyadoli	GOV	196	12,567	66,248	261	20.77	3,131	19	39	12	22	0	3.8	1	31.9	28,154	39.4	2.2	581	683	129,183	9,314	66.9
4	Nabiganda	GOV	29	8,166	34,043	30	3.67	1,603	0	0	0	0	0	0.0	0	0.0	9,023	84.3	1.1	14	405	57,454	6,275	63.5
5	Kyangwali	GOV	141	13,213	37,292	181	13.70	3,595	27	34	16	22	1	4.8	1	27.8	36,212	70.4	2.7	1,602	1,138	79,592	10,119	63.3
6	Kidera	GOV	48	8,449	43,207	19	2.25	1,831	11	10	7	15	1	4.3	2	109.2	16,646	96.0	2.0	213	94	87,618	8,830	61.5
7	Serere	GOV	83	11,911	21,700	143	12.01	2,533	4	7	1	5	1	0.8	3	118.4	33,269	110.5	2.8	996	453	45,808	10,208	60.3
8	Kibuku	GOV	36	11,647	53,576	54	4.64	1,737	10	14	4	16	0	2.3	1	57.6	22,665	172.5	1.9	352	225	116,201	6,375	58.5
9	Budaka	GOV	64	13,760	48,245	141	10.25	3,705	36	24	2	17	0	0.5	2	54.0	35,286	150.9	2.6	748	296	84,341	7,263	57.1
10	Bugobero	GOV	29	4,301	22,021	38	8.84	2,095	12	4	2	9	0	1.0	2	95.5	105	1.0	0.0	421	266	51,196	9,508	56.5
11	Butebo	GOV	42	7,175	26,755	30	4.18	1,668	6	14	2	13	0	1.2	2	119.9	15,106	99.3	2.1	285	135	63,725	8,073	55.7
12	Ngora	GOV	56	6,565	30,628	0	0.00	1,514	8	14	0	15	0	0.0	0	0.0	3,127	15.3	0.5	499	6,375	58,017	4,539	55.0
13	Busia	GOV	50	7,816	43,990	19	2.43	2,991	11	8	11	10	0	3.7	1	33.4	10,926	59.9	1.4	298	0	89,314	8,073	54.9
14	Bukedea	GOV	66	7,310	23,180	87	11.90	1,476	11	8	6	17	0	4.0	0	0.0	20,307	84.3	2.8	347	63	48,257	7,854	54.2
15	Lalogi	GOV	51	7,149	34,022	137	19.16	1,264	7	7	10	19	0	8.1	1	79.1	22,695	122.7	3.2	63	101	88,775	7,182	51.9
16	Rukoki	GOV	40	7,448	25,989	106	14.23	3,318	5	15	3	7	0	0.9	2	60.3	16,728	115.5	2.2	1,122	158	43,945	7,525	51.6
17	Budadiri	GOV	64	7,098	19,979	78	10.99	3,446	15	33	2	15	0	0.6	0	0.0	20,741	89.3	2.9	843	267	36,242	6,879	51.5
18	Mukuju	GOV	40	7,713	35,491	15	1.94	1,507	2	0	1	2	0	0.7	1	66.4	30,764	209.0	4.0	95	14	59,507	5,742	50.4
19	Mayuge	GOV	69	8,530	34,259	116	13.60	2,702	37	28	8	27	0	3.0	1	37.0	27,448	109.0	3.2	594	1,119	61,431	6,710	50.1
20	Bumanya	GOV	40	6,209	25,873	117	18.84	1,226	24	17	3	37	1	3.3	0	0.0	18,004	123.3	2.9	364	1,420	59,465	5,706	50.1
21	Butenga	GOV	50	4,828	16,587	59	12.22	1,765	13	26	0	22	0	0.0	0	0.0	10,137	56.1	2.1	408	111	27,670	6,069	49.6
22	Kawaala	GOV	21	9,945	44,914	42	4.22	8,167	34	12	8	7	0	1.0	0	0.0	19,969	262.6	2.0	1,873	1,383	94,842	2,842	48.8
23	Goli	PNFP	94	3,828	9,381	119	31.09	1,208	9	13	8	25	0	6.7	0	0.0	11,202	32.8	2.9	385	119	18,207	8,333	48.8
24	Tiriri	GOV	27	3,083	26,718	1	0.32	1,137	16	12	5	29	3	7.0	0	0.0	8,332	86.1	2.7	351	459	51,622	4,375	48.8
25	Apapai	GOV	35	7,684	25,203	22	2.86	1,010	2	2	4	8	0	4.0	1	99.0	17,542	136.7	2.3	213	66	58,661	5,917	47.7
26	Kumi	GOV	56	9,058	51,987	23	2.54	1,745	7	6	5	10	0	2.9	1	57.3	19,016	93.0	2.1	238	0	105,728	5,116	47.6
27	Buvuma	GOV	22	2,736	23,475	29	10.60	969	9	6	0	16	0	0.0	0	0.0	6,089	77.6	2.2	95	39	45,450	4,140	47.2
28	Awach	GOV	38	7,462	24,709	27	3.62	1,040	6	8	3	17	0	2.9	0	0.0	21,589	155.7	2.9	25	6	51,835	4,875	46.8
29	Nablatuk	GOV	38	6,420	24,836	132	20.56	611	8	3	4	25	0	6.6	0	0.0	18,009	131.3	2.8	61	78	59,078	4,636	46.5
30	Kakumiro	GOV	53	5,563	21,476	29	5.21	2,650	27	28	6	24	0	2.3	0	0.0	15,825	81.5	2.8	650	209	39,850	5,668	46.5
31	Kisenyi	GOV	132	9,215	38,862	4	0.43	8,844	22	18	13	6	0	1.5	1	11.3	15,823	32.9	1.7	2,128	15	71,390	3,182	46.4
32	Kyabugimbi	GOV	28	3,569	13,780	7	1.96	2,373	1	0	0	0	0	0.0	1	42.1	108	1.1	0.0	483	70	22,988	1,808	46.2

S/N	Name	Ownership	No. of beds	No. of admissions	Total OPD	Number of Deaths	Inpatient Mortality Rate/1000	Deliveries	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death 8-28 days	Neonatal mortality rate/1000	Maternal deaths	MMR/100,000	Patient days	BOR	ALOS	Caesarean sections	Blood Units	Total APG	Total DRG	Total Score (%)
33	Nsirze	GOV	46	5,184	20,386	37	7.14	1,557	21	20	5	30	0	3.2	0	0.0	15,119	90.2	2.9	356	294	40,366	5,472	46.0
34	Nyahuka	GOV	63	6,184	19,089	20	3.23	1,836	3	11	2	9	0	1.1	1	54.5	23,392	101.6	3.8	220	372	50,183	5,088	43.8
35	Amolatar	GOV	51	5,873	19,470	52	8.85	1,347	5	5	2	9	0	1.5	0	0.0	12,781	68.2	2.2	85	75	36,284	4,705	43.2
36	Walukuba	GOV	18	2,143	26,072	0	0.00	907	7	3	6	18	0	6.6	0	0.0	4,768	73.9	2.2	78	29	48,693	2,781	43.0
37	Kira	GOV	15	3,044	37,096	1	0.33	957	0	4	0	4	0	0.0	0	0.0	3,308	60.4	1.1	0	0	87,884	1,655	42.9
38	Tokora	GOV	37	4,494	25,107	84	18.69	642	12	4	3	30	0	4.7	0	0.0	11,869	87.7	2.6	37	118	51,744	3,812	42.2
39	Ogur	GOV	37	4,573	27,970	51	11.15	1,416	18	7	1	19	0	0.7	0	0.0	6,777	50.2	1.5	208	155	74,556	2,334	41.9
40	Kakindo	GOV	52	6,056	20,056	45	7.43	3,122	33	28	2	21	0	0.7	0	0.0	12,377	64.7	2.0	837	464	42,609	3,784	41.7
41	Busaru	PNFP	109	4,664	7,998	176	37.74	714	11	5	3	27	0	4.2	0	0.0	14,151	35.6	3.0	369	320	17,309	6,134	41.6
42	Bufumbo	GOV	34	5,043	22,644	10	1.98	1,348	8	7	2	13	0	1.5	0	0.0	13,139	105.9	2.6	299	5,500	38,492	3,559	41.4
43	Busea	GOV	32	4,762	21,148	798	167.58	1,886	12	22	14	26	0	7.6	0	0.0	9,593	82.1	2.0	331	72	43,445	3,816	41.1
44	Luzira Staff Clinic	GOV	12	647	32,562	6	9.27	1,233	1	0	0	1	0	0.0	0	0.0	1,183	26.1	1.8	70	24	52,898	346	41.0
45	Aduku	GOV	33	5,862	33,972	57	9.72	2,118	23	26	8	27	1	4.3	1	47.2	11,335	95.1	1.9	556	115	59,643	3,828	40.8
46	Bbaale	GOV	26	4,025	31,365	64	15.90	966	2	11	3	17	0	3.1	0	0.0	10,711	114.0	2.7	96	60	52,928	3,024	40.7
47	Kiyunga	GOV	30	4,602	37,919	98	21.30	1,755	16	11	1	16	0	0.6	1	57.0	6,877	62.1	1.5	266	89	63,547	3,337	40.3
48	Buyende Bugaya	GOV	24	2,588	32,349	1	0.39	925	0	3	1	4	0	1.1	1	108.1	4,625	53.5	1.8	45	7	85,358	2,344	40.3
49	Pakwach	GOV	58	5,845	21,866	114	19.50	1,516	13	11	3	18	1	2.7	1	66.0	14,169	66.5	2.4	213	135	43,935	4,999	40.1
50	Namatata	GOV	24	3,728	19,571	2	0.54	1,894	8	5	0	7	0	0.0	0	0.0	73	0.8	0.0	142	51	40,377	1,413	39.8
51	Obongi	GOV	59	4,851	22,925	57	11.75	805	3	10	10	29	2	15.2	1	124.2	11,273	52.7	2.3	176	154	41,859	5,340	39.5
52	Nankandulo	GOV	60	4,933	23,224	42	8.51	887	1	9	2	13	0	2.2	1	112.7	12,138	55.7	2.5	177	121	54,688	4,373	39.1
53	Midigo	GOV	145	4,761	25,461	37	7.77	1,215	9	8	8	21	0	6.6	0	0.0	16,866	31.9	3.5	283	86	53,929	3,700	39.1
54	Nagongera	GOV	36	5,437	22,754	29	5.33	1,891	9	12	0	11	0	0.0	2	105.8	1,198	9.1	0.2	120	72	47,010	3,003	38.9
55	Kigandalo	GOV	48	3,991	33,977	3	0.75	1,013	6	2	3	11	0	3.0	0	0.0	7,540	43.3	1.9	228	10	88,416	1,629	38.7
56	Namokora	GOV	62	5,389	28,331	126	23.38	1,286	4	11	10	20	2	9.4	3	233.3	19,580	86.5	3.6	100	257	61,006	3,940	38.7
57	Padibe	GOV	92	4,247	23,473	140	32.96	977	15	13	8	37	0	8.2	0	0.0	10,253	30.5	2.4	209	270	48,292	3,721	38.5
58	Anyeke	GOV	76	5,762	34,116	118	20.48	1,319	4	14	26	33	0	19.7	1	75.8	14,632	52.7	2.5	212	416	64,326	3,939	38.4
59	Ober	GOV	28	2,337	26,640	6	2.57	1,219	4	2	0	5	0	0.0	0	0.0	6,974	67.8	3.0	0	0	58,337	3,822	38.4
60	Kityerera	GOV	15	3,660	32,846	5	1.37	1,230	5	7	5	14	0	4.2	0	0.0	5,007	89.5	1.4	172	0	64,284	2,605	38.4
61	Busiu	GOV	53	9,508	32,819	73	7.68	2,320	10	15	3	12	0	1.3	1	43.1	28,403	146.8	3.0	403	0	61,603	4,995	38.3
62	Rhino Camp	GOV	32	3,869	19,041	64	16.54	1,068	6	8	8	21	1	8.5	2	187.3	7,675	65.4	2.0	244	210	72,116	3,234	38.3
63	Alebthong	GOV	59	4,511	36,942	73	16.18	1,599	4	4	4	8	0	2.5	2	125.1	11,158	51.8	2.5	143	273	72,704	3,186	38.0
64	Budondo	GOV	50	3,256	17,393	146	44.84	1,092	6	6	0	11	0	0.0	0	0.0	6,513	35.9	2.0	174	112	35,412	2,228	37.6
65	Kaliagala	GOV	33	4,339	25,629	19	4.38	1,616	5	5	1	7	0	0.6	1	61.9	12,672	104.7	2.9	380	18	40,681	3,278	37.5
66	Kironi	GOV	19	2,087	11,082	3	1.43	904	1	1	0	2	0	0.0	0	0.0	83	1.2	0.0	208	44	20,620	1,617	37.4

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67	Mpigi	GOV	46	5,477	53,350	5	0.91	2,816	15	25	3	15	0	1.1	1	35.5	8,380	49.9	1.5	735	3	57,393	2,461	37.3
68	Nankoma	GOV	48	5,500	23,836	19	3.45	2,013	27	20	12	30	0	6.0	2	99.4	12,381	71.0	2.3	613	0	42,942	5,673	37.3
69	Rugazi	GOV	50	4,898	19,681	6	1.22	2,134	10	12	4	12	0	1.9	0	0.0	14,047	77.0	2.9	729	181	29,997	2,885	37.0
70	Semuto	GOV	24	4,237	23,165	41	9.68	972	4	8	11	24	0	11.4	0	0.0	8,564	99.5	2.0	205	95	36,334	2,576	37.0
71	Muyembe	GOV	29	5,003	16,355	139	27.78	1,619	26	11	2	24	0	1.2	1	61.8	3,926	37.7	0.8	379	369	34,395	3,878	36.9
72	City Medicals	PPP	5	201	9,945	7	34.83	76	0	2	0	27	0	0.0	0	0.0	267	13.7	1.3	24	0	9,603	3,287	36.9
73	Orum	GOV	35	2,900	18,470	127	43.79	814	7	1	8	20	0	9.9	0	0.0	8,151	63.7	2.8	48	698	43,550	2,965	36.8
74	Lwengo	GOV	30	1,970	18,455	5	2.54	947	1	0	0	1	0	0.0	2	211.2	5,693	52.0	2.9	208	140	40,664	1,380	36.8
75	Kihiki	GOV	94	5,094	17,893	66	12.96	2,124	17	13	17	22	0	8.1	0	0.0	15,981	46.7	3.1	429	269	33,381	3,728	36.8
76	Bisozi	GOV	40	2,116	20,299	0	0.00	476	1	2	0	6	0	0.0	0	0.0	5,093	34.9	2.4	38	0	35,720	1,949	36.7
77	Bugembe	GOV	44	3,323	24,299	3	0.90	1,652	1	12	0	8	0	0.0	2	121.1	6,005	37.5	1.8	203	2	47,049	2,003	36.5
78	Nkwetwe	GOV	54	3,856	14,560	4	1.04	2,216	17	16	0	15	0	0.0	0	0.0	8,052	40.9	2.1	377	172	30,909	1,573	36.3
79	Amach	GOV	38	3,428	27,722	14	4.08	894	0	5	0	6	0	0.0	0	0.0	11,252	80.4	3.3	69	0	64,609	1,291	36.2
80	State House	GOV	40	2,669	47,743	32	11.99	1,461	16	7	1	16	0	0.7	0	0.0	7,615	51.7	2.9	483	323	43,347	2,505	36.2
81	Chahafi	GOV	31	2,684	17,097	6	2.24	942	3	3	2	8	0	2.1	0	0.0	7,563	66.8	2.8	237	11	27,717	2,949	35.9
82	Buwasa	GOV	21	2,220	17,529	6	2.70	978	8	5	0	13	0	0.0	1	102.2	3,292	42.1	1.5	227	15	32,020	2,723	35.9
83	Kasangati	GOV	31	4,600	47,768	85	18.48	3,840	15	17	0	8	0	0.0	1	26.0	12,523	110.7	2.7	1,007	0	54,770	2,302	35.8
84	Namwenda	GOV	39	3,793	19,917	10	2.64	1,585	6	17	2	17	0	1.3	0	0.0	8,726	60.8	2.3	227	103	44,241	2,101	35.6
85	Rubare	GOV	37	2,778	16,980	8	2.88	1,251	2	5	1	6	0	0.8	0	0.0	5,531	41.0	2.0	130	17	30,250	2,645	35.6
86	Yumbe	GOV	48	7,738	32,043	49	6.33	2,809	13	15	7	13	0	2.5	2	71.2	21,715	123.7	2.8	608	302	73,472	1,700	35.6
87	Aboke	GOV	32	4,892	27,220	18	3.68	2,129	18	4	7	14	5	5.6	0	0.0	9,010	78.4	1.8	550	0	55,401	2,866	35.6
88	Kapelebyong	GOV	82	6,216	22,485	54	8.69	1,095	2	1	4	8	1	5.7	1	91.3	12,108	40.5	1.9	29	160	41,652	3,907	35.5
89	Pajule	GOV	42	6,974	21,456	67	9.61	1,514	20	14	4	25	0	2.7	2	132.1	16,656	108.4	2.4	175	276	41,733	3,275	35.4
90	Bugono	GOV	30	2,601	23,791	11	4.23	989	4	8	7	19	0	7.0	0	0.0	4,172	38.1	1.6	163	75	55,566	1,801	35.3
91	Kyarusozi	GOV	42	4,450	23,296	149	33.48	1,224	8	8	3	16	0	2.5	0	0.0	7,011	45.6	1.6	197	70	43,407	2,214	35.2
92	Buwambo	GOV	32	5,294	27,943	4	0.76	1,565	3	3	1	4	1	1.3	0	0.0	11,590	99.2	2.2	214	0	45,909	1,943	35.0
93	Doctors Case Medicals	PPP	1	100	13,594	2	20.00	166	0	0	0	0	0	0.0	0	0.0	183	35.4	1.8	9	57	4,598	1,421	34.9
94	Mwera	GOV	20	1,325	9,166	0	0.00	368	3	3	0	16	0	0.0	0	0.0	4,230	58.4	3.2	58	34	17,888	655	34.7
95	Kojja	GOV	30	2,387	14,347	17	7.12	1,524	8	9	5	14	0	3.3	0	0.0	87	0.8	0.0	474	146	35,021	2,543	34.7
96	Ssembabule	GOV	34	4,552	20,692	11	2.42	2,106	15	16	5	17	0	2.4	4	189.9	2,020	16.5	0.4	685	217	40,465	3,324	34.7
97	Mbarara Municipal Council	GOV	17	2,908	13,431	0	0.00	2,965	9	14	6	10	0	2.1	0	0.0	5,260	82.7	1.8	425	166	30,825	595	34.7
98	Masindi Military Barracks Health Centre	GOV	50	2,715	21,872	9	3.31	247	1	3	0	16	0	0.0	0	0.0	6,989	38.7	2.6	49	104	36,734	1,297	34.6
99	Kabuyanda	GOV	41	3,940	9,312	2	0.51	1,736	18	15	9	24	0	5.2	1	57.6	8,548	57.5	2.2	206	0	19,869	5,085	34.4
100	River Oti	GOV	55	4,189	21,798	12	2.86	1,989	10	13	0	12	0	0.0	1	50.3	8,630	43.1	2.1	255	35	47,971	1,583	34.4

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101	Kyanamukaaka	GOV	33	1,774	18,514	0	0.00	841	1	2	2	6	0	2.4	0	0.0	3,621	29.9	2.0	108	5	40,691	816	34.3
102	Toroma	GOV	44	6,402	18,434	7	1.09	684	0	0	0	0	0	0.0	0	0.0	22,095	137.6	3.5	0	0	40,295	1,579	34.3
103	Kajjansi	GOV	18	2,793	46,054	1	0.36	2,096	4	12	2	9	0	0.9	1	47.7	3,540	53.9	1.3	261	0	85,249	611	34.3
104	Kigoroby	GOV	30	4,390	29,628	35	7.97	1,394	15	7	0	16	0	0.0	1	72.3	5,614	51.0	1.3	0	28	60,917	2,156	34.3
105	Hamuwa	GOV	38	1,961	21,686	20	10.20	1,185	3	3	4	8	0	3.4	0	0.0	7,410	53.8	3.8	220	0	31,738	4,233	33.9
106	Kassanda	GOV	24	4,643	20,483	28	6.03	2,819	28	43	7	28	0	2.5	1	35.5	8,525	95.7	1.8	800	704	45,566	2,068	33.8
107	Princess Diana	GOV	20	1,991	21,979	18	9.04	1,330	5	4	2	8	0	1.5	0	0.0	123	1.7	0.1	233	720	38,663	1,857	33.7
108	Nyimbwa	GOV	25	2,091	18,554	11	5.26	800	1	3	0	5	0	0.0	0	0.0	4,138	44.6	2.0	125	45	28,534	921	33.7
109	Rwashamatre	GOV	26	2,840	17,082	78	27.46	1,473	3	4	0	5	0	0.0	0	0.0	3,493	36.8	1.2	96	26	27,350	670	33.6
110	Maziba	GOV	33	1,717	14,904	0	0.00	433	4	1	1	14	0	2.3	0	0.0	4,192	34.4	2.4	126	1,344	25,505	1,541	33.6
111	Herona Medical Centre	PPP	50	1,270	30,937	8	6.30	484	3	11	0	29	0	0.0	0	0.0	3,164	17.3	2.5	210	16	16,627	2,304	33.4
112	Kakuuto	GOV	66	4,216	20,379	53	12.57	1,419	20	21	3	31	0	2.1	0	0.0	7,643	31.7	1.8	409	299	30,219	2,635	33.4
113	Mparo	GOV	27	2,988	17,260	23	7.70	847	7	5	7	23	0	8.3	0	0.0	9,197	91.9	3.1	175	3	26,927	2,261	33.3
114	Kanungu	GOV	46	3,906	17,029	34	8.70	1,026	1	9	4	14	0	3.9	1	97.5	10,758	64.2	2.8	385	292	28,809	3,747	33.2
115	Bukwo	GOV	35	4,000	20,118	60	15.00	1,052	17	9	3	28	0	2.9	3	285.2	7,998	62.6	2.0	187	2	47,218	2,856	33.1
116	Madi-Opei	GOV	36	2,407	21,495	53	22.02	514	2	0	3	10	0	5.8	0	0.0	6,091	47.0	2.5	16	124	47,437	1,697	33.1
117	Nakasongola Health Centre IV	GOV	51	4,910	24,887	66	13.44	1,424	9	11	4	17	0	2.8	1	70.2	11,720	62.4	2.4	428	327	33,684	3,369	33.0
118	Omugo	GOV	77	4,240	26,889	74	17.45	1,732	18	22	17	34	0	10.0	4	230.9	11,483	41.0	2.7	654	0	61,596	4,281	33.0
119	5th Military Division	GOV	33	2,220	12,825	0	0.00	149	0	0	0	0	0	0.0	0	0.0	7,261	60.4	3.3	0	0	23,078	1,494	33.0
120	St. Mary's Kasoola	PNFP	60	902	6,836	0	0.00	181	0	0	0	0	0	0.0	0	0.0	1,186	5.4	1.3	42	0	14,973	466	32.9
121	Bukomero	GOV	45	4,765	26,412	36	7.56	1,848	15	12	6	18	0	3.3	2	108.2	9,993	61.3	2.1	272	137	50,398	2,511	32.8
122	Masindi Kiriara Medical Centre	PNFP	63	2,009	20,930	36	17.92	454	6	3	11	44	1	26.6	0	0.0	4,175	18.1	2.1	186	56	29,492	2,966	32.8
123	Rwekubo	GOV	65	5,336	12,859	30	5.62	2,949	88	43	14	50	0	4.9	2	67.8	14,544	60.9	2.7	1,413	284	24,836	3,846	32.7
124	St. Theresa Lisieux Rwitbaale	PNFP	42	3,077	11,473	61	19.82	874	24	12	4	47	0	4.7	0	0.0	6,723	43.9	2.2	440	129	21,600	2,892	32.7
125	Karugutu	GOV	67	3,852	20,394	49	12.72	1,547	8	15	6	19	0	3.9	2	129.3	5,619	23.1	1.5	447	187	36,399	3,462	32.6
126	Namayumba	GOV	31	4,804	18,824	14	2.91	2,380	14	16	6	15	0	2.6	0	0.0	8,998	73.4	1.7	726	0	39,852	2,608	32.5
127	Kiganda	GOV	31	4,175	16,957	21	5.03	2,238	20	25	2	21	0	0.9	2	89.4	9,476	82.6	2.3	576	99	31,590	2,679	32.3
128	Karenga	GOV	52	4,462	21,824	64	14.34	470	15	1	3	42	3	13.2	1	212.8	10,287	54.6	2.3	41	49	44,356	3,006	32.1
129	Mitooma	GOV	40	3,476	17,107	23	6.62	1,969	9	5	2	8	0	1.0	1	50.8	9,264	64.0	2.7	610	20	32,342	2,653	32.0
130	Abii Clinic Health Centre	PPP	7	126	20,542	13	103.17	8	0	0	0	0	0	0.0	0	0.0	99	3.8	0.8	2	8	8,080	148	31.9
131	Kebisoni	GOV	36	1,840	16,372	5	2.72	1,305	7	9	0	12	0	0.0	0	0.0	1,486	11.3	0.8	180	281	25,959	354	31.8
132	Kangulumira	GOV	63	3,988	31,143	29	7.27	1,713	2	7	9	11	0	5.3	1	58.4	8,014	34.9	2.0	249	244	43,482	2,723	31.8
133	Bubulo	GOV	18	2,476	15,852	2	0.81	1,754	11	4	1	9	0	0.6	1	57.0	5,585	83.5	2.3	308	25	39,777	1,153	31.7
134	Kikyo	GOV	28	2,765	10,632	8	2.89	535	1	2	0	6	0	0.0	0	0.0	7,613	73.6	2.8	25	0	14,001	2,273	31.6

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135	Kibiito	GOV	56	5,082	17,394	87	17.12	2,561	19	13	19	20	0	7.4	2	78.1	15,135	74.6	3.0	582	78	34,676	2,934	31.6
136	Kazo	GOV	27	2,610	27,211	32	12.26	1,091	8	3	1	11	0	0.9	1	91.7	3,094	31.6	1.2	289	14	52,502	1,462	31.1
137	Ngoma	GOV	13	850	18,398	5	5.88	620	3	3	0	10	0	0.0	0	0.0	1,686	35.5	2.0	13	4	31,749	299	31.1
138	Kyazanga	GOV	22	2,271	24,203	10	4.40	1,596	16	15	7	24	0	4.5	0	0.0	3,169	39.0	1.4	694	57	24,549	1,799	31.0
139	Mungula	GOV	69	2,792	29,194	44	15.76	1,006	5	7	5	17	0	5.1	1	99.4	7,386	29.3	2.6	238	0	68,698	3,285	30.9
140	North Kigezi Health Centre	PNFP	47	3,544	8,206	51	14.39	1,044	4	5	9	17	0	8.7	0	0.0	9,404	54.6	2.7	349	3	13,926	2,625	30.9
141	Bushenyi	GOV	36	3,306	25,185	12	3.63	1,764	3	6	3	7	0	1.7	0	0.0	1,131	8.6	0.3	432	18	26,206	1,295	30.6
142	Hima UCI	PNFP	10	145	4,149	0	0.00	1	0	0	0	0	0	0.0	0	0.0	314	8.3	2.2	0	0	3,688	2,249	30.6
143	Rwebisengo	GOV	21	1,873	12,292	10	5.34	440	4	3	1	19	2	6.9	0	0.0	3,898	50.9	2.1	49	2	22,681	1,930	30.5
144	St. Franciscan	PNFP	21	1,128	6,348	20	17.73	289	4	6	0	36	0	0.0	0	0.0	1,831	23.9	1.6	107	258	9,207	1,385	30.4
145	Ishongororo	GOV	71	4,047	23,138	39	9.64	1,463	6	17	3	18	0	2.1	0	0.0	8,248	31.9	2.0	227	206	43,420	1,073	30.2
146	Rugaaga	GOV	29	2,988	13,162	41	13.72	977	3	6	7	16	1	8.2	0	0.0	6,478	62.3	2.2	118	50	27,618	1,485	30.1
147	Span Medicare	PPP	7	224	24,151	11	49.11	90	0	0	0	0	0	0.0	0	0.0	88	3.5	0.4	48	0	19,113	540	29.9
148	Bondo	GOV	4	1,048	11,698	0	0.00	618	0	3	0	5	0	0.0	0	0.0	1,037	71.0	1.0	0	0	29,199	162	29.9
149	Kitwe	GOV	46	4,367	18,494	121	27.71	1,642	7	8	6	13	0	3.7	0	0.0	9,180	54.2	2.1	161	97	31,453	1,256	29.8
150	Michoes Medical	PPP	32	1,046	1,698	22	21.03	141	0	0	0	0	0	0.0	0	0.0	5,381	45.7	5.1	107	0	2,213	1,887	29.8
151	Atiak	GOV	19	1,964	18,922	18	9.16	415	7	2	3	29	0	7.3	0	0.0	5,163	73.2	2.6	37	77	37,380	910	29.8
152	Kalaki	GOV	24	3,883	31,567	6	1.55	818	2	0	2	5	0	2.4	0	0.0	8,507	98.5	2.2	0	0	68,931	1,295	29.8
153	Bulisa	GOV	36	2,156	13,873	2	0.93	520	0	0	0	0	1	1.9	0	0.0	3,685	28.4	1.7	0	0	27,257	2,746	29.8
154	Bukuku	GOV	38	2,066	14,732	3	1.45	847	1	3	1	6	0	1.2	0	0.0	4,119	29.7	2.0	181	27	24,978	1,184	29.7
155	Bukutula	GOV	22	2,084	14,331	4	1.92	1,573	8	16	0	15	0	0.0	2	127.1	2,827	35.2	1.4	565	64	21,512	1,302	29.7
156	Warr	GOV	26	2,429	27,800	12	4.94	726	7	4	2	18	0	2.8	1	137.7	5,380	57.4	2.2	119	86	56,744	1,330	29.7
157	Sikyomu Doctors Medical Centre	PPP	15	629	16,752	141	224.17	195	3	1	0	21	0	0.0	0	0.0	1,165	21.5	1.9	48	170	17,286	876	29.6
158	Nyamirami	GOV	27	2,604	14,140	5	1.92	997	7	0	0	8	0	0.0	0	0.0	6,558	67.4	2.5	299	0	27,764	997	29.5
159	Bugangari	GOV	20	1,863	19,392	0	0.00	1,236	5	6	1	10	0	0.8	2	161.8	3,726	50.8	2.0	325	20	28,503	756	29.1
160	Bwjianga	GOV	29	2,238	10,249	8	3.57	1,215	9	22	1	27	0	0.8	1	82.3	3,378	32.5	1.5	82	13	19,954	2,568	28.9
161	Biiso	GOV	21	2,202	22,236	19	8.63	659	3	1	2	10	0	3.4	1	151.7	2,794	36.5	1.3	2	2	56,375	913	28.9
162	Sebbi Medical	PPP	99	2,133	36,819	37	17.35	623	0	1	2	5	0	3.2	0	0.0	216	0.6	0.1	335	0	11,573	3,162	28.8
163	Kamukira	GOV	35	2,547	28,785	17	6.67	992	1	0	4	5	0	4.0	0	0.0	5,793	45.3	2.3	210	0	47,069	1,549	28.5
164	Maddu	GOV	40	1,743	15,066	8	4.59	858	0	4	2	7	0	2.3	0	0.0	3,285	22.5	1.9	41	143	27,901	1,082	28.3
165	Kaserem	GOV	20	1,616	11,510	2	1.24	617	1	4	0	8	0	0.0	0	0.0	484	6.5	0.3	21	0	19,721	762	27.9
166	Kakomo	GOV	13	585	11,801	4	6.84	332	0	0	0	0	0	0.0	0	0.0	864	18.4	1.5	0	24	18,148	106	27.7
167	Kabwohe	GOV	47	4,644	22,700	73	15.72	2,199	11	11	5	12	0	2.3	1	45.5	10,206	59.0	2.2	237	12	36,989	1,350	27.6
168	Rubuguri	GOV	38	1,260	19,716	5	3.97	603	4	0	0	7	0	0.0	0	0.0	2,543	18.3	2.0	117	0	29,528	1,020	27.6

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169	Ruhoko	GOV	45	2,901	11,855	64	22.06	1,510	5	9	4	12	0	2.7	0	0.0	5,114	31.1	1.8	205	237	20,389	1,261	27.6
170	St. Joseph Of the Good	PNFP	73	3,263	9,283	57	17.47	938	8	17	9	37	0	9.8	0	0.0	9,177	34.4	2.8	293	170	9,288	2,242	27.6
171	Kamwezi	GOV	33	1,917	14,793	10	5.22	578	1	9	1	19	0	1.7	0	0.0	6,147	51.6	3.2	124	2	25,770	1,000	27.6
172	St. Francis Health Care Services	PNFP	104	1,720	7,155	3	1.74	749	4	1	1	8	0	1.3	0	0.0	2,936	7.7	1.7	201	125	12,150	1,434	27.3
173	Buyinja	GOV	31	4,342	25,165	35	8.06	1,258	20	12	9	33	0	7.3	2	159.0	7,722	67.7	1.8	198	164	42,414	1,137	27.3
174	Arahmah Medical Centre	PNFP	13	831	5,152	5	6.02	36	0	0	0	0	0	0.0	0	0.0	2,286	48.2	2.8	4	0	8,126	481	27.3
175	Ultra Medical Centre	PPP	7	58	7,672	2	34.48	46	0	0	0	0	0	0.0	0	0.0	33	1.3	0.6	4	0	12,191	85	27.3
176	Kiruhura	GOV	31	2,362	14,712	14	5.93	1,326	5	0	0	4	0	0.0	1	75.4	5,121	45.5	2.2	246	0	30,733	1,625	27.3
177	Lodonga	PNFP	69	2,544	6,813	12	4.72	909	3	1	1	5	0	1.1	0	0.0	6,797	27.0	2.7	142	0	29,668	2,134	27.1
178	Nyamuyanja	GOV	35	1,705	11,218	6	3.52	601	1	1	0	3	0	0.0	0	0.0	5,061	39.3	3.0	14	0	22,529	812	27.1
179	Dokolo	GOV	74	7,052	33,596	192	27.23	1,854	15	17	16	26	0	8.6	2	107.9	32,220	119.2	4.6	209	782	60,942	92	26.8
180	St. Andrews Bkira Maria	PNFP	75	3,258	9,812	52	15.96	881	11	7	8	30	0	9.2	1	113.5	5,264	19.2	1.6	347	237	16,903	2,805	26.7
181	Kibaale	GOV	54	3,332	12,402	60	18.01	2,026	35	35	19	44	0	9.5	1	49.4	6,933	35.2	2.1	516	224	31,318	1,891	26.6
182	Bwizibwera	GOV	37	3,668	17,658	63	17.18	1,683	13	10	6	17	0	3.6	1	59.4	10,301	76.8	2.8	513	227	30,048	1,437	26.6
183	Orient Medical Centre	PNFP	9	502	4,400	13	25.90	69	1	0	0	15	0	0.0	0	0.0	720	20.9	1.4	21	68	2,336	360	26.5
184	Bugolobi Medical Centre	PPP	19	571	29,332	6	10.51	107	0	1	0	9	0	0.0	0	0.0	240	3.5	0.4	43	0	16,896	893	26.5
185	Nsika	GOV	25	2,504	13,950	28	11.18	1,397	10	9	2	15	0	1.4	0	0.0	4,537	49.4	1.8	182	0	23,266	1,977	26.5
186	Kabubbu	PNFP	29	1,509	14,584	12	7.95	817	2	14	2	22	0	2.5	0	0.0	361	3.4	0.2	159	4	19,791	717	26.5
187	UPDF 2nd Div.	GOV	40	1,725	12,621	6	3.48	288	2	2	1	17	0	3.5	0	0.0	2,089	14.2	1.2	21	0	21,479	2,161	26.3
188	Namulundu Medical	PPP	20	470	7,259	75	159.57	108	0	0	0	0	0	0.0	0	0.0	1,390	19.5	3.0	24	0	6,985	713	26.1
189	Buwenge	GOV	37	3,555	16,453	4	1.13	951	7	4	6	18	0	6.3	0	0.0	5,808	43.4	1.6	116	0	34,133	1,114	26.1
190	Rwesande	PNFP	56	2,887	5,482	73	25.29	606	12	9	6	46	0	10.3	1	165.0	8,694	42.8	3.0	289	137	13,039	2,938	26.0
191	Kaparon	GOV	30	3,151	13,356	46	14.60	776	6	5	0	14	3	3.9	0	0.0	4,703	42.6	1.5	29	0	24,314	1,836	26.0
192	Mpumudde	GOV	15	2,048	23,662	12	5.86	1,155	0	7	2	8	0	1.7	0	0.0	4,510	84.2	2.2	27	0	32,904	810	25.8
193	Osepadel Medical Centre	PNFP	28	200	1,272	12	60.00	19	0	0	0	0	0	0.0	0	0.0	119	1.2	0.6	6	0	2,058	126	25.8
194	Rukungiri	GOV	23	1,603	18,762	6	3.74	710	0	0	0	0	0	0.0	0	0.0	3,564	42.1	2.2	0	0	26,232	590	25.7
195	Kiwangala	GOV	27	1,271	19,793	35	27.54	848	2	3	0	6	0	0.0	2	235.8	1,928	19.6	1.5	200	1	22,779	506	25.7
196	Senta Medicare	PPP	15	105	3,644	18	171.43	79	0	0	0	0	0	0.0	0	0.0	60	1.1	0.6	13	0	2,777	66	25.7
197	Kitante Medical Centre	PPP	3	102	16,515	2	19.61	11	0	0	0	0	0	0.0	0	0.0	428	38.0	4.2	0	32	8,031	219	25.1
198	Benedict Health Centre	PNFP	67	646	18,245	12	18.58	282	4	1	0	18	0	0.0	2	709.2	1,423	5.8	2.2	104	83	20,008	1,186	25.0
199	Ruteete	GOV	7	185	11,799	0	0.00	234	0	1	0	4	0	0.0	0	0.0	204	7.6	1.1	0	0	23,408	10	24.9
200	Kikrube	GOV	30	2,235	13,514	16	7.16	1,348	5	6	6	13	0	4.5	1	74.2	3,911	36.3	1.7	233	19	27,655	1,314	24.9
201	Padre Pio	PNFP	43	1,710	4,886	12	7.02	406	0	4	6	25	0	14.7	0	0.0	5,201	33.0	3.0	99	89	12,736	1,247	24.9
202	Ntara	GOV	44	3,327	19,683	40	12.02	1,372	5	9	3	12	0	2.2	1	72.9	9,064	56.4	2.7	285	0	38,242	2,268	24.8

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203	Lamu Medical Centre	PPP	6	185	705	1	5.41	50	0	1	0	22	0	0.0	0	0.0	373	16.4	2.0	31	15	439	232	24.7
204	Rubaya	GOV	29	1,256	17,810	4	3.18	699	1	2	1	6	1	2.8	0	0.0	1,341	12.7	1.1	73	0	25,798	1,052	24.6
205	Kyantungo	GOV	27	1,954	15,452	2	1.02	449	1	5	4	22	0	8.9	0	0.0	5,156	52.3	2.6	104	0	30,116	1,041	24.5
206	Wakiso	GOV	29	7,019	33,371	306	43.60	4,159	31	28	9	17	0	2.2	2	48.1	15,359	145.5	2.2	1,042	0	54,159	547	24.5
207	Kyadondo Medical Centre	PPP	53	1,214	6,170	22	18.12	178	0	2	0	11	0	0.0	0	0.0	1,941	10.1	1.6	47	0	5,141	1,349	24.4
208	Kolonyi	PNFP	57	1,420	9,709	26	18.31	221	1	11	0	56	0	0.0	1	452.5	4,178	20.1	2.9	83	117	12,546	1,252	24.0
209	Kyetume CBHC	PNFP	41	909	5,320	12	13.20	195	0	1	0	5	0	0.0	1	512.8	1,486	9.9	1.6	33	7	11,340	673	23.9
210	Ntuusi	GOV	24	1,131	9,826	1	0.88	800	1	1	1	4	0	1.3	0	0.0	2,015	23.2	1.8	237	0	16,087	935	23.7
211	Shuuku	GOV	32	2,129	11,827	15	7.05	948	0	1	3	4	0	3.2	0	0.0	4,815	41.2	2.3	78	0	22,736	1,098	23.3
212	Ssekanyonyi	GOV	18	1,818	18,912	1	0.55	737	1	2	1	5	0	1.4	1	135.7	3,632	55.3	2.0	74	0	37,748	611	23.3
213	Henrob Family Clinic	PPP	38	1,673	17,996	93	55.59	530	2	8	1	21	0	1.9	1	188.7	309	2.3	0.2	244	5	22,500	1,047	23.2
214	Adumi	GOV	32	2,504	21,624	237	94.65	942	1	9	1	12	0	1.1	1	106.2	5,161	44.2	2.1	216	0	43,529	1,172	22.2
215	St. Luke Namaliga	PNFP	36	1,168	6,011	13	11.13	254	1	0	3	16	1	15.8	0	0.0	2,846	21.7	2.4	67	53	12,104	491	22.2
216	Wagagai	PPP	19	780	24,104	1	1.28	145	1	1	2	29	0	14.3	0	0.0	1,649	23.8	2.1	47	21	12,103	3	22.0
217	Bosa Medical Centre	PPP	9	529	8,687	48	90.74	129	5	2	0	59	0	0.0	0	0.0	1,436	42.9	2.7	40	0	5,336	603	21.9
218	Magale (UCMB)	PNFP	83	2,085	5,932	75	35.97	728	28	11	6	65	0	8.6	1	137.4	4,856	16.0	2.3	217	141	14,784	1,813	21.8
219	Bukwo NGO	PNFP	33	818	3,910	2	2.44	261	1	1	0	8	0	0.0	0	0.0	2,088	17.3	2.6	2	0	9,993	301	21.8
220	St. Francis (Mityana)	PNFP	16	404	5,413	2	4.95	151	0	1	0	8	0	0.0	0	0.0	848	14.7	2.1	25	0	6,903	447	21.7
221	Buhunga	GOV	18	1,552	14,436	28	18.04	1,345	2	2	2	4	0	1.5	0	0.0	3,844	58.2	2.5	129	0	21,805	324	21.5
222	St. Mary's Kakindo	PNFP	29	1,609	2,295	15	9.32	672	14	11	12	57	0	18.4	0	0.0	5,589	52.8	3.5	293	0	6,824	1,815	21.4
223	Azur	PNFP	73	1,946	4,006	18	9.25	804	7	8	2	21	0	2.5	1	124.4	4,139	15.5	2.1	204	117	9,237	1,654	21.2
224	Red Rose	PPP	19	1,293	7,648	10	7.73	432	6	7	7	47	0	16.5	0	0.0	1,208	17.7	0.9	167	0	6,117	1,056	20.7
225	Holy Cross - Kikyusa	PNFP	26	1,114	6,611	14	12.57	346	3	2	1	17	1	5.8	1	289.0	2,575	27.4	2.3	108	86	11,525	1,371	20.6
226	Kalangala	GOV	45	1,307	14,254	12	9.18	670	16	9	3	45	0	4.8	3	447.8	3,417	20.8	2.6	238	9	21,865	1,105	20.6
227	Hope	PPP	14	123	889	9	73.17	34	0	0	0	0	0	0.0	0	0.0	65	1.3	0.5	0	0	1,776	37	20.5
228	Busanza	GOV	15	808	13,888	1	1.24	249	1	2	0	12	0	0.0	0	0.0	1,669	30.5	2.1	0	0	20,281	446	20.3
229	Ntungamo	GOV	27	2,076	21,073	6	2.89	971	0	3	1	4	0	1.0	0	0.0	976	9.9	0.5	0	0	25,031	778	19.9
230	Muko	GOV	34	1,638	21,421	19	11.60	1,130	4	3	2	8	0	1.7	1	88.5	4,810	38.9	2.9	356	0	31,686	1,254	19.8
231	Maracha	GOV	9	1,240	20,761	42	33.87	582	0	4	2	10	0	3.5	0	0.0	2,609	78.0	2.1	0	0	43,070	189	19.5
232	Bugamba	GOV	25	1,162	10,338	6	5.16	692	3	0	1	6	0	1.4	0	0.0	2,529	28.3	2.2	39	0	20,559	131	19.4
233	Palaabek-Kal	GOV	22	1,785	17,303	9	5.04	410	3	4	2	22	0	4.9	0	0.0	3,993	49.7	2.2	0	0	35,815	909	19.0
234	Saidina Abubakar Islamic Hospital	PNFP	52	676	9,692	6	8.88	236	1	1	2	17	0	8.3	1	423.7	1,133	6.0	1.7	87	210	14,106	837	19.0
235	Mother Francisca Lechner	PNFP	17	868	4,317	2	2.30	379	2	1	2	13	0	5.2	1	263.9	2,679	42.1	3.1	145	160	9,219	530	18.4
236	Bukuya	GOV	8	1,426	13,690	3	2.10	1,659	1	12	2	9	0	1.2	0	0.0	3,244	114.7	2.3	0	0	24,133	51	18.4
237	Midas Torch	PPP	28	912	5,862	62	67.98	194	8	6	0	93	0	0.0	2	1,030.9	1,578	15.7	1.7	120	0	6,391	1,038	18.2

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238	St. Mary's Kalule	PNFP	39	1,003	2,519	13	12.96	144	3	3	5	76	0	34.7	0	0.0	2,636	18.5	2.6	34	0	5,689	975	17.1	
239	Medik	PPP	9	139	749	0	0.00	158	0	0	3	19	0	18.8	1	632.9	82	2.5	0.6	62	0	1,162	262	16.6	
240	St. Luke	PNFP	28	727	3,295	7	9.63	199	2	1	1	19	0	4.7	0	0.0	1,980	19.4	2.7	74	0	7,667	511	16.3	
241	Mpungu	GOV	12	533	13,019	3	5.63	241	3	1	1	22	0	4.3	0	0.0	1,116	25.5	2.1	0	0	21,715	406	14.1	
242	St. Ambrose Charity	PPP	55	1,280	4,768	43	33.59	261	13	12	1	110	0	4.2	2	766.3	2,788	13.9	2.2	143	0	5,480	1,441	13.9	
243	Kiyumba	GOV	11	714	7,850	3	4.20	550	3	6	2	20	1	5.5	1	181.8	1,546	38.5	2.2	192	0	10,507	507	13.7	
244	Rugyevo	GOV	23	533	10,899	4	7.50	265	1	0	0	4	9	34.2	0	0.0	2,191	26.7	4.1	0	0	18,801	333	13.4	
245	Bukasa	GOV	16	358	18,590	5	13.97	115	0	0	1	9	1	17.4	1	869.6	1,062	18.2	3.0	0	2	27,985	151	13.3	
246	K.T Medical Centre	PPP	0	0	3,767	0	#DIV/0!	67	1	0	1	29	0	14.7	0	0.0	0	#DIV/0!	0.0	0	0	0	3,093	5,148	NR
247	Mulanda	GOV	22	1,972	26,146	6	3.04	1,472	7	3	5	10	0	3.4	0	0.0	0	0.0	0.0	25	0	43,188	1,444	NR	
248	Ndeje	GOV	16	3,098	28,200	0	0.00	2,882	1	6	0	2	0	0.0	1	34.7	0	0.0	0.0	386	0	80,257	938	NR	
249	Moyo Mission	PNFP	36	1,361	3,781	0	0.00	202	0	0	0	0	0	0.0	0	0.0	3,163	24.2	2.3	8	0	8,070	888	NR	
250	Nabiswera	GOV	14	1,084	9,733	0	0.00	517	3	8	2	25	0	3.9	0	0.0	1,603	30.5	1.5	110	0	19,188	614	NR	
251	Kataraka	GOV	5	372	13,622	0	0.00	338	1	0	0	3	0	0.0	0	0.0	197	10.8	0.5	0	0	24,866	8	NR	
252	Astu	GOV	0	0	13,376	0	#DIV/0!	0	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	0	25,485	NR	
253	Frost Hospital	PPP	0	0	12,716	0	#DIV/0!	57	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	0	7,533	NR	
254	Kachumbala	GOV	0	0	17,789	0	#DIV/0!	1,429	2	2	0	3	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	0	41,248	NR	
255	Kairos Medical Centre	PPP	0	0	5,675	0	#DIV/0!	51	0	0	0	0	0	0.0	1	1,960.8	0	#DIV/0!	0.0	0	0	4,294	NR		
256	Karita	GOV	1	0	22,372	0	#DIV/0!	622	4	6	1	18	0	1.6	0	0.0	0	0.0	0.0	0	0	48,508	NR		
257	Midas Touch	PPP	0	0	75	0	#DIV/0!	2	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	183	NR		
258	Musana Community	PPP	0	0	1,694	0	#DIV/0!	38	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	1,308	NR		
259	Naguru Police	GOV	0	0	34,785	0	#DIV/0!	0	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	38,743	NR		
260	Naluvule Medical	PPP	0	0	1,536	0	#DIV/0!	46	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	2,227	NR		
261	Nsambya Police	GOV	0	0	45,875	0	#DIV/0!	725	0	0	1	1	0	1.4	0	0.0	0	#DIV/0!	0.0	0	0	52,421	NR		
262	Pearl Medical Centre	PPP	0	0	2,041	0	#DIV/0!	182	0	0	1	5	0	5.1	0	0.0	0	#DIV/0!	0.0	0	0	1,845	NR		
263	Platinum Medical Centre	PPP	0	0	27,430	0	#DIV/0!	38	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	13,116	NR		
264	Salaama Memorial Medical	PPP	0	0	2,756	0	#DIV/0!	165	0	0	0	0	0	0.0	1	606.1	0	#DIV/0!	0.0	NR	0	756	NR		
265	SAS Clinic	PPP	0	0	4,341	0	#DIV/0!	0	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	NR	0	4,778	NR		
266	Social Doctors	PPP	0	0	885	0	#DIV/0!	191	0	0	1	6	0	6.0	0	0.0	0	#DIV/0!	0.0	0	110	1,851	NR		
267	Spring Medicare	PPP	0	0	4,314	0	#DIV/0!	223	1	0	0	5	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	5,858	NR		
268	Victoria Medical Services	PPP	0	0	9,858	217	#DIV/0!	86	0	0	0	0	0	0.0	0	0.0	0	#DIV/0!	0.0	0	0	6,516	NR		
269	Wanda Matugga	PNFP	0	0	3,676	0	#DIV/0!	214	3	1	1	23	0	4.5	0	0.0	0	#DIV/0!	0.0	0	0	5,081	NR		
Total			9,962	851,147	5,227,109	10,020	1.2	311,873	1,886	1,931	829	15	47	2.8	142	46	1,877,438	52	2.2	62,865	735,686	9,353,101	623,062		

5.5 HC IV FUNCTIONALITY BASED ON PROVISION OF CEMNOC IN FY 2023/24

S/N	LG	Health facility	Ownership	Deliveries	Caesarean sections	Transfusion Done
1.	Kampala	Kisenyi	GOV	8,844	2,128	YES
2.	Kampala	Kawaala	GOV	8,167	1,873	NO
3.	Kikuube	Kyangwali	GOV	3,595	1,602	YES
4.	Kyegegwa	Bujubuli	GOV	4,879	1,459	YES
5.	Isingiro	Rwekubo	GOV	2,949	1,413	YES
6.	Kasese	Rukoki	GOV	3,318	1,122	YES
7.	Wakiso	Wakiso	GOV	4,159	1,042	YES
8.	Wakiso	Kasangati	GOV	3,840	1,007	NO
9.	Serere	Serere	GOV	2,533	996	YES
10.	Sironko	Budadiri	GOV	3,446	843	YES
11.	Kakumiro	Kakindo	GOV	3,122	837	YES
12.	Kassanda	Kassanda	GOV	2,819	800	YES
13.	Budaka	Budaka	GOV	3,705	748	YES
14.	Kamwenge	Rwamwanja	GOV	3,793	747	YES
15.	Mpigi	Mpigi	GOV	2,816	735	YES
16.	Rubirizi	Rugazi	GOV	2,133	729	YES
17.	Wakiso	Namayumba	GOV	2,380	726	NO
18.	Lwengo	Kyazanga	GOV	1,596	694	YES
19.	Sembabule	Ssembabule	GOV	2,106	685	YES
20.	Terego	Omugo	GOV	1,732	654	YES
21.	Kakumiro	Kakumiro	GOV	2,650	650	YES
22.	Bugiri	Nankoma	GOV	2,013	613	YES
23.	Mitooma	Mitooma	GOV	1,969	610	YES
24.	Yumbe	Yumbe	GOV	2,809	608	YES
25.	Mayuge	Mayuge	GOV	2,702	594	YES
26.	Bunyangabu	Kibiito	GOV	2,561	582	YES
27.	Kiryandongo	Panyadoli	GOV	3,131	581	YES
28.	Kassanda	Kiganda	GOV	2,238	576	YES
29.	Kalungu	Bukulula	GOV	1,573	565	YES
30.	Kwania	Aduku	GOV	2,118	556	YES
31.	Kole	Aboke	GOV	2,129	550	YES
32.	Kibaale	Kibaale	GOV	2,026	516	YES
33.	Mbarara	Bwizibwera	GOV	1,683	513	YES
34.	Ngora	Ngora	GOV	1,514	499	YES
35.	Bushenyi	Kyabugimbi	GOV	2,373	483	YES
36.	Wakiso	State House	GOV	1,461	483	YES
37.	Mukono	Kojja	GOV	1,524	474	YES
38.	Ntoroko	Karugutu	GOV	1,547	447	YES
39.	Kyenjojo	St. Theresa Lisieux Rwibaale	PNFP	874	440	YES
40.	Bushenyi	Bushenyi	GOV	1,764	432	YES
41.	Kanungu	Kihihi	GOV	2,124	429	YES
42.	Nakasongola	Nakasongola	GOV	1,424	428	NO
43.	Mbarara City	Mbarara Municipal Council	GOV	2,965	425	YES
44.	Manafwa	Bugobero	GOV	2,095	421	YES
45.	Kyotera	Kakuuto	GOV	1,419	409	YES

S/N	LG	Health facility	Ownership	Deliveries	Caesarean sections	Transfusion Done
46.	Bukomansimbi	Butenga	GOV	1,765	408	YES
47.	Mbale	Busiu	GOV	2,320	403	YES
48.	Wakiso	Ndejje	GOV	2,882	386	NO
49.		Goli	PNFP	1,208	385	YES
50.		Kanungu	GOV	1,026	385	YES
51.	Luwero	Kalagala	GOV	1,616	380	YES
52.	Bulambuli	Muyembe	GOV	1,619	379	YES
53.	Kyankwanzi	Ntwetwe	GOV	2,216	377	YES
54.	Bundibugyo	Busaru	PNFP	714	369	YES
55.	Kaliro	Bumanya	GOV	1,226	364	YES
56.	Rubanda	Muko	GOV	1,130	356	NO
57.	Namutumba	Nsinze	GOV	1,557	356	YES
58.	Kibuku	Kibuku	GOV	1,737	352	YES
59.	Soroti	Tiriri	GOV	1,137	351	NO
60.	Rukungiri	North Kigezi	PNFP	1,044	349	YES
61.	Bukedea	Bukedea	GOV	1,476	347	YES
62.	Kyotera	St. Andrews Bkira Maria	PNFP	881	347	YES
63.	Wakiso	Sebbi Medical	PFP	623	335	YES
64.	Bugweri	Busesa	GOV	1,886	331	YES
65.	Rukungiri	Bugangari	GOV	1,236	325	YES
66.	Manafwa	Bubulo	GOV	1,754	308	YES
67.	Mbale City	Bufumbo	GOV	1,348	299	YES
68.	Kasese	Nyamirami	GOV	997	299	NO
69.	Busia	Busia	GOV	2,991	298	YES
70.	Kalungu	St. Joseph Of the Good Shepherd	PNFP	938	293	YES
71.	Kakumiro	St. Mary's Kakindo	PNFP	672	293	YES
72.	Kazo	Kazo	GOV	1,091	289	YES
73.	Kasese	Rwesande	PNFP	606	289	YES
74.	Butebo	Butebo	GOV	1,668	285	YES
75.	Kitagwenda	Ntara	GOV	1,372	285	YES
76.	Yumbe	Midigo	GOV	1,215	283	YES
77.	Kiboga	Bukomero	GOV	1,848	272	YES
78.	Luuka	Kiyunga	GOV	1,755	266	YES
79.	Wakiso	Kajjansi	GOV	2,096	261	NO
80.	Arua City	River Oli	GOV	1,989	256	YES
81.	Kayunga	Kangulumira	GOV	1,713	249	YES
82.	Kiruhura	Kiruhura	GOV	1,326	246	NO
83.	Wakiso	Henrob Family Clinic	PFP	530	244	YES
84.	Madi-Okollo	Rhino Camp	GOV	1,068	244	YES
85.	Kalangala	Kalangala	GOV	670	238	YES
86.	Kumi	Kumi	GOV	1,745	238	NO
87.	Adjumani	Mungula	GOV	1,006	238	YES
88.	Kisoro	Chahafi	GOV	942	237	NO
89.	Sheema	Kabwohe	GOV	2,199	237	YES
90.	Sembabule	Ntuusi	GOV	800	237	NO
91.	Kikuube	Kikuube	GOV	1,348	233	YES
92.	Soroti City	Princess Diana	GOV	1,330	233	YES
93.	Mayuge	Kigandalo	GOV	1,013	228	NO

S/N	LG	Health facility	Ownership	Deliveries	Caesarean sections	Transfusion Done
94.	Sironko	Buwasa	GOV	978	227	YES
95.	Ibanda	Ishongororo	GOV	1,463	227	YES
96.	Kamuli	Namwendwa	GOV	1,585	227	YES
97.	Rubanda	Hamurwa	GOV	1,185	220	NO
98.	Bundibugyo	Nyahuka	GOV	1,836	220	YES
99.	Namisindwa	Magale (UCMB)	PNFP	728	217	YES
100.	Arua City	Adumi	GOV	942	216	NO
101.	Wakiso	Buwambo	GOV	1,565	214	NO
102.	Serere	Apapai	GOV	1,010	213	YES
103.	Buyende	Kidera	GOV	1,831	213	YES
104.	Pakwach	Pakwach	GOV	1,516	213	YES
105.	Oyam	Anyeke	GOV	1,319	212	YES
106.	Mukono	Herona Medical Centre	PFP	484	210	YES
107.	Kabale	Kamukira	GOV	992	210	YES
108.	Dokolo	Dokolo	GOV	1,854	209	YES
109.	Lamwo	Padibe	GOV	977	209	YES
110.	Rwampara	Kinoni	GOV	904	208	YES
111.	Lwengo	Lwengo	GOV	947	208	YES
112.	Lira	Ogur	GOV	1,416	208	YES
113.	Isingiro	Kabuyanda	GOV	1,736	206	YES
114.	Ibanda	Ruhoko	GOV	1,510	205	YES
115.	Nakaseke	Semuto	GOV	972	205	YES
116.	Hoima City	Azur	PNFP	804	204	YES
117.	Jinja City	Bugembe	GOV	1,652	203	YES
118.	Buikwe	St. Francis Health Care Services	PNFP	749	201	YES
119.	Lwengo	Kiwangala	GOV	848	200	YES
120.	Namayingo	Buyinja	GOV	1,258	198	YES
121.	Kyenjojo	Kyarusozi	GOV	1,224	197	YES
122.	Masaka City	Kiyumba	GOV	550	192	NO
123.	Bukwo	Bukwo	GOV	1,052	187	YES
124.	Masindi	Masindi Kitara Medical Centre	PNFP	454	186	YES
125.	Buhweju	Nsiika	GOV	1,397	182	YES
126.	Fort Portal City	Bukuku	GOV	847	181	YES
127.	Kamuli	Nankandulo	GOV	887	177	YES
128.	Obongi	Obongi	GOV	805	176	YES
129.	Rukiga	Mparo	GOV	847	175	YES
130.	Pader	Pajule	GOV	1,514	175	YES
131.	Jinja City	Budondo	GOV	1,092	174	NO
132.	Mayuge	Kityerera	GOV	1,230	172	YES
133.	Kassanda	Red Rose	PFP	432	167	YES
134.	Iganga	Bugono	GOV	989	163	YES
135.	Ntungamo	Kitwe	GOV	1,642	161	YES
136.	Rukungiri	Kebisoni	GOV	1,305	160	NO
137.	Wakiso	Kabubbu	PNFP	817	159	YES
138.	Ntungamo	Mother Francisca Lechner	PNFP	379	145	YES
139.	Alebtong	Alebtong	GOV	1,599	143	YES
140.	Kagadi	St. Ambrose Charity	PFP	261	143	YES
141.	Yumbe	Lodonga	PNFP	909	142	YES

S/N	LG	Health facility	Ownership	Deliveries	Caesarean sections	Transfusion Done
142.	Mbale City	Namatala	GOV	1,894	142	YES
143.	Ntungamo	Rubare	GOV	1,251	130	YES
144.	Rukungiri	Buhunga	GOV	1,345	129	NO
145.	Kabale	Maziba	GOV	433	126	NO
146.	Luwero	Nyimbwa	GOV	800	125	YES
147.	Rukiga	Kamwezi	GOV	578	124	YES
148.	Kyenjojo	Midas Torch	PFP	194	120	YES
149.	Tororo	Nagongera	GOV	1,891	120	YES
150.	Zombo	Warr	GOV	726	119	YES
151.	Isingiro	Rugaaga	GOV	977	118	YES
152.	Kisoro	Rubuguri	GOV	603	117	NO
153.	Jinja	Buwenge	GOV	951	116	NO
154.	Nakasongola	Nabiswera	GOV	517	110	NO
155.	Luwero	Holy Cross - Kikyusa	PNFP	346	108	YES
156.	Masaka	Kyanamukaaka	GOV	841	108	NO
157.	Kumi	Michoes Medical	PFP	141	107	YES
158.	Nakasongola	St. Franciscan	PNFP	289	107	YES
159.	Kampala	Benedict	PNFP	282	104	YES
160.	Mityana	Kyantungo	GOV	449	104	NO
161.	Kitgum	Namokora	GOV	1,286	100	YES
162.	Kamwenge	Padre Pio	PNFP	406	99	YES
163.	Kayunga	Bbaale	GOV	966	96	YES
164.	Ntungamo	Rwashamaire	GOV	1,473	96	NO
165.	Buvuma	Buvuma	GOV	969	95	YES
166.	Tororo	Mukuju	GOV	1,507	95	YES
167.	Wakiso	Saidina Abubakar Islamic Hospital	PNFP	236	87	YES
168.	Amolatar	Amolatar	GOV	1,347	85	YES
169.	Mbale City	Kolonyi	PNFP	221	83	YES
170.	Masindi	Bwijanga	GOV	1,215	82	NO
171.	Sheema	Shuuku	GOV	948	78	YES
172.	Jinja City	Walukuba	GOV	907	78	YES
173.	Mityana	Ssekanyonyi	GOV	737	74	YES
174.	Kampala	St. Luke Health Centre	PNFP	199	74	YES
175.	Kabale	Rubaya	GOV	699	73	NO
176.	Kampala	Luzira Staff Clinic	GOV	1,233	70	NO
177.	Lira	Amach	GOV	894	69	NO
178.	Luwero	St. Luke Namaliga	PNFP	254	67	YES
179.	Omoro	Lalogi	GOV	1,264	63	YES
180.	Kampala	Medik	PFP	158	62	YES
181.	Nabilatuk	Nabilatuk	GOV	611	61	YES
182.	Mityana	Mwera	GOV	368	58	YES
183.	Masindi	Masindi Military Barracks Health Centre	GOV	247	49	YES
184.	Ntoroko	Rwebisengo	GOV	440	49	YES
185.	Otuke	Orum	GOV	814	48	YES
186.	Wakiso	Sikyomu Doctors Medical Centre	PFP	195	48	NO
187.	Kampala	Span Medicare	PFP	90	48	YES
188.	Kampala	Kyadondo Medical Centre	PFP	178	47	YES
189.	Wakiso	Wagagai	PFP	145	47	YES

S/N	LG	Health facility	Ownership	Deliveries	Caesarean sections	Transfusion Done
190.	Buyende	Buyende Bugaya	GOV	925	45	YES
191.	Kampala	Bugolobi Medical Centre	PFP	107	43	YES
192.	Luwero	St. Mary's Kasaala	PNFP	181	42	YES
193.	Karenga	Karenga	GOV	470	41	YES
194.	Gomba	Maddu	GOV	858	41	YES
195.	Kiboga	Bbosa Medical Centre	PFP	129	40	NO
196.	Rwampara	Bugamba	GOV	692	39	YES
197.	Kamwenge	Bisozi	GOV	476	38	NO
198.	Amuru	Atiak	GOV	415	37	YES
199.	Nakapiripirit	Tokora	GOV	642	37	YES
200.	Luwero	St. Mary's Kalule	PNFP	144	34	YES
201.	Mukono	Kyetume CBHC	PNFP	195	33	YES
202.	Jinja	Lamu Medical Centre	PFP	50	31	YES
203.	Kapelebyong	Kapelebyong	GOV	1,095	29	YES
204.	Kween	Kaproron	GOV	776	29	NO
205.	Jinja City	Mpumudde	GOV	1,155	27	NO
206.	Gulu	Awach	GOV	1,040	25	YES
207.	Bundibugyo	Kikyo	GOV	535	25	NO
208.	Tororo	Mulanda	GOV	1,472	25	NO
209.	Mityana	St. Francis (Mityana)	PNFP	151	25	YES
210.	Hoima City	City Medicals	PFP	76	24	YES
211.	Wakiso	Namulundu Medical	PFP	108	24	NO
212.	Kapchorwa	Kaserem	GOV	617	21	NO
213.	Luwero	Orient Medical Centre	PNFP	69	21	YES
214.	Mbarara City	UPDF 2nd Div.	GOV	288	21	NO
215.	Lamwo	Madi-Opei	GOV	514	16	YES
216.	Butaleja	Nabiganda	GOV	1,603	14	YES
217.	Isingiro	Nyamuyanja	GOV	601	14	NO
218.	Nakaseke	Ngoma	GOV	620	13	NO
219.	Wakiso	Senta Medicare	PFP	79	13	NO
220.	Rukungiri	Doctors Case Medicals	PFP	166	9	YES
221.	Moyo	Moyo Mission	PNFP	202	8	NO
222.	Masindi	Osepadel Medical Centre	PNFP	19	6	YES
223.	Masaka City	Arahmah Medical Centre	PNFP	36	4	NO
224.	Mukono	Ultra Medical Centre	PFP	46	4	YES
225.	Kampala	Abii Clinic	PFP	8	2	NO
226.	Buliisa	Biiso	GOV	659	2	YES
227.	Bukwo	Bukwo NGO	PNFP	261	2	NO
228.	Pader	5th Military Division	GOV	149	-	NO
229.	Katakwi	Astu	GOV	-	-	NO
230.	Arua	Bondo	GOV	618	-	NO
231.	Kalangala	Bukasa	GOV	115	-	YES
232.	Kassanda	Bukuya	GOV	1,659	-	NO
233.	Buliisa	Buliisa	GOV	520	-	NO
234.	Kisoro	Busanza	GOV	249	-	NO
235.	Wakiso	Frost Hospital	PFP	57	-	NO
236.	Mukono	Gwalibawadde II	PFP	-	-	NO
237.	Kasese	Hiima UCI	PNFP	1	-	NO

S/N	LG	Health facility	Ownership	Deliveries	Caesarean sections	Transfusion Done
238.	Luwero	Hope	PFP	34	-	NO
239.	Wakiso	K.T Medical Centre	PFP	67	-	NO
240.	Bukedea	Kachumbala	GOV	1,429	-	NO
241.	Mukono	Kairos Medical Centre	PFP	51	-	NO
242.	Kabale	Kakomo	GOV	332	-	NO
243.	Kalaki	Kalaki	GOV	818	-	NO
244.	Amudat	Karita	GOV	622	-	NO
245.	Fort Portal City	Kataraka	GOV	338	-	NO
246.	Hoima	Kigorobya	GOV	1,384	-	NO
247.	Mukono	Kigsley Children's Medical Centre	PFP	-	-	NO
248.	Wakiso	Kira	GOV	957	-	NO
249.	Kampala	Kitante Medical Centre	PFP	11	-	YES
250.	Maracha	Maracha	GOV	582	-	NO
251.	Kumi	Midas Touch	PFP	2	-	NO
252.	Kanungu	Mpungu	GOV	241	-	NO
253.	Kaliro	Musana Community	PFP	38	-	NO
254.	Kampala	Naguru Police	GOV	-	-	NO
255.	Wakiso	Naluvule Medical	PFP	46	-	NO
256.	Kampala	Nsambya Police	GOV	725	-	NO
257.	Ntungamo	Ntungamo	GOV	971	-	NO
258.	Lira City	Ober	GOV	1,219	-	NO
259.	Lamwo	Palabek-Kal	GOV	410	-	NO
260.	Kampala	Pearl Medical Centre	PFP	182	-	NO
261.	Kampala	Platinum Medical Centre	PFP	38	-	NO
262.	Kanungu	Rugyeyo	GOV	265	-	NO
263.	Rukungiri	Rukungiri	GOV	710	-	NO
264.	Kabarole	Ruteete	GOV	234	-	NO
265.	Wakiso	Salaama Memorial Medical Health Centre	PFP	165	-	NO
266.	Kampala	SAS Clinic	PFP	-	-	NO
267.	Mukono	Social Doctors	PFP	191	-	NO
268.	Wakiso	Spring Medicare	PFP	223	-	NO
269.	Katakwi	Toroma	GOV	684	-	NO
270.	Wakiso	Victoria Medical Services	PFP	86	-	NO
271.	Wakiso	Wanda Matugga	PNFP	214	-	NO

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