MINISTRY OF HEALTH

ANNUAL HEALTH SUB-PROGRAMME PERFORMANCE REPORT

FINANCIAL YEAR 2025/26

TABLE OF CONTENTS

LIST OF TABLES iv
LIST OF FIGURES viii
ACRONYMS xi
FOREWORD xiii
ACKNOWLEDGEMENT xv
EXECUTIVE SUMMARY xvi

CHAPTER 1: INTRODUCTION 1

1.1 Background 1
1.2 Specific Objectives of the AHSPR 2025/2026 1
1.3 Key Health Targets under NDP IV 1
1.4 MoH Strategic Direction 2
1.5 Demographic Data 2
1.6 AHSPR Compilation Process 2

CHAPTER 2: OVERALL SECTOR PERFORMANCE AND PROGRESS 5

2.1 Health Systems and Services Integration in Uganda 5
2.2 Performance of the NDP IV Strategic Interventions 7
2.2.1 Performance against the 56 indicators under the key result areas 8
2.2.2 Readiness Capacity of Health Facilities to Provide Services 19
2.2.3 Client Satisfaction 20
2.2.4 Institutionalization of Self-Care in Uganda 23
2.3 Health Service Utilization 23
2.3.1 Service Access and Utilization 23
2.3.2 Maternal and Child Health Services 25
2.3.3 Disease Prevention and Clinical Services 41
2.3.4 Emergency Medical Services 52
2.4 Disease Burden 55
2.4.1 Overall Morbidity 55
2.4.2 Health facility Deaths 56
2.4.3 Disease Outbreaks 64
2.4.4 Communicable disease 66
2.4.5 Non communicable Diseases 75
2.4.6 Malnutrition 80
2.4.7 Injuries 82
2.4.8 Neglected tropical Diseases 84
2.5 Essential Medicines and Health Supplies (EMHS) 89
2.4.1 Financing for Essential Medicines and Health Supplies 92
2.4.2 EMHS Credit Line at Joint Medical Stores (JMS) 93
2.4.3 Essential Medicines Reporting 93
2.4.4 Average Availability of EMHS 95
2.4.5 Activities of Medicines and Therapeutic Committees 96
2.5 Laboratory Services 101

2.5.1 Implementation of the National Test Menu: HC II to RRH Levels 101
2.5.2: Reference Services 102
2.5.3:Point of Care (POC) and Multi-Disease Testing 102
2.5.4:National Sample and Results Transport Network (NSRTN) through the hub system 103
2.5.5:Antimicrobial Resistance (AMR) Surveillance 104
2.5.6 National Genomics Surveillance 107
2.5.8 Quality Management System (QMS) 109
2.5.9 Biosafety Biosecurity 112
2.5.10 Laboratory Equipment Maintenance 113
2.5.11 Radiology and imaging services 113
2.6 Health Financing 115
2.6.1 Health Financing Landscape in Uganda 115
2.6.2 Budget Performance for FY 2025/26 116
2.6.3 Health Budget Absorption 117
2.6.4 GOU, On-Budget and Off-Budget External Financing 120
2.6.5 Key Highlights and Recommendations 121

CHAPTER 3: PERFORMANCE OF LOCAL GOVERNMENT AND HEALTH FACILITIES 123
3.1 Local Government Performance 123
3.1.1 The Regional League Table 123
3.1.2 The National League Table 123
3.2 Health Facility Level Performance 127
3.2.1 Health Facility Outputs by Level of Care and Ownership 129
3.2.2 Performance of National Referral and Specialised Hospitals 129
3.2.3 Performance of RRHs, Large PNFPs and Specialised Hospitals 131
3.2.4 Performance of the General Hospitals 148
3.2.5 Health Centre IV Performance 151
3.2.6 Health Centre III & II Performance 153
3.3 Performance of Community Health Workers 153
3.4.1 Community Health Extension Workers 153
3.4.2 Village Health Teams 155
3.4.3 Services provided by Community Health Workers 157

CHAPTER 4: PROGRESS IN IMPLEMENTATION OF MOH STRATEGIC PLAN FOR FY 2025/26 161
4.1 Progress in Implementation for FY 2024/25 161
4.2 Performance of Key Projects 196
4.3 Progress in Implementation of 31st JRM Aide Memiore 197
ANNEX 1: NATIONAL LEAGUE TABLE FY 2025/26 200
ANNEX 2: GENERAL HOSPITAL PERFORMANCE AGAINST APGS & DRGS 203
ANNEX 3: GENERAL HOSPITAL PERFORMANCE FOR QUALITY 208
ANNEX 4: HC IV PERFORMANCE AGAINST APGS AND DRGS 216
ANNEX 5: HC IV FUNCTIONALITY BASED ON PROVISION OF CEMNOC 229

LIST OF TABLES

TABLE 1: POPULATION PROJECTIONS FOR FY 2025/26 3
TABLE 2: EMR COVERAGE IN PUBLIC FACILITIES BY LEVEL OF CARE 6
FIGURE 3: ECHIS COVERAGE 6
TABLE 4: SUMMARY OF PERFORMANCE AGAINST THE NDP IV STRATEGIC INTERVENTION IN FY 2025/26 7
TABLE 5: PERFORMANCE AGAINST THE 56 KEY RESULT AREAS SHOWING TRENDS FOR FY2025/26 9
TABLE 6: PERFORMANCE AGAINST THE KEY OUTCOME INDICATORS 14
TABLE 7: TRENDS IN THE HFQAP MODULAR SCORES 20
TABLE 8: CLIENT SATISFACTION RATE BY REGION 21
TABLE 9: CLIENT SATISFACTION RATE BY LEVEL OF CARE 22
TABLE 10: CLIENT SATISFACTION RATE BY FACILITY OWNERSHIP 23
TABLE 11: TRENDS IN OPD ATTENDANCES BY AGE GROUP 24
TABLE 12: TOTAL OPD ATTENDANCES BY HEALTH FACILITY LEVEL AND OWNERSHIP IN FY 2025/26 24
TABLE 13: OPD ATTENDANCES BY HEALTH FACILITY LEVEL 25
TABLE 14: TRENDS IN HEALTH FACILITY DELIVERIES BY LEVEL OF CARE, FY 2023/24 TO FY 2025/26 29
TABLE 15: HC IVS REPORTING DELIVERIES BUT NO CAESAREAN SECTIONS, FY 2025/26 31
TABLE 16: HC IVS WITH THE HIGHEST NUMBER OF CAESAREAN SECTIONS, FY 2025/26 32
TABLE 17: HC IVS WITH THE HIGHEST CAESAREAN SECTION RATES, FY 2025/26 32
TABLE 18: IMMUNIZATION COVERAGE FOR SELECTED ANTIGENS 35
TABLE 19: DISTRIBUTION OF DISTRICTS BY CATEGORY 36
TABLE 20: UPTAKE OF PREP AMONG POPULATIONS AT HIGHER RISK FOR HIV 46
TABLE 21: REGIONAL VARIATIONS FOR TUBERCULOSIS PREVENTIVE THERAPY (TPT) 49
TABLE 22: SELECTED DISABILITY CASES REPORTED BY QUARTER, FY2025/26 49
TABLE 23: OPD REHABILITATION CASES REPORTED, ANNUAL TOTALS AND QUARTERLY BREAKDOWN, FY2025/26 50
TABLE 24: ASSISTIVE PRODUCTS DISTRIBUTED, ANNUAL TOTALS AND QUARTERLY BREAKDOWN, FY2025/26 50
TABLE 25: SURGERIES (SPECIALIZED) BY FACILITY OWNERSHIP AND LEVEL OF CARE, FY 2025 - 2026 51
TABLE 26: TRAUMA EMERGENCY MEDICAL SERVICES IN THE COUNTRY DURING FY 2025/26 52
TABLE 27: ROAD SAFETY- POST CRASH PREVENTABLE DEATHS 53
TABLE 28: NON-TRAUMA EVACUATIONS BY AMBULANCE 54
TABLE 29: TOP 20 DISEASE CONDITIONS AMONG OPD ATTENDANCES 55
TABLE 30: TRENDS IN THE TOP 10 LEADING OPD CONDITIONS 56
TABLE 31: TRENDS IN THE NUMBER OF INPATIENT DEATHS BY LEVEL 57
TABLE 32: LEADING CAUSES OF IN-PATIENT DEATH IN FY 2025/26 57
TABLE 33: NUMBER AND PROPORTION OF MATERNAL DEATHS REPORTED BY HEALTH FACILITY LEVEL, FY 2023/24 TO FY 2025/26 58
TABLE 34: HEALTH FACILITY DELIVERIES, MATERNAL DEATHS AND IMMR BY REGION, FY 2023/24 TO FY 2025/26 58
TABLE 35: MATERNAL DEATH NOTIFICATION AND REVIEW RATES BY REGION, FY 2023/24 TO FY 2025/26 61
TABLE 36: INSTITUTIONAL PERINATAL MORTALITY RATES BY TYPE AND REGION, FY 2025/26 62
TABLE 37: PERINATAL DEATH NOTIFICATION AND REVIEW RATES BY REGION, FY 2023/24 TO FY 2025/26 63
TABLE 38: CASES OF PUBLIC HEALTH EMERGENCIES DIAGNOSED IN FY 25/26 65
TABLE 39: MALARIA INCIDENCE AND MORTALITY BY REGION IN FY 2025/26 67
TABLE 40: TRENDS ON ACCESS TO MWRDS FOR INCIDENT TB CASES BY SUB REGION (COMPARE THIS WITH FY24/25 – FY25/26) 69
TABLE 41: TABLE DR-TB TREATMENT OUTCOMES FOR THOSE THAT STARTED 24 MONTHS AGO 71
TABLE 42: NUMBER OF NEW LEPROSY CASES REGISTERED 72
TABLE 43: DIARRHOEA DISEASES AMONG OPD ATTENDANCE IN FY 2025/26 73
TABLE 44: PNEUMONIA CASES AT OPD 73
TABLE 45: HEPATITIS B IN PREGNANT WOMEN BY REGION, FY 2025/26 74
TABLE 46: HEPATITIS B TESTING AND TREATMENT CASCADE 74
TABLE 47: NON- COMMUNICABLE CONDITIONS AMONG OPD ATTENDANCE 75

TABLE 48: CARDIO-VASCULAR CONDITIONS AMONG OPD ATTENDANCES 76
TABLE 49: ENDOCRINE AND METABOLIC OPD ATTENDANCES 77
TABLE 50: CHRONIC RESPIRATORY DISEASES AMONG OPD 77
TABLE 51: MENTAL HEALTH CONDITIONS AMONG OPD ATTENDANCES 78
TABLE 52: REGIONAL VARIATIONS OF THE LEADING NCD CONDITIONS: FY25/26 80
TABLE 53: MALNUTRITION DETECTION, IDENTIFICATION AND OUTCOME 81
TABLE 54: CAUSES OF INJURIES AMONG OPD ATTENDANCES IN FY 2025/26 82
TABLE 55: SITES OF INJURIES AMONG OPD ATTENDANCES IN FY 2025/26 82
TABLE 56: ROAD TRAFFIC INJURIES BY ROAD USER CATEGORY AND AGE 82
TABLE 57: RTIS BY FINANCIAL YEAR AND REGION 84
TABLE 58: INPATIENT DEATHS DUE TO INJURIES 84
TABLE 59: NATIONAL FUNDING LANDSCAPE FOR ALL EMHS 90
TABLE 60: PROCUREMENT NEED PER COMMODITY CATEGORY (USD) - FY26/27 91
TABLE 61: FUNDING COMMITMENTS FOR FY 25/26 AND FY 26/27 DISAGGREGATED PER SOURCE OF FUNDING. 92
TABLE 62: FUND ALLOCATION AND UTILIZATIONS COMPARISON ACROSS PREVIOUS FINANCIAL YEARS 92
TABLE 63: AVAILABILITY FOR THE 50 COMMODITIES AT HEALTH FACILITIES/CENTRAL LEVEL WAREHOUSES IN FY 2025/26 94
TABLE 64: PERFORMANCE OF CRITICAL INDICATORS USED TO ASSESS PRESCRIPTION PRACTICES IN OPD 95
TABLE 65: PERFORMANCE OF CRITICAL INDICATORS USED TO ASSESS PRESCRIPTION PRACTICES IN THE INPATIENTS 96
TABLE 66: NUMBER OF FACILITIES MONITORING USE OF ANTIMICROBIAL USE AT OPD USING DRUG INDICATOR AND INPATIENTS USING POINT PREVALENT SURVEY 96
TABLE 67: REPORTING ADVERSE DRUG REACTIONS (ADRS), ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFIS) BY REGION 98
TABLE 68: REPORTING OF ADR /AEFI BY LEVEL OF CARE 98
TABLE 69: % OF HEALTH FACILITIES PROVIDING MINIMUM REQUIRED TEST CATEGORIES BY HEALTH REGION AND HEALTH LEVEL 101
TABLE 70: REFERENCE LABORATORIES TEST VOLUMES, AND SAMPLE RESULTS RELEASE TAT / % SAMPLE RESULTS RELEASED WITHIN THE TARGETED TAT. 102
TABLE 71: OUTCOMES OF THE DECENTRALIZATION OF LABORATORIES SERVICES 103
TABLE 72: OUTCOMES OF THE NSRTN SERVICES 104
TABLE 73: NATIONAL SYNDROMIC ANTIBIOGRAM, UGANDA 2025 106
TABLE 74: NO. OF HEALTH LABS MAINTAINING ACCREDITATION BY LEVEL AND OWNERSHIP 109
TABLE 75: NO. OF INTERNATIONALLY ACCREDITED LABS, AND %AGE OF SITES RESPONDING, AND PASSING THE EQA SCHEMES 111
TABLE 76: NEC LAB SERVICES 113
TABLE 77: SUMMARY FINDINGS OF ASSESSMENT AND SUPERVISION OF IMPLEMENTATION OF THE NATIONAL STANDARDS ON DIAGNOSTIC IMAGING AND THERAPEUTIC RADIOLOGY 114
TABLE 78: IMAGING MODALITY AVAILABLITY 114
TABLE 79: SUMMARY OF THE RESOURCE BY CATEGORY 115
TABLE 80: HEALTH FINANCING TRENDS (LAST 5 FYS) _UGX BNS 116
TABLE 81: HEALTH SECTOR BUDGET PERFORMANCE FOR FY 2025/26 BY BUDGET CATEGORY 116
TABLE 82: PERFORMANCE OF EXTERNALLY FUNDED PROJECTS UNDER VOTE 014 117
TABLE 83: UGANDA CANCER INSTITUTE AND UGANDA HEART INSTITUTE EXTERNALLY FUNDED PROJECTS 118
TABLE 84: BUDGET OUTTURN FOR FY 2025/26 BY VOTE AND CATEGORY 118
TABLE 85: HEALTH SECTOR BUDGET ABSORPTION BY VOTE AND CATEGORY FOR FY 2025/26 119
TABLE 86: UGANDA HEALTH FINANCING RESOURCE ENVELOPE AND FUNDING TRENDS (FY 2023/24 TO FY 2025/26) 120
TABLE 87: REGIONAL LEAGUE TABLE RANKING 123
TABLE 88: CITIES RANKING FOR FY 2025/26 123
TABLE 89: LOCAL GOVERNMENT RANKING FOR FY 2025/26 125
TABLE 90: MANAGEMENT CAPACITY ASSESSMENT PARAMETERS 127
TABLE 91: ASSESSMENT PARAMETERS FOR HEALTH FACILITY PERFORMANCE ASSESSMENT 128
TABLE 92: APG CONTRIBUTION BY LEVEL OF CARE AND OWNERSHIP 129
TABLE 93: DRG CONTRIBUTION BY LEVEL OF CARE AND OWNERSHIP 129
TABLE 94: PERFORMANCE OF NATIONAL REFERRAL AND SPECIALISED HOSPITALS FY 2025/26 130

TABLE 95: RELATIVE RANKING OF REGIONAL REFERRAL HOSPITALS 131
TABLE 96: APG & DRG OUTPUTS FROM RRHS 132
TABLE 97: IPNMR & IMMR FOR RRHS 133
TABLE 98: CANCER DIAGNOSIS AND TREATMENT AT THE UGANDA CANCER INSTITUTE, FY 2025/26 134
TABLE 99: CLOSED HEART SURGERY PROCEDURES 136
TABLE 100: OPEN-HEART SURGERY PROCEDURES PERFORMED 136
TABLE 101: VASCULAR /OTHER SURGERY PROCEDURES PERFORMED 136
TABLE 102: CATHETERISATION PROCEDURES PERFORMED 137
TABLE 103: SUMMARY OF SERVICES PROVIDED 137
TABLE 104: NUMBER OF OUPATIENT DIAGNOSES AT BUTABIKA NATIONAL REFERRAL HOSPITAL IN FY2025/26 138
TABLE 105: NUMBER OF INPATIENT ADMISSIONS AT BUTABIKA NATIONAL REFERRAL HOSPITAL IN FY2025/26 139
TABLE 106: SELECTED SPECIALIZED SURGICAL PROCEDURES PERFORMED AT MULAGO NATIONAL REFERRAL HOSPITAL, FY 2025/26 140
TABLE 107: QUARTERLY DIALYSIS SESSIONS AND UTILIZATION OF ESSENTIAL DIALYSIS CONSUMABLES AT MULAGO NATIONAL REFERRAL HOSPITAL, FY 2025/26 140
TABLE 108: SPECIALISED INPATIENT AND OUTPATIENT SERVICES 141
TABLE 109: FAMILY PLANNING SERVICES AND DIAGNOSTIC SERVICES 142
TABLE 110: HIGH RISK PATIENTS 142
TABLE 111: COMPLICATED HIGH-RISK MATERNAL CONDITIONS MANAGED 143
TABLE 112: REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY 143
TABLE 113: MAJOR NEONATAL CONDITIONS MANAGED 144
TABLE 114: DETAILS INSTITUTIONAL PROGRESS AGAINST STANDARDIZED NATIONAL NDP IV HUMAN CAPITAL DEVELOPMENT PIAP INDICATORS AND MOH OUTCOME BENCHMARKS FOR FY 2025/26: 144
TABLE 115: SERVICE UTILIZATION IN KIRUDDU NATIONAL REFERRAL HOSPITALS 145
TABLE 116: KEY SERVICES AT NAGURU NATIONAL REFERRAL HOSPITAL 147
TABLE 117: HIGHEST RANKED GENERAL HOSPITALS 148
TABLE 118: GENERAL HOSPITALS WITH THE HIGHEST IN-PATIENT CASE FATALITY RATES 149
TABLE 119: GENERAL HOSPITALS WITH THE HIGHEST IMMR 149
TABLE 120 HOSPITALS WITH THE HIGHEST IPNMR 150
TABLE 121: BEST PERFORMING HC IV 152
TABLE 122: OUTPUTS FROM LOWER-LEVEL HEALTH FACILITIES 153
TABLE 123: CHEWS BY REGION. THE SOURCE IS THE CHEWS STATUS REGISTER. 154
TABLE 124: CHEWS WHO SENT AT LEAST ONE ECHIS FORM (BY REGION) 154
TABLE 125: VHTS EXPECTED TO REPORT IN AN AVERAGE QUARTER, BY REGION. 155
TABLE 126: VHTS THAT IMPLEMENT INTEGRATED COMMUNITY CASE MANAGEMENT IN AN AVERAGE QUARTER 155
TABLE 127: VHTS THAT REPORTED IN AN AVERAGE QUARTER, BY REGION. 156
TABLE 128: VILLAGES THAT REPORTED IN AN AVERAGE QUARTER, BY REGION. 156
TABLE 129: HOUSEHOLDS REGISTERED BY CHWS, BY REGION 157
TABLE 130: CHILDREN ASSESSED BY CHWS, BY REGION 158
TABLE 131: CHILDREN WITH FEVER BY REGION 158
TABLE 132: CHILDREN WITH DIARRHOEA, BY REGION. 159
TABLE 133: CHILDREN REFERRED BY CHWS, BY REGION. 159
TABLE 134: PERSONS WITH SPECIAL NEEDS SUPPORTED BY CHWS, BY REGION 160
TABLE 135: SUMMARY OF PROGRESS FOR PLANNED OUTPUTS FOR FY 2025/26 162
TABLE 136: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 1 OF THE MOH STRATEGIC PLAN 164
TABLE 137: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 2 OF THE MOH STRATEGIC PLAN 174
TABLE 138: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 3 OF THE MOH STRATEGIC PLAN 183
TABLE 139: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 4 OF THE MOH STRATEGIC PLAN 189
TABLE 140: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 5 OF THE MOH STRATEGIC PLAN 193
TABLE 141: STATUS OF IMPLEMENTATION OF KEY PROJECTS 196

LIST OF FIGURES

FIGURE 1: QUARTERLY CLIENT SATISFACTION RATES FY2025/26 20
FIGURE 2: MAIN CAUSES OF CLIENT DISSATISFACTION 21
FIGURE 3: TRENDS IN COUPLE YEARS OF PROTECTION, 2021 TO 2025 26
FIGURE 4: ESTIMATED MODERN CONTRACEPTIVE METHOD MIX INCLUDING CONDOMS, FY 2025/26 26
FIGURE 5: TRENDS IN EARLY ANC ATTENDANCE AND FOURTH ANC VISIT COVERAGE, FY 2023/24 TO FY 2025/26 27
FIGURE 6: PROPORTION OF PREGNANT WOMEN RECEIVING AT LEAST 30 IRON AND FOLIC ACID (IFA) TABLETS 28
FIGURE 7: PERCENTAGE OF PREGNANT WOMEN DIAGNOSED WITH ANAEMIA 28
FIGURE 8: MAP SHOWING THE % OF HEALTH FACILITY DELIVERIES BY LG IN FY 2025/26 29
FIGURE 9: TRENDS IN HC IVS PERFORMING CAESAREAN SECTION AND THOSE PROVIDING BLOOD TRANSFUSION SERVICES, FY 2021/22 TO FY 2025/26 30
FIGURE 10: HC IVS PERFORMING CAESAREAN SECTION AND CEMONC BY OWNERSHIP, FY 2024/25 AND FY 2025/26 30
FIGURE 11: LOW BIRTHWEIGHT BY REGION 33
FIGURE 12: MAP SHOWING LOW BORTH WEIGHT BY DISTRICT 33
FIGURE 13: PERCENTAGE OF MOTHERS INITIATING BREAST FEEDING WITHIN 1ST HOUR AFTER DELIVERY 34
FIGURE 14: TRENDS IN VITAMIN A SUPPLEMENTATION SECOND DOSE COVERAGE 34
FIGURE 15: SECOND DOSE DEWORMING FOR CHILDREN 1-14 YEARS BY REGION 35
FIGURE 16: RED/REC CATEGORIZATION OF DISTRICTS, FY2025/26 36
FIGURE 17: DPT3 COVERAGE DISTRIBUTION 37
FIGURE 18: MR 1 AND 2 COVERAGE IN FY 25/26 37
FIGURE 19: MALARIA VACCINE COVERAGE FY2025/2026 38
FIGURE 20: GEOGRAPHICAL DISTRIBUTION OF MALARIA VACCINE 4TH DOSE COVERAGE DURING FY2025/2026 38
FIGURE 21: SUBNATIONAL HEPB BIRTH DOSE COVERAGE 39
FIGURE 22: SUBNATIONAL YELLOW FEVER COVERAGE FOR UNDER 1 YEAR POPULATION. 39
FIGURE 23: SUB-NATIONAL HPV COVERAGE 40
FIGURE 24: INTERIOR AND EXTERIOR VIEWS OF HIGH-VOLUME INCINERATORS 40
FIGURE 25: SANITATION COVERAGE BY SUB REGION 41
FIGURE 26: HANDWASHING COVERAGE BY REGION 41
FIGURE 27: PERCENTAGE OF PREGNANT RECEIVING ITNS BY REGION 42
FIGURE 28: PTP3 COVERAGE BY LG IN FY 2025/26 43
FIGURE 29: HIV PREVALENCE BY REGION 43
FIGURE 30: HIV TESTING SERVICES IN FY 24/25 VS FY 25/26 44
FIGURE 31: MATERNAL ART COVERAGE FOR EMTCT BY REGION FOR FY2025/26 45
FIGURE 32: VIRAL SUPPRESSION COVERAGE AMONG PREGNANT WOMEN RECEIVING ART 45
FIGURE 33: 24 MONTHS' OUTCOME AMONG HIV EXPOSED INFANTS 46
FIGURE 34: HIV CARE AND TREATMENT CASCADE 47
FIGURE 35: REGIONAL VIRAL LOAD SUPPRESSION RATES (UPHIA 2025) 47
FIGURE 36: REGIONAL VIRAL LOAD COVERAGE RATES (FY 2025/26) 48
FIGURE 37: VIRAL LOAD COVERAGE BY DISTRICT 48
FIGURE 38: VIRAL LOAD SUPPRESSION BY DISTRICT 48
FIGURE 39: TRAUMA EMERGENCY PATIENTS WHO ARRIVED AT HEALTH FACILITY IN AN AMBULANCE BY REGION 53
FIGURE 40 EMERGENCY CASES THAT RECEIVED POST-CRASH CARE BY REGION 53
FIGURE 41: TRIAGE CATEGORY FOR NON-TRAUMA EMERGENCY CASES TRANSFERRED BY AMBULANCE 54
FIGURE 42: REGIONAL VARIATION FOR NON-TRAUMA EMERGENCY CASES TRANSFERRED 55
FIGURE 43: IMMR BY HEALTH FACILITY LEVEL, FY 2023/24 TO FY 2025/26 58
FIGURE 44: CAUSES OF MATERNAL DEATHS, FY 2021/22 TO FY 2025/26 59
FIGURE 45: TRENDS IN INSTITUTIONAL DELIVERIES AND IMMR, FY 2021/22 TO FY 2025/26 60

FIGURE 46: TRENDS IN INSTITUTIONAL MATERNAL DEATHS REPORTED, NOTIFICATION AND REVIEW RATES, FY 2021/22 TO FY 2025/26 60
FIGURE 47: MAP SHOWING THE % OF MATERNAL DEATHS REVIEWED BY LG IN FY 2025/26 61
FIGURE 48: MAP SHOWING THE PROPORTION OF PERINATAL DEATHS REVIEWED BY LG IN FY 2025/26 62
FIGURE 49: TRENDS IN THE LEADING CAUSES OF EARLY NEONATAL DEATHS, FY 2023/24 TO FY 2025/26 63
FIGURE 50: REPORTED PRIORITY PUBLIC HEALTH EMERGENCIES BY AETIOLOGY 64
FIGURE 51: DISTRIBUTION OF CONFIRMED MEASLES CASES IN FY 25/26 65
FIGURE 52: REPORTING RATE CATEGORIES PER DISTRICT 66
FIGURE 53: REGIREGIONAL VARIATION IN THE INCIDENCE OF MALARIA IN THE LAST TWO FINANCIAL YEARS 68
FIGURE 54: INCIDENCE OF MALARIA BY 2025/26 68
FIGURE 55 MAP SHOWING TB CASE NOTIFICATION RATE PER 100,000 POPULATION BY LOCAL GOVERNMENT 2025/26 69
FIGURE 56: FIGURE HIGHLIGHTING DR-TB NOTIFICATION TREND AGAINST ANNUAL TARGETS FROM FY2020/2021-FY2025/26 70
FIGURE 57 REGIONAL VARIATION FOR OPD ATTENDANCE DUE TO PNEUMONIA 73
FIGURE 58: POSITIVITY BY REGION (% OF THOSE TESTED) 75
FIGURE 59: ENROLLED INTO CARE (% OF POSITIVES); NATIONAL 28.6% 75
FIGURE 60: TRENDS IN CARDIO-VASCULAR OPD ATTENDANCES: FY22/23 – FY25/26 76
FIGURE 61: TRENDS IN ENDOCRINE AND METABOLIC OPD ATTENDANCES: FY22/23 – FY25/26 77
FIGURE 62: TRENDS IN CHRONIC RESPIRATORY DISEASES 77
FIGURE 63 TRENDS IN MENTAL HEALTH OPD ATTENDANCES: FY22/23 – FY25/26 78
FIGURE 64 CANCER CERVIX AND CANCER BREAST SCREENING AT OPD: FY25/26 79
FIGURE 65 TREND OF SICKLE CELL 79
FIGURE 66: TREND IN RTIS REPORTED AT HEALTH FACILITIES 83
FIGURE 67: REGIONAL VARIATIONS OF RTIS PER 100,000 POPULATION 83
FIGURE 68: THE TABLE BELOW SHOWS THE PROGRESS REGISTERED IN THE ELIMINATION OF RIVER BLINDNESS IN UGANDA 85
FIGURE 69: AN EYE WITH A COMPLICATION OF NOTE THE MANY UPPER EYE LASHES TOUCHING THE EYE BALL 86
FIGURE 70: MAP SHOWING PREVALENCE OF ACTIVE TRACHOMA IN UGANDA: BASELINE VS. MOST RECENT (2025) 86
FIGURE 71: BILHARZIA ENDEMICITY ACROSS ALL DISTRICTS IN UGANDA. 87
FIGURE 72 THE GRAPH BELOW SHOWS THE TREND IN CASES OF RHODESIENSE FORM OF SLEEPING SICKNESS REPORTED ACROSS THE COUNTRY. 87
FIGURE 73: LYMPHATIC FILARIASIS ENDEMICITY: BASELINE VS. MOST RECENT (2024) 88
FIGURE 74: PREVIOUS HEALTH COMMODITY FINANCING IN BILLIONS OF DOLLARS 89
FIGURE 75: TREND ANALYSIS FOR PROCUREMENT NEED, COMMITMENTS AND FUNDING GAPS (FY25/26 – FY29/30) 90
FIGURE 76: DISTRIBUTION OF COMMODITY REQUIREMENTS BY CATEGORY 91
FIGURE 77: MONTHLY MEDICINE STOCK STATUS REPORTING RATES AND COMPLETENESS OF REPORTING IN FY 2025/26 93
FIGURE 78: AVERAGE AVAILABILITY OF A BASKET OF 50 COMMODITIES PER QUARTER IN FY 2025/26 94
FIGURE 79: AVERAGE AVAILABILITY OF THE FIVE COMMODITY BASKETS ACROSS THREE FINANCIAL YEARS 95
FIGURE 80: ADHERENCE TO THE UGANDA CLINICAL GUIDELINE BY REGION, 2024/2025 VS 2025/2026 97
FIGURE 81: INPATIENT DIAGNOSTIC STEWARDSHIP PERFORMANCE, 2025–2026: COMPARISON OF MICROBIOLOGY AND CULTURE-GUIDED ANTIBIOTIC PRESCRIBING INDICATORS FROM THE POINT PREVALENCE SURVEY 97
FIGURE 82: MONITORING QUALITY OF DRUG AND HEALTH PRODUCTS 99
FIGURE 83: CLASSIFICATION OF COMPLAINT FOR DRUG AND HEALTH PRODUCTS 99
FIGURE 84 COMPLAINT BY OWNERSHIP 99
FIGURE 85: TRENDS IN CYTOLOGY SAMPLE REFERRAL FROM RRHS FY 2025/2026. 107
FIGURE 86: TRENDS IN HISTOLOGY SAMPLE REFERRAL FROM RRHS IN NORTHEN AND EASTERN REGIONS FY2025/2026. 108
FIGURE 87: TRENDS IN HISTOLOGY SAMPLE REFERRAL FROM RRHS IN CENTRAL & WESTERN REGIONS, FY 2025/26 108

FIGURE 88: CURRENT COVERAGE OF ANATOMIC PATHOLOGY LABORATORIES IN PUBLIC FACILITIES INCLUDING THE TWO NEWLY ACTIVATED PATHOLOGY LABORATORIES. 109
FIGURE 89: DISTRIBUTION OF ACCREDITED LABS ACROSS HEALTH REGIONS 110
FIGURE 90: NO OF SITES ENROLLED ONTO NATIONAL EQA SCHEMES 111
FIGURE 91: BRM AUDIT SCORES BY HEALTH LEVEL 112
FIGURE 92: OVERALL BRM AUDIT SCORES 112
FIGURE 93: HEALTH AS % OF NATIONAL BUDGET 116
FIGURE 94: HEALTH BUDGET ABSORPTION BY CATEGORY 117
FIGURE 95 RELATIONSHIP BETWEEN COST PER DRG AND IMMR FOR RRHS 132
FIGURE 96 RELATIONSHIP BETWEEN COST PER DRG AND INPATIENT CASE FATALITY RATE FOR RRHS 133

ACRONYMS AND ABBREVIATIONS

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

MoH	Ministry of Health
MoPS	Ministry of Public Service
MPDSR	Maternal Perinatal Death Surveillance & Review
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable Diseases
NMS	National Medical Stores
NRH	National Referral Hospital
NSDS	National Service Delivery Survey
NTDs	Neglected Tropical Diseases
OPD	Outpatients Department
PHC	Primary Health Care
PHP	Private Health Providers
PNFP	Private Not for Profit
PPH	Post-Partum Haemorrhage
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
RRH	Regional Referral Hospital
RTI	Road Traffic Injury
SMC	Senior Management Committee
SOPs	Standard Operating Procedures
SQIS+	Self-regulatory Quality Improvement System Plus (SQIS+)
TB	Tuberculosis
THE	Total Health Expenditure
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UBTS	Uganda Blood Transfusion Services
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
URMCHIP	Uganda Reproductive Maternal Child Health Improvement Project
UVRI	Uganda Virus Research Institute
VHT	Village Health Team
VL	Viral Load
WHO	World Health Organization

FOREWORD

The Ministry of Health is pleased to present the Annual Health Sector Performance Report for Financial Year 2025/26. The report provides an overview of the performance of Uganda's health sector during the financial year, highlighting progress made, key achievements, persistent challenges, and priority areas requiring continued attention.

The health sector continues to play a central role in Uganda's socio-economic transformation by contributing to a healthy and productive population. During FY 2025/26, the Ministry of Health, Local Governments, health development partners, private sector actors, civil society, and other stakeholders continued to implement interventions aimed at improving access to quality, equitable, affordable, and sustainable health services.

This report presents performance against the sector's planned priorities and targets, drawing on routine health information, programme data, surveys, administrative records, and other available sources. It covers key areas including health service delivery, human resources for health, health infrastructure and equipment, medicines and health products, health financing, public health programmes, health information, governance, and other critical components of the health system.

The findings demonstrate areas where the sector has made notable progress, while also drawing attention to gaps that require sustained investment, stronger coordination, improved accountability, and evidence-informed decision-making. The report is therefore intended not only as an accountability instrument, but also as a critical source of evidence for planning, resource allocation, policy formulation, programme improvement, and monitoring of the health sector's contribution to national development.

As Uganda continues to strengthen its health system, there is a need to consolidate the gains achieved while addressing persistent inequalities in access to and utilisation of health services. Particular attention remains necessary to improving the quality and completeness of health information, strengthening primary health care, addressing human resource and infrastructure gaps, ensuring availability of essential medicines and health products, and leveraging digital technologies and data for better health outcomes.



I commend all stakeholders whose commitment and efforts contributed to the achievements recorded during the financial year. I further call upon all actors in the health sector to use the evidence and lessons presented in this report to strengthen implementation, improve efficiency and accountability, and accelerate progress towards Universal Health Coverage and the attainment of Uganda's national health and development goals.

The Ministry of Health remains committed to working with all stakeholders to build a resilient, equitable, responsive, and people-centred health system that leaves no one behind.

Hon. Dr. Chris Baryomunsi
MINISTER OF HEALTH


CHEW
PONASOO

ACKNOWLEDGEMENT

The Ministry of Health acknowledges with appreciation the contribution of all institutions, organisations, health workers, development partners, and individuals who contributed to the preparation of the Annual Health Sector Performance Report for Financial Year 2025/26.

The Ministry particularly appreciates the leadership and guidance of the Top Management of the Ministry of Health, the Health Policy and Planning Department, and all technical departments and programmes whose contributions provided the evidence and information necessary for assessing the performance of the health sector during the financial year.

Special appreciation goes to the Local Governments and health facilities across the country for their continued efforts in collecting, compiling, validating, reporting, and utilising health information. The commitment of health workers and data personnel at all levels remains fundamental to the availability of evidence used for health sector planning, monitoring, and accountability.

The Ministry also recognizes the contribution of health development partners, implementing partners, civil society organisations, private health sector actors, professional bodies, academic and research institutions, and other stakeholders who supported the implementation of health sector interventions and contributed technical and financial resources towards strengthening Uganda's health system.

The Ministry appreciates the teams responsible for the Health Management Information System (HMIS), data management, monitoring and evaluation, health information management, statistics, programme monitoring, and sector performance assessment for their work in data compilation, analysis, interpretation, quality assurance, and validation of the information presented in this report.

We are particularly grateful to all stakeholders who participated in the sector performance review, data validation, technical review, and report development processes. Their constructive input helped to strengthen the quality, completeness, consistency, and relevance of the report.

The Ministry further acknowledges the contribution of the National and Local Government leadership, whose stewardship and commitment continue to support improvements in health service delivery and health system performance across the country.



Finally, the Ministry appreciates every health worker and stakeholder whose daily efforts contribute to improving the health and wellbeing of the people of Uganda. The achievements documented in this report are a reflection of these collective efforts, while the challenges identified provide an important basis for continued improvement.

The Ministry of Health remains committed to strengthening the generation and use of quality, timely, reliable, and actionable health information to support evidence-based planning, decision-making, accountability, and continuous improvement of Uganda's health system.

Dr. Diana Atwine

PERMANENT SECRETARY

EXECUTIVE SUMMARY

Uganda's health sector performance in FY 2025/26 reflects steady progress in service delivery, disease prevention, digital transformation, and maternal–child health outcomes, while highlighting persistent gaps in quality, equity, and system readiness. The report marks the first assessment under the National Development Plan IV (2025/26–2029/30) and provides evidence for planning and resource allocation across the Human Capital Development Programme.

Overall Sector Performance

The sector achieved **68.2%** of assessed NDP IV Key Result Areas, with notable gains in skills mix, disease prevention, sanitation, digital health, and maternal health. Health worker density improved to **29.2 per 10,000 population**, supported by expanded recruitment and deployment. The **Service Availability and Readiness Index** rose to **59%**, reflecting improvements in infrastructure, governance, and medicines availability, though diagnostic services remain weak at **52%**.

Digitalisation accelerated, with **138 facilities** using Electronic Medical Records and **eCHIS coverage expanding from 24 to 56 districts**, enabling real-time community health reporting from over **42,000 VHTs and CHEWs**.

Health Service Delivery

Outpatient attendance increased by **4.1%** to **50.9 million**, though per capita utilisation (1.1) remains below WHO's recommended level. Health Centre IIIs and IVs continue to carry the bulk of service delivery, accounting for **52%** of OPD visits and **69%** of all facility deliveries.

Maternal and newborn services improved:

- **Facility deliveries** rose to **1.69 million** (71.8%).
- **Institutional Maternal Mortality Ratio** declined to **61.7 per 100,000 deliveries**, surpassing the national target.
- **Perinatal mortality** reduced from **15.4 to 13.7 per 1,000 births**.
- Caesarean section and blood transfusion capacity at HC IVs reached **82%**, strengthening emergency obstetric care.

However, maternal ART coverage dropped to **86%**, and early ANC attendance (43%) and ANC4 coverage (55%) remain below targets.

A. AREAS THAT IMPROVED

Service Delivery and Access

- Outpatient attendance increased by 4.1%, from 48.8 million to 50.9 million visits.
- Facility-based deliveries increased from 1.49 million to 1.69 million, with Health Centre IIIs and IVs accounting for 69% of all facility births.
- Service Availability and Readiness Index improved from 49% to 59%.
- Institutional maternal mortality ratio declined from 83 to 61.7 deaths per 100,000 deliveries.
- Institutional perinatal mortality rate reduced from 15.4 to 13.7 per 1,000 deliveries.
- National sanitation coverage increased from 79.5% to 92%, while open defecation declined from 17% to 8%.

Disease Prevention and Control

- Malaria incidence declined from 261 to 223 cases per 1,000 population.
- HIV incidence reduced from 1.23 to 0.71 per 1,000 population.
- TB treatment success rate increased from 86% to 92%.
- Measles-Rubella second-dose coverage increased to 70%.
- ART retention improved to 83% and viral suppression reached 97%.

Health Systems Strengthening

- Availability of essential medicines improved, with facilities meeting tracer medicine requirements increasing from 22% to 42%.
- Electronic Community Health Information System (eCHIS) expanded from 24 to 56 districts.
- Electronic Medical Records scaled up from 56 to 138 public health facilities.
- Health Facility Quality of Care Score improved from 55% to 68.5%.
- Health workforce numbers increased, particularly among doctors, nurses, and midwives.

Disease Burden and Epidemic Control

Malaria incidence declined from 261 to 223 per 1,000, driven by mass ITN distribution, IRS, community-based malaria case management through iCCM and chemoprophylaxis. HIV incidence fell to **0.71 per 1,000**, and viral suppression remained high at **97%** among those tested. TB treatment success improved to **92%**, though TB incidence remains high and paediatric detection low.

Uganda detected **112 public health emergencies**, including widespread measles outbreaks affecting **66 districts**, and high-fatality zoonotic events such as Rift Valley Fever (CFR 54%). Surveillance reporting improved to **86.4%**, though gaps persist in 44 districts.

Non-Communicable Diseases and Rehabilitation

NCD burden continues to rise, with hypertension, diabetes, and cardiovascular diseases contributing significantly to OPD attendance and inpatient mortality. Mental health admissions remain low due to limited specialized services. Rehabilitation services expanded, with **34,087 cases** managed and **8,341 assistive products** distributed.

Health Systems Strengthening

Medicines availability improved, with **42%** of facilities achieving 95% availability of the 50 tracer commodities. SPARS performance rose to **75%**, though funding constraints and delayed deliveries remain challenges. Health financing absorption reached **86.46%**, but the health budget share declined to **6.2%**, and out-of-pocket expenditure increased to **30.3%**, underscoring the need for financial risk protection and accelerated rollout of the National Health Insurance Scheme.

Waste management capacity expanded through **five high-volume regional incinerators**, **23 medium incinerators**, and **18 specialized waste trucks**, improving safe disposal of over **6.7 metric tons** of medical waste.

Local Government and Facility Performance

District performance varied widely. Kigezi, Ankole, Lango, and Bunyoro led in client satisfaction (≥78%), while Kampala and North Buganda lagged. Eleven districts fell into RED/REC Category 4 (poor access and poor utilisation), requiring targeted immunization outreach and microplanning.

Client Experience

- National client satisfaction improved from 63% to 72%, with substantial gains recorded in several regions.

B. AREAS THAT DECLINED

Health Financing and Financial Protection

- Health sector allocation declined from 7.7% to 6.2% of the national budget.
- Total health expenditure per capita declined from US$57.2 to US$55.5.
- Out-of-pocket health expenditure increased from 28% to 30.3%.

Maternal, Newborn and Child Health

- Antenatal care attendance for four or more visits remained below target and declined marginally.
- Maternal ART coverage declined from 95% to 86%.
- Modern contraceptive prevalence decreased slightly, while unmet need for family planning increased from 24% to 27.2%.
- Institutional maternal deaths at Health Centre III level increased from 39 to 58.

Immunization

- DPT3 coverage declined from 104% to 92%, falling below the national target.
- Hepatitis B birth-dose coverage remained low at 62%, well below the target of 90%.

Health Workforce and Service Outcomes

- Public sector staffing levels remained critically low at approximately 34%.
- General hospital inpatient mortality increased compared to the previous year.
- Community reporting performance weakened, with VHT quarterly reporting and household registration declining.

General hospitals and HC IVs remain the backbone of surgical and emergency care, performing **74%** of all surgeries—mostly obstetric. Ambulance utilisation increased by **200%**, though Kampala continues to rely heavily on informal transport due to coordination gaps.

Key Emerging issues include the need to:

- Strengthen maternal and newborn care, especially in Kampala, Acholi, Karamoja, and high-referral districts.
- Improve diagnostic capacity and laboratory readiness.
- Expand EMR and eCHIS coverage to all districts.
- Address commodity stock-outs and improve supply chain efficiency.
- Scale up malaria vaccine completion and hepatitis B birth dose coverage.
- Enhance TB case detection, paediatric TB management, and TPT coverage.
- Strengthen emergency medical services and post-crash care.
- Accelerate implementation of the National Health Insurance Scheme.
- Improve data quality, surveillance, and MPDSR/PPDR review completeness.

Uganda's health sector demonstrated resilience and measurable progress in FY 2025/26, with improvements in service delivery, epidemic control, digital health, and maternal–child outcomes. Sustained investment, stronger coordination, and targeted interventions in low-performing regions are essential to accelerate progress toward Universal Health Coverage and the goals of NDP IV.

Community Health Systems

- Community health implementation coverage showed limited expansion despite digital system improvements.
- Integrated community case management and community outreach performance remained largely unchanged.

Non-Communicable Diseases

- Rising outpatient attendance for hypertension, diabetes and epilepsy indicates an increasing NCD burden.
- NCD treatment coverage remained low and below desired performance levels.

C. AREAS THAT STAGNATED

Universal Health Coverage

- The UHC Service Coverage Index increased only marginally and remains below desired national targets.
- Catastrophic health expenditure remained unchanged at 13.6%, indicating limited progress in financial risk protection.

Population and Nutrition Outcomes

- Teenage pregnancy remained largely unchanged.
- Key nutrition indicators, including stunting and wasting, showed little or no measurable improvement due to limited new assessment data.

Health Infrastructure

- Expansion of health infrastructure and equitable distribution of higher-level service facilities remained slow.
- Gaps in surgical and emergency service availability persisted across regions.

D. CONCLUSION

The sector demonstrated strong gains in service utilization, communicable disease control, digital health expansion, quality of care, and client satisfaction. However, declining financial protection indicators, inadequate staffing, maternal HIV service coverage gaps, and increasing NCD burden threaten sustainability. Accelerated investments in health financing, workforce recruitment, maternal and child health interventions, and NCD prevention and management are required to sustain progress and advance Universal Health Coverage.

CHAPTER 1: INTRODUCTION

1.1 Background

This report is the first Annual Health sector Performance Report (AHSPR) under the Fourth National Development Plan (NDP IV 2025/26–2029/30), and it is housed under the Human Capital Development Programme, with targets anchored in achieving Universal Health Coverage (UHC), improving life expectancy, and supporting Vision 2040.

The Annual Health Sector Performance Report (AHSPR) for Financial Year (FY) 2025/26 has been compiled by the Ministry of Health as an institutional Monitoring and Evaluation requirement and marks the inaugural report under the new National Development Plan IV (NDP IV) period, transitioning from the previous NDP III (2020/21–2024/25). It documents the Health Sector's progress, systemic challenges, and strategic learnings while assessing performance against the NDP IV Key Result Areas (KRAs). Utilizing updated baselines from the Uganda Population and Housing Census 2024, this report provides the evidence to guide planning, programming, and resource allocation for FY 2027/28.

1.2 Specific Objectives of the AHSPR 2025/2026

The primary objective of the Annual Health Sector Performance Report (AHSPR) for FY 2025/2026 is to systematically track, evaluate, and report on the implementation of health sub-programme annual workplans and the broader Ministry of Health Strategic Plan II (2025/26–2029/30). The specific objectives include:

I. **Measure Sector Progress**: Assess the achievement of key performance indicators (KPIs) and targets tied to national frameworks, including the National Development Plan (NDP IV), Uganda Vision 2040, and Sustainable Development Goal 3 (SDG 3).
II. **Review Joint Implementation**: Bring together local governments (such as Kampala City Council Authority), national referral hospitals, and development partners to review regional and institutional health delivery.
III. **Analyze Resource Allocation & Efficiency:** Evaluate public health financing, expenditure trends, budget execution, and the availability of essential medicines and health supplies.
IV. **Inform Decision-Making and Planning**: Provide data-driven evidence from monitoring and evaluation frameworks to directly guide future planning, programming, and resource/budget allocations for upcoming financial years.
V. **Strengthen Health Systems:** Identify systemic bottlenecks, disease burdens (such as malaria and non-communicable diseases), human resource density gaps, and emergency preparedness to build a more responsive and sustainable health system.

1.3 Key Health Targets under NDP IV

The NDP IV spelt out key health targets for the 5 years period FY 2025/26–2029/30 and these include:

i. **Universal Health Coverage (UHC) Expansion:** Scaling up access to high-quality, affordable, and people-centred primary healthcare (PHC) services without financial hardship.
ii. Maternal, Newborn, and Child Health (MNCH): Accelerating reductions in maternal, neonatal, infant, and under-5 mortality rates, and expanding specialized services in obstetrics, gynaecology, and paediatrics.
iii. **Health Workforce Density and Skills:** Increasing the density of skilled health workers (doctors, nurses, midwives, clinical officers, and allied health professionals) from roughly 27 to 37 per 10,000 population.
iv. **Essential Medicines and Health Supplies (EMHS):** Boosting the availability of tracer essential medicines and health supplies in public facilities from baseline levels (~64%) to over 90%.
v. **Health Infrastructure Upgrades:** Increasing the coverage of sub-counties with functional Health Centre IIIs from 74% to 85%, upgrading select Health Centre IVs into community hospitals in hard-to-reach/island/mountainous areas, and improving emergency referral chains (land and boat ambulances).

vi. **Disease Prevention and Control:** Intensifying efforts against high-burden communicable and non-communicable diseases (such as reducing malaria incidence, tackling TB, and managing rising non-communicable conditions like hypertension).
vii. **Life Expectancy and Nutrition:** Raising national life expectancy targets, improving food and nutrition security, and expanding early childhood care.

1.4 MoH Strategic Direction

The Ministry of Health in Uganda established its strategic direction under the Strategic Plan II (2025/26–2029/30) and is aligned to the NDP IV. The vision, mission, goal, strategic objectives, as well as priorities for next year 2025/2026 focused on accelerating progress towards Universal Health Coverage (UHC), strengthening systems against communicable and non-communicable diseases, and enhancing grassroots primary healthcare.

The Strategic plan objectives include:

I. To accelerate integrated health promotion and disease prevention efforts at all levels
II. To strengthen the health system for an effective health service delivery and response
III. To enhance the accessbility and utilisation of quality integrated communicable and non communicable disease services
IV. To promot optimal delivery of maternal neonatal infant,child and adolescent health services at all levels
V. To strengthen health research information, innovation and technology in the provision of health services including emmerging health threats

The health sub-programme priorities for FY 2025/2026 were broken down into the following core focus areas:

I. Increase access to immunization against childhood diseases.
II. Improve adolescent and youth health by providing youth-friendly health services, establishing community adolescent and youth-friendly spaces at subcounty level, and involving youth among the Village Health Teams.
III. Promote optimal maternal, infant, young child, adolescent and elderly nutrition practices.
IV. Increase community ownership, access and utilization of health promotion, environmental health and community health services including persons with disabilities
V. Reduce the burden of communicable diseases with a focus on high-burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic prone diseases emphasizing the Primary Health Care Approach.
VI. Prevent and control Non-Communicable Diseases with specific focus on cancer, diabetes, cardiovascular diseases and trauma services at national and regional levels.
VII. Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services using the least cost options and modern technology.
VIII. Improve maternal, adolescent and child health services at all levels of care by investing in child and maternal health services across all levels of health care.
IX. Increase access to Sexual and Reproductive Health (SRH) information and services
X. Promote physical health activities and behavioural change across all categories of the population
XI. Promote delivery of disability-friendly health services including physical accessibility and appropriate equipment.
XII. Increase financial risk protection for health with emphasis on implementing the national health insurance scheme and scaling up community-based insurance and health cooperatives.

1.5 Demographic Data

The demographic variables guiding the assessment of outcome indicators are grounded in the latest post-census UBOS mid-year projections.

Table 1: Population Projections for FY 2025/26

Demographic Variables	Proportion	Projected Population
Total Population	100%	49,554,040
Females	51%	25,272,560
Males	49%	24,281,480
Children under 1 year	4.3%	2,130,824
Children under 5 years	17.0%	8,424,187
Children below 18 years	53.1	26,313,195
Adolescents and youth (young people) (10-24 years)	35.1%	17,393,468
Women of reproductive age (15-49)	24.6%	12,190,294
Expected pregnancies	5.0%	2,477,702
Expected deliveries	4.8%	2,378,594
Refugees	4.0%	2,050,000

1.6 AHSPR Compilation Process

The compilation of the Annual Health Sector Performance Report (AHSPR) was undertaken through a highly participatory and consultative process involving all Ministry of Health departments, the Technical Working Groups (TWGs), Health Development Partners, the private sector, Medical Bureaus, and representatives of Civil Society Organizations. The Department of Health Information, Statistics, Monitoring and Evaluation served as the Secretariat and convened a 10day retreat, with support from WHO, the Global Fund, and the Clinton Health Access Initiative (CHAI), to facilitate data synthesis and drafting of the report.

The draft report was subsequently circulated to Heads of Departments and TWGs, including civil society representatives, for technical review and validation. The refined draft was then presented to the Senior Management Committee (SMC) and the Top Management for endorsement and final approval by Senior Top Management.

The report is grounded primarily in quantitative data extracted from the District Health Information Software (DHIS2), complemented by findings from national surveys such as the UBOS 2024 Census, the 2022 Uganda Demographic and Health Survey, the 2023 STEPS Survey, and the Uganda PopulationBased HIV Impact Assessment (UPHIA). Additional financial and administrative data were obtained from the Integrated Financial Management Information System (IFMIS), ensuring a comprehensive and evidencedriven assessment of sector performance.

Other Quantitative and qualitative data was obtained from the following data source:

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 Systems (IFMIS)
V. Annual Program Budgeting System Reports 2025/26
VI. Annual Health Sector Performance Report 2024/2025
VII. Local Government Performance Assessment and Reports 2025
VIII. Supervision Performance Assessment and Recognition reports
IX. Maternal and Perinatal Death Review Reports 2025/26
X. World Health Statistics 2026


CHEW
CHEW
CHEW

CHAPTER 2: OVERALL SECTOR PERFORMANCE AND PROGRESS

2.1 Health Systems and Services Integration in Uganda

In February 2025, the Ministry of Health issued a national directive on Health Systems and Services Integration (HSSI) as a strategic shift from fragmented, diseasespecific programming toward coordinated, peoplecentred service delivery. The directive responded to longstanding inefficiencies caused by vertical programming and was accelerated by reductions in external funding. The Ministry, working with partners, developed policy instruments including the Integration Framework, Health Systems Integration Maturity Framework (HSIMF), operational guidelines, and a national roadmap to guide implementation.

A mixedmethods national evaluation conducted by Makerere University School of Public Health assessed the rollout process, level of integration, early effects on patient outcomes, and financial implications. The evaluation covered **276 health facilities**, **135 districts**, and all **17 health regions**, complemented by **52 key informant interviews** and **18 focus group discussions**.

Rollout and Implementation

The integration agenda was shaped by four dynamics: **historical fragmentation**, **donor transition pressures, strong political leadership**, and **new policy instruments**. Implementation followed an emergency rollout approach supported by cascaded training, mentorship, supportive supervision, and facilitylevel organizational restructuring.

Key facilitators included:

- Onestop service models
- Improved triage and workflow systems
- Unified stock management, and
- Multiskilled health workers.

Barriers included:

- Fragmented financing
- Inadequate human resources
- Limited infrastructure
- Delayed SOPs, and
- Parallel information systems.

Level of Integration

Integration progress was substantial across all levels:

- **Health facilities:** 62% demonstrated strong integration; 24% partial integration. RRHs showed the highest maturity.
- **Districts:** 72% demonstrated strong integration, especially in governance, workforce, information systems, and service delivery. Financing and community engagement remained weak.
- **Regions:** Most regions showed strong integration, though Kampala, Hoima, Fort Portal, Kabale, Mubende, and Mbarara had higher proportions of partial integration.

Effect on Patient Outcomes

Early effects were mixed:

- **Positive trends:** Stabilized outpatient attendance, modest improvement in retention on ART, and significant increases in diabetes screening.
- **No significant change:** Viral load suppression, TB screening, and hypertension screening. These trends reflect the transitional nature of implementation rather than longterm outcomes.
- **Cost and Efficiency Analysis**
- Integrated service delivery is **financially viable**. Incremental implementation costs (USD 444,144) were outweighed by current annual efficiency savings (USD 288,402) and projected future savings (USD 242,539). Major savings stem from improved staff time allocation, streamlined governance processes, and interoperable digital systems. Higherlevel facilities incurred greater costs due to coordination and digital infrastructure requirements.

Digitization of Health services

During FY 2025/26, the Ministry of Health focused on onboarding HC IV into EMR use, enrolling 56 of them onto the system across 13 regions of the country. This marked a new focus to HC IV compared to the previous year which was focused on bring general hospital online.

Table 2: *EMR Coverage in public Facilities by level of care*

Facility Level	Target	Enrolled	% of Target
National Referral Hospitals	5	4	80.0%
Specialized Hospitals	4	2	50.0%
Regional Referral Hospitals	16	16	100.0%
General Hospitals	58	58	100.0%
Health Centre IVs	206	58	28.2%
Total	**289**	**138**	**47.8%**

The electronic Community Health Information System (eCHIS) was live in 56 of the 146 districts and cities at the end of FY 2025/2026, which is 38.4 per cent of the country. A year earlier it was live in 24 districts, or 16.4 per cent. The community health workforce carried on the platform grew from 16,297 to 42,915 over the same period, an increase of 163 per cent.

Figure 3: eCHIS Coverage

Indicator	FY 2024/2025	FY 2025/2026	Change
Districts and cities with eCHIS live	24	56	+133%
of which VHTs on eCHIS	20	44	+120%
of which CHEWs on eCHIS	7	28	+300%
Share of the 146 districts and cities	16.4%	38.4%	+21.9 pp
VHTs on eCHIS	15,055	39,314	+161%
CHEWs on eCHIS	1,242	3,601	+190%
All community health workers on eCHIS	16,297	42,915	+163%

Conclusion and Recommendations

Uganda has made strong early progress in institutionalizing integrated health systems and services. Integration has improved efficiency, strengthened continuity of care, and demonstrated financial justification for continued investment. However, sustaining gains will require strengthened financing flexibility, expanded workforce capacity, improved infrastructure, harmonized digital systems, and deeper community engagement.

The priority recommendations include:

Short-term (within 12 months):

- Disseminate integration guidelines and standards nationwide.
- Provide targeted support to regions and facilities with weak integration.
- Establish integrated monitoring and reporting systems.
- Strengthen mentorship, supportive supervision, and community engagement.

Long-term (1–3 years):

- Institutionalize integration within planning, budgeting, and performance frameworks.
- Invest in infrastructure, workforce expansion, and interoperable digital systems.
- Align partner investments with national integration priorities.
- Conduct periodic evaluations to guide scaleup and sustainability.

2.2 Performance of the NDP IV Strategic Interventions

The trends indicate a **steady and discernible improvement in overall KRA performance**, largely attributed to progress in skills mix, reductions in morbidity, and improvements in social determinants of health. At the same time, Universal Health Coverage and inequality reduction continue to present significant challenges. Over the sixyear period, the data reflects a health sector that is strengthening in core service delivery functions, even as it continues to grapple with deeper systemic reforms. Details in Table 4.

Table 4: Summary of Performance against the NDP IV strategic intervention in FY 2025/26

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	11 (50%)	1 (5%)	6 (27%)	4 (18%)
3	Improvement in the social determinants of health and safety	9 (60%)	1 (7%)	-	5 (33%)
4	Reduced fertility and dependence ratio	2 (25%)	1(12.5%)	1 (12.5%)	4 (50%)
5	Universal Health Coverage	1 (17%)	-	5 (83%)	
6	All key forms of inequalities reduced	2 (66.7%)	-	1 (33.3%)	
TOTAL	**Score (n = 43)**	**27 (62.8%)**	**3 (7%)**	**13 (30.2%)**	**13**
FY2024/25	***NDPIII End term score***	***51.6%***	***3.2%***	***45.2%***	***1***

Specifically:

- Over the six years, the sector demonstrates a gradual upward trajectory, culminating in 62.8% achievement in FY 2025/26, the highest performance recorded. This marks a notable recovery from the NDPIII Endterm score (FY2024/25) of 51.6%.
- The proportion of "Achieved" indicators has increased, while "Progress" indicators have declined, suggesting that interventions are maturing and yielding measurable results rather than remaining in transitional stages.
- Nonetheless, the proportion of "Not Achieved" indicators remains relatively high at 30.2%, although slightly reduced from the NDPIII end-line score of 45.2%, pointing to some persistent structural constraints that require sustained attention.
- KRA 1 (Improved Skills Mix) continues to exhibit strong and consistent performance, underscoring key sectoral strength.
- KRA 2 (Reduced Morbidity and Mortality) shows moderate but uneven improvement, with gains in some disease areas offset by ongoing burdens in others.
- KRA 3 (Social Determinants of Health) reflects a positive upward trend, with improvements occurring more rapidly than clinical outcomes.
- KRA 4 (Fertility and Dependency Ratio) shows incremental progress, though underlying demographic dynamics remain largely unchanged.
- KRA 5 (Universal Health Coverage) continues to experience significant performance gaps, highlighting the need for comprehensive policy and financing reforms.
- KRA 6 (Inequality Reduction) remains a longstanding challenge, with progress occurring slowly and inconsistently across regions and population groups.

2.2.1 Performance against the 56 indicators under the key result areas

The health sector registered mixed progress across the Key Result Areas in FY2025/26, with notable gains in infectious disease control, improvements in selected service delivery indicators, and persistent challenges in maternal and child health, noncommunicable diseases, and health financing. Overall, the data reflects a system advancing in several strategic areas but still constrained by structural gaps, regional inequities, and resource limitations.

- The number of doctors and nurses registered with the corresponding Health Professional Councils increased from 10,433 to 11,751 and 133,542 to 137,332, respectively, indicating **an increase in the number of health workers per population**. Although the annual goal of having doctors, midwives, and nurses per 10,000 people was reached, we are unable to calculate the population access. According to the new human resource structure, the public health facilities' staffing level was 34%.

- **Significant achievements were recorded in the control of communicable diseases.** Malaria incidence declined from **261 to 223 per 1,000**, driven by mass ITN distribution, IRS, community-based malaria case management through iCCM, chemoprophylaxis and strengthened risk communication. **New HIV infections reduced markedly**, from 1.23 to 0.71 per 1,000 susceptible population, and **viral load suppression remained high at 97%.** Tuberculosis case notification fell to 177 per 100,000, while **treatment success improved to 92%** surpassing the 86% target, driven by digital chest Xray deployment, mobile clinics, hotspot mapping, and enhanced adherence technologies. These gains demonstrate the impact of sustained investments in prevention, early detection, and treatment.

- **Maternal, newborn and child health outcomes showed modest improvements but remain below national targets.** Facility deliveries increased from 71% to 71.8%, and firsttrimester ANC attendance rose from 34% to 43%, reflecting strengthened community mobilisation and service uptake. Iron and folic acid supplementation exceeded targets, reaching 76%. However, maternal mortality (189/100,000), infant mortality (36/1,000), neonatal mortality (22/1,000) were not assessed as we await a population survey to inform progress.

- **Progress in social determinants of health was encouraging.** Sanitation coverage increased to 92%, and **open defecation reduced significantly** from 17% to 8%, though regional disparities persist, particularly in Karamoja. Handwashing coverage improved to 39%. **Nutrition indicators such as stunting and wasting** were not assessed as we await a population survey to inform progress.

- **Fertility trends continued to decline**, with the total fertility rate reducing from 5.2 to 4.5 and population growth slowing to 2.7%. **Despite this progress, unmet need for family planning increased to 27.2%, and modern contraceptive prevalence stagnated**, indicating supply chain gaps and service access challenges.

- **Service delivery readiness improved in several areas.** SPARS scores increased to 75%, and availability of essential medicines rose to 42%, though still below optimal levels. **Blood collection reached 94%.** However, ambulance coverage stagnated at 56% due to financing constraints, and **staffing gaps persisted**, with midwives and nurses experiencing high workloads.

- **The sector recorded progress in civil registration and vital statistics**, with health facility death notification reaching 60% and community death notification rising to 31%, demonstrating improved integration between DHIS2 and NIRA.

- **Universal Health Coverage indicators showed stagnation or decline.** The health budget share fell to 6.2%, below both the national target and global commitments. **Outofpocket expenditure increased to 30.3%, and health insurance coverage dropped to 1.1%**, underscoring limited financial protection. Bed occupancy rose sharply to 104%, reflecting congestion and inadequate infrastructure capacity. We still wait for Universal Health Insurance policy that will escalate universal health coverage.

- **Overall, FY2025/26 performance reflects meaningful progress in disease control and service readiness**, but continued challenges in maternal and child health, NCDs, health financing, and regional equity. Addressing these gaps will require sustained investment, targeted interventions in highburden regions, strengthened supply chains, and accelerated implementation of Universal Health Coverage reforms.

Table 5: Performance against the 56 key result areas showing trends for FY2025/26

KRA	Development Indicators	Baseline-FY2023/24	Target FY25/26	Actual FY25/26	Comment
KRA 1	**Improved Skills Mix**				
1.1	Health worker population ratio (Number of doctors, nurses and midwives per 10,000 population)	28	29	29.2	We currently have a total of 11,751 registered physicians, 137,332 registered Nurses & Midwives in the country serving a population of 50,969,560
1,2	Number of physicians (doctors) per 10,000 population	2	2.1	2.3	We currently have a total of 11,751 registered physicians in the country serving a population of 50,969,560
KRA 2	**Reduced Morbidity and Mortality of the population**				
	Morbidity				
2.1	% of under 5 illnesses attributed to diarrhoeal diseases	12%	10%	7.6%	Highest in Karamoja and West Nile
2.2	TB case notification rate/100,0000	198	187	177	The result is consistent with Programme interventions to stop TB transmission through TB prevention, early detection, prompt initiation of treatment, adherence support and routine monitoring of patient outcomes. The programme continued to enhance TB case-finding through the deployment of 79 digital chest X-ray units equipped with AI/CAD and 16 mobile clinics and provided the requisite training to two health workers per implementing site to promote optimal use of the equipment. Other approaches, such as the integration of contact tracing into community outreach activities and the use of hotspot mapping, were also leveraged as part of efforts to reducing TB transmission and burden.
2.3	Inpatient admission rate for mental, neurogical and substance abuse cases	1%	2%	0.1%	This is still a specialized service that is being offered at very few facilities with specialists. Butabika NMRH is building capacity at regions to extend these services and integrate them into PHC so that uptake increases
2.4	Number of new HIV infections per 1,000 susceptible population	1.23	1	0.71	New HIV infections declined from 1.23 to 0.71 per 1,000 susceptible population, surpassing the FY25/26 target of 1.0 and demonstrating strong progress in reducing HIV transmission.

KRA	Development Indicators	Baseline-FY2023/24	Target FY25/26	Actual FY25/26	Comment
2.5	Malaria Incidence (per 1,000 population at risk)	261	260	223	The country experienced a reduction in malaria incidence in FY 2025/2026 compared to the preceding year. The overall reduction was primarily due to to the Net Campaign, indoor residual spraying, reduced stock of malaria commodities and scaled up Integrated Malaria risk Communication.
2.6	Tuberculosis incidence (per 100,000 population)	198	190	197	The result is derived from the WHO Global TB report, 2025 and represents an improvement of one case per 100,000 population compared with the baseline, but it remains below the FY 2025/26 target. It is worth noting that the Programme has not yet conducted a TB prevalence survey, which would provide the most reliable estimate of incidence. The Programme continues to intensify active case finding, community awareness, screening, testing and linkage to treatment, alongside TB prevention interventions, to reduce transmission and further contribute to the decline in TB incidence.
2.7	HIV Incidence rate	0.16%	0.14%	0.13%	HIV incidence declined from 0.16% at baseline to 0.13% in FY25/26, indicating continued progress in reducing new HIV infections.
2.8	HIV Viral Load Suppression rate among PLHA	96%	97%	97%	Viral load suppression improved from 96% to 97%, achieving the FY25/26 target and demonstrating strong treatment effectiveness among PLHIV on ART
2.9	Per Capita OPD attendance for MNS (Mental Neurological & Substance abuse)	0.01%	0.01%	0.03%	Limited availability of specialized mental health personnel and services at lower health facility which affects diagnosis, referral and follow up of patients
2.10	Under 5 years Inpatient Admission rate for Malnutrition conditions	8%	7%	8%	13,635 cases admitted out of the total 162,392 SAM cases diagnosed
2.11	HPV 2nd dose coverage for girls at 10 years	75%	78%	105%	HPV vaccination was switched from a double dose to a single dose effective Jan 2025.
2.12	DPTHibHep 3rd dose coverage (%)	95%	95%	92%	There was a reduction in DPT3 coverage in FY25/26 as compared to FY24/25.
2.13	Per Capita OPD attendance	0.99	0.98	0.97	
2.14	Hospital (public & private) admission rate (per 1,000 population)	77.6	75	88.4	
	Mortality				
2.15	Maternal Mortality Rate/ 100,000	207	182	189	UDHS 2022

KRA	Development Indicators	Baseline-FY2023/24	Target FY25/26	Actual FY25/26	Comment
2.16	Infant Mortality Rate/ 1000	34	30	36	UDHS 2022
2.17	U5 Mortality Rate/ 1000	46	42	46	UDHS 2022
2.18	Neo-natal mortality Rate (per 1000)	22	21.6	22	UDHS 2022
2.19	Attempted Suicide Rate per 100,000 population	80	79	53	
2.20	Mortality rate from unsafe WASH (Diarrhoea, Typhoid, Dysentery & Cholera), per 100,000 population	28.1	28.1	28	
2.21	% of mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease between 30 - 70 years	21%	21%	21.5%	
2.22	Mortality attributed to communicable diseases (Malaria, TB & HIV/AIDS) (%)	40%	38%	42.2%	Of the 39,544 total deaths in the period, there were 2342 (5.9%) confirmed malaria deaths, 11,349 (28.7%) HIV/ Aids deaths, and 3,198 (8.1%) TB deaths at the health facilities
KRA 3	**Improvement in the social determinants of health and safety**				
3.1	Sanitation coverage	79.5	82.7	92	Highest coverage 99% was from Ankole, Kigezi, Tooro and South Central. Lowest was in Karamoja of 27%
3.2	Hygiene (Hand washing)	36	37.4	39	The highest coverage was in South Central 68% and lowest in Karamoja 10%
3.3	Knowledge of HIV among the youth (%)	56%	56%	56%	Awaiting UPHIA Report results for 2026
3.4	% of population practicing open defecation	17	15	8	Open Defecation was most prevalent in Karamoja at 73%
3.5	% of population with access to basic sanitation (Improved toilet not shared with other households)	32	36	34	South Central and North Central reported highest Basic Sanitation Coverage at 69% and 62% respectively
3.6	% of population with access to safely managed sanitation	18	23	34	South Central and North Central reported highest Basic Sanitation Coverage at 69% and 62% respectively
3.7	% of Prevalence of stunting among children under 5	26%	26%	26	
3.8	Prevalence of wasting among children under 5 (%)	2.9%	2.9%	2.9	
3.9	Prevalence of obesity among women (%)	8.4%	8.4%	10.4	
	Men (%)	1.5%	1.5%	2.3	
	Children U5 (%)	3.4%	3.4%	2.8	

KRA	Development Indicators	Baseline-FY2023/24	Target FY25/26	Actual FY25/26	Comment
2.10	ANC 4th Visit Coverage (%)	54%	56%	55.4%	Modest improvement of this community system dependent indicator. Expected to improve further alongside the scale up of community interventions to raise awareness, demand and utilisation of ANC services during the first trimester, and retention of pregnant women in the care system throughout the ANC4+ visits
2.11	Deliveries in health facilities (%)	67%	69%	71.8%	This progress reflects sustained investment in maternal health services, community sensitisation on skilled birth attendance, and strengthened referral and emergency obstetric care. Maintaining quality, respectful maternity care, and addressing access barriers in underserved areas will be key to sustaining gains.
2.12	% of Population who slept under an ITN the night before the survey	62%	62%	77%	The proportion of the population that slept under an ITN the night before the survey increased from 62% (UDHS 2022) to 77% (UMIS 2024).
2,13	Intermittent Presumptive Treatment for Malaria in Pregnancy 3rd dose coverage (%)	55%	56%	66%	There was a slight improvement in the proportion of mothers attending ANC 1 that received at least three doses of Intermittent Preventive Treatment of Malaria in Pregnancy (IPTp3) from 65% in FY 2024/25 to 66% in FY 2025/26 but it is still below the target. This performance was attributed to reduced stock out Sulfadoxine-pyrimethamine (SP) and the sustenance of providers' knowledge and skill following data guided targeted mentorships.
KRA 4	**Reduced fertility and dependence ratio**				
4.1	Total Fertility Rate-Total	5.2	4.96	4.5	
4.2	Total Fertility Rate-Urban	4.3	4.3	3.8	
4.3	Total Fertility Rate-Rural	5.6	5.38	5.2	
4.4	Population growth rate	2.9	2.86	2.7	
4.5	Life expectancy at birth in year	68.2	69.7	68.7	Female at 71.6 years whereas Male at 65.7 years
4.6	Unmet Need for Family Planning Services among currently married women (%)	24.0%	24.0%	27.2%	Unmet need for family planning among married women remained at 27.2% in 2025/26, with no change from the previous financial year.
4.7	Modern Contraceptive Prevalence Rate	29.5%	29.5%	33.3%	Among all women, mCPR decreased from 33.8% in FY 2024/25 to 33.3% in 2025/26. The decline indicates that, despite continued implementation of family planning interventions, the pace of growth in contraceptive prevalence remained below the level required to achieve the desired annual target of 34.6%.
4.8	Teenage pregnancy rate (%)	24%	24%	24%	

KRA	Development Indicators	Baseline-FY2023/24	Target FY25/26	Actual FY25/26	Comment
KRA 5	**Universal Health Coverage**				
5.1	Government Health budget as % of Total Government budget	7.70%	7.90%	6.2%	
5.2	Incidence of catastrophic health expenditure at 10% of income (%)	13.6	12.9	13.6%	No. Change. Plans under way for an update
5.3	Total Health Expenditure Per capita (USD)	57.2	57.2	55.5	No change as the NHA 2024/25 - 2025/26 is under way
5.3	Out of Pocket Health Expenditure as a proportion of Current Health Expenditure (%)	28%	26%	30.3%	NHA 2022/23
5.4	Population covered with health insurance	3.90%	3.90%	1.1%	based on National Census Report 2025
5.5	Bed Occupancy Rate (%)	62%	65%	104%	
KRA 6	**All key forms of inequalities reduced**				
6.1	Universal Health insurance coverage	1.1	1.4	0%	No Scheme yet
6.2	Universal health coverage service index (%)	49%	53%	54%	Global Monitoring report for UHC 2025.
6.3	Service availability and readiness index (%)	49%	51%	59%	

Table 06 shows the trends in performance for the 40 key outcome indicators in relation to the baseline and annual targets. The performance for the 40 key outcome indicators is summarized below:

- The FY2025/26 performance of key outcome indicators shows a blend of progress and persistent gaps across HIV, malaria, TB, maternal health, NCDs, emergency care, and health system readiness. While several indicators surpassed annual targets, others declined significantly, underscoring areas requiring urgent attention and targeted investment.
- HIV outcomes registered notable declines. **Initiation of HIV positive pregnant women on ART dropped to 86%**, below both the baseline and target, signaling **gaps in timely treatment initiation and retention**. Similarly, **early infant diagnosis weakened**, with DNA/PCR testing coverage falling to **65%**, far below the 80% target. These trends highlight weaknesses in the PMTCT cascade and follow-up of HIV exposed infants. ART retention, however, showed modest improvement, reaching 83% and nearing the target.
- Malaria indicators demonstrated mixed progress. Although no district achieved incidence below 10 per 1,000, five districts reported incidence between 10 and 15 per 1,000, indicating slow movement toward elimination of malaria thresholds. **Inpatient malaria deaths declined to 4.3 per 100,000**, and **malaria case fatality dropped sharply to 0.3**, reflecting **significant improvements in case management**. Nonetheless, regional disparities remain pronounced, with North Buganda, Bunyoro, Karamoja, and Acholi recording the highest malaria deaths.
- Tuberculosis outcomes were among the strongest performers. **TB treatment coverage met the target at 91%**, and **treatment success rose to 92%**, driven by digital chest Xray deployment, mobile clinics, hotspot mapping, and improved adherence technologies. These results underscore the effectiveness of intensified casefinding and treatment support interventions. In contrast, **leprosy performance deteriorated**, with grade 2 disability rising sharply to **26%**, pointing to late diagnosis and knowledge gaps among health workers.
- Immunisation and child health indicators showed encouraging improvements. **MeaslesRubella seconddose coverage increased to 70%**, surpassing the target, while **malaria vaccine (4th dose) coverage performed strongly at 53%** in its first reporting year. Vitamin A seconddose coverage also improved to 82%. However, full immunization for children under one declined slightly to 84%,

indicating stagnation in routine immunization.

- Maternal health service uptake strengthened. **Iron and folic acid supplementation reached 76%**, and **firsttrimester ANC attendance rose to 43%**, both exceeding targets. Despite these gains, coupleyears of protection declined, likely due to reporting gaps. Client satisfaction fell marginally to 72%, driven by medicine stockouts and health worker shortages.
- Noncommunicable disease management showed uneven progress. **Diabetes treatment coverage improved significantly to 50%**, while treatment for heart and chronic diseases stagnated at 40%, highlighting gaps in continuity of care for NCDs.
- Health workforce workload remained high. **Midwives handled 876 ANC visits on average**, above the target, and nurses experienced increased inpatient workloads, with the nursetoinpatient ratio declining to **200**, far below the target of 298. These trends underscore persistent staffing shortages and workload pressures.
- Emergency and referral care indicators remain concerning. **Road traffic mortality increased to 28.3 per 100,000**, linked to inadequate ambulance coverage and limited prehospital care. Ambulance coverage stagnated at 56% due to financing constraints, limiting timely emergency response.
- Service delivery readiness improved in several areas. **Availability of essential medicines rose to 42%**, SPARS scores increased to **75%**, and **blood collection reached 94%**, all surpassing targets. Institutional maternal mortality declined to **61.7 per 100,000 deliveries**, and perinatal mortality improved to **13.7 per 1,000 births**, reflecting better facility based care.
- Civil registration and vital statistics strengthened significantly. **Health facility death notification increased to 60%**, community death notification reached **31%**, and birth notification rose to 9%, demonstrating improved integration between DHIS2 and NIRA.
- Overall, FY2025/26 performance highlights **strong gains in TB outcomes, malaria case management, immunisation, maternal service uptake, and CRVS**, but also **declines in HIV treatment indicators, persistent workforce shortages, weak emergency care systems, and regional disparities**. Addressing these gaps will require targeted investment, strengthened supply chains, and accelerated implementation of Universal Health Coverage reforms.

Table 6: Performance against the Key Outcome

Indicators

Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
% of HIV positive Pregnant women initiated on ART	95%	96%	86%	A total of 83,415 women were identified as HIV positive (New tested HIV positive plus those with a Known HIV Positive status) and total of 72,113 were on ART (New + Already on ART) giving ART coverage rate of 86%. Maternal ART coverage, shows strong performance in Ankole (97%) while Busoga, Kampala, Teso, West Nile, Karamoja and Bunyoro lag significantly behind the national score of 86%. This suggests the need for targeted regional interventions and community
% of HIV exposed infants with 2nd DNA/PCR within 9 months	81%	80%	67%	Of the 83,415 Pregnant Women Living with HIV identified at ANC/L&D (New & Known), 55,961 HIV exposed infants received a 2nd DNA/PCR test within 9 months. This highlights a gap in completion of recommended EID testing and the need to strengthen longitudinal tracking and retention of mother–baby pairs.

Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
% LGs (Districts & Cities) with incidence below 10 cases per 1,000 per year	0	2	1.4%	Out of the 146 LGs (Districts &Cities), none reported malaria incidence below 10 cases per 1,000 per year. However, five districts (Rubanda, Kisoro, Rukiga, Kabale and Sheema) reported malaria incidence between 10 to 15 cases per 1,000 per year.
In patient malaria deaths (per 100,000 persons per year)	5.4	4.43	4.3	A total of 2,129 confirmed malaria deaths were registered at health facilities with sharp regional disparities: North Buganda recorded the highest number of malaria deaths (254), followed by Bunyoro (250), Karamoja (234) and Acholi (242), while Kigezi (8), Ankole (40) and Kampala (94) reported lower numbers of malaria deaths
ART Retention rate at 12 months (%)	82%	84%	83%	Of the 101,662 clients started on ART, 84,380 (83%) clients were reported to be Active on ART after 12 Months post ART initiation. Retention reached 83% in FY25/26, slightly below the 84% target. ART retention was lowest at 78% among adolescents 10-19 years old and 77% among 20–24-year-olds. This reflects modest improvement in continuity of treatment, although further strengthening of retention interventions is needed to achieve the target.
TB treatment coverage rate (%)	90%	91%	91%	Of the estimated 93,056 TB cases, 91% were notified and started on treatment. The implementation of the integrated CAST+ campaigns, which used digital chest X-ray technology and geospatial hotspot mapping, significantly enhanced TB screening and case finding during the reporting period. To date the program has deployed 79 digital chest X-ray units equipped with AI/CAD and 16 mobile clinics to support community and facility-based TB case finding interventions

Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
TB treatment success rate (%)	85%	86%	92%	Early case identification and timely treatment initiation through community campaigns, implementation of the TSR improvement package (including retention support, appointment tracking at facilities, structured patient followup), and the roll out of digital adherence technologies contributed to improved treatment outcomes. In addition, the roll out of shorter 6month DRTB regimens (BPaL and BPaLM) further contributed to improved treatment outcomes during the reporting period. The sub regions of Lango (95.7%), Bugisu (95.4%) and West Nile (94.3%) reported the highest TSRs whereas Acholi reported the lowest TSR at 88.5%.
% of Leprosy cases with grade 2 disability	11%	9%	26%	Performance was below the expected target, which points to late diagnosis of leprosy. This is majorly attributed to observed knowledge gaps among health workers in early diagnosis and management of leprosy as well as active contacts surveillance. Most affected districts include Yumbe, Mayuge, Masindi, Kumi and Kasese and these are being targeted for continued capacity building and mentorship.
Alcohol Abuse Rate (%)	6.6%	6.6%	7%	
Total alcohol per capita (>15 years of age consumption) (litres of pure alcohol)	12.2	12.2	12.2	
Measles-Rubella 2nd dose Coverage	41.00%	50%	70%	There exists an improvement in MR2 coverage in FY 25/26 from 62% in FY24/25 to 70% in Fy25/26.
% of Children under one year fully immunized	86%	86%	84%	There exists no significant change in the number of fully immunised children in FY24/25 and FY25/26.
% of children under 24 months immunized against malaria (malaria 4th dose coverage)	30%	35%	53%	MV4 has started strongly in its first year of reporting.

Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
Vitamin A second dose coverage for U5s (%)	75%	76%	65.4%	Over 5.4 million children under 5 years recceived vitamin A second dose. Bushenyi, Rubanda, Mitooma, Nabilatuk and Fortportal were among the best performing local governemnts whereas Masindi, Madi-Okollo, Arua, Amuru and Nwoya had poor coverage.
% of Pregnant women receiving Iron and Folic Acid supplementation on 1st ANC visit	67%	69%	64%	Reduuced from 69% in FY 2024/25 to 64%, below the target due to reporting related challenges.
% of 1st ANC attendance in 1st trimester	35%	39%	43%	Improved from 40% in FY 2024/25 to 43%, exceeding the target by 4 percentage points.
Couple years of protection	4,403,934	4,883,147	3,813,099	Decline, may be explained by potential stock out of HMIS tools that may have affected adequate reporting for the services dispensed
Client satisfaction level (%)	73%	74%	72%	Unavailability of health workers and medicines at facilities were the major drivers for dissatisfaction
Population aged 15 - 49 years diagnosed with diabetes who are on treatment (%)	31%	31%	50%	
Population aged 15 - 49 years diagnosed with heart/chronic disease who are on treatment (%)	40%	40%	40%	
Malaria Case Fatality Rate (per 10,000)	13.8	11.7	0.3	In FY 2025/2026, the admission malaria case fatality rate was 0.3%. A total of 2,129 confirmed inpatient malaria deaths were reported out of the 36,227 malaria cases that were admitted. The Program is currently only able to report on the admission case fatality rate. Data for the Malaria Case Fatality Rate (per 10,000), is to be collected through a Survey.
Ratio of Midwives to Total ANC Visits	890	832	876	Based on approximately 7.94 million ANC contacts and 9,063 midwives, the average workload was 876 ANC contacts per midwife, slightly above the target of 832.
Ratio of Midwives to Total Deliveries	202	197	187	Based on 1,691,119 deliveries and 9,063 midwives, the average workload was 187 deliveries per midwife, slightly below the national target of 197.
Ratio of Nurses to Inpatients	304	298	200	21,335 Nurses
Inpatient runaway rate	0.62%	0.5%	0.4%	

Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
Road traffic mortality rate (per 100,000 population)	29.4	27.7	28.3	The increase in road traffic mortality is associated with a growing number of road traffic crashes, compounded by inadequate ambulance coverage and limited availability of trained emergency medical professionals and first aid responders, resulting in delays in providing timely pre-hospital care at crash scenes.
% of constituencies with a functional ambulance	52%	56%	56%	Ambulance coverage has stagnated due to the absence of budget allocation from the Ministry of Finance, Planning and Economic Development (MoFPED) to prioritize the procurement of additional ambulances needed to address the remaining coverage gaps.
Constituencies with a functional HC IV / Community Hospital	62%	65%	63%	a few HCIIIs were upgraded to HCIVs
% of Sub counties / Divisions /TCs with a Public Health Facility (HC III and above)	75%	77%	77%	The status quo has not changed since there is currently no program for upgrading of HCIIs to HCIIIs/ construction of new HCIIIs in substantial numbers. This Indicator is expected to improve when UgIFT 2 Program commences.
% of health facilities with 95% availability of the 50 basket of EMHS	NA	22%	42%	Availability was affected by intermittent stock-outs of selected commodities at central warehouses, delayed deliveries to health facilities, increased consumption of some commodities, and funding constraints.
% of health facilities with a SPARS (Supervision, Performance, Assessment, Recognition, Strategy) score of 75% and above (%)	40%	55%	75%	Limited operational funds, and logistical challenges, resulting in slower improvement in SPARS performance towards an ideal of 90%
Blood collection rate - (%)	74%	80%	94%	Delays in operationalization of New Blood Banks (Soroti, Arua and Hoima)
Institutional/Facility Maternal Mortality Risk per 100,000 deliveries	82.6	78.1	61.7	Declined to 61.7 per 100,000 deliveries, performing better than the target. However, mortality remained highest at referral hospitals.

Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
Institutional perinatal mortality rate per 1,000 births	17.8	16.5	13.7	Declined to 13.7 per 1,000 births, performing better than the target, although Kampala, Acholi and North Buganda remained above the national average.
Per capita OPD attendance for rehabilitative services	0.02	0.03	0.032	The annual summary of key rehabilitation service indicators is presented, highlighting service utilization and uptake performance trends over the reporting period (FY 25/26)
% of health facility births notified in DHIS2 and registered by NIRA	0%	10%	9.6%	
% of health facility deaths notified in DHIS2 and registered by NIRA	15%	25%	60%	Bukedi and Kigezi notifying the highest
% of community deaths notified in the population data bank	0%	10%	31%	A total of 12,000 of community deaths notified out of the 39,544 total deaths in this FY.
% of community births notified in the population data bank	0%	10%	9%	A total of 142,788 community births were notified out of the 1,657,058 live births registered in the FY
% of Private Health facilities submitting HMIS reports	30%	35%	94%	34,961 out of the 37,308 private health facilities submitted monthly OPD reports through HMIS

2.2.2 Readiness Capacity of Health Facilities to Provide Services

MoH implements Health Facility Quality of Care Assessment Program (HFQAP) to assess the readiness and preparedness of health facilities to offer services. HFQAP provides regular information on quality of care and the general functionality of both the public and private not for profit (PNFP) health facilities in Uganda for performance monitoring and continuous Quality Improvement (CQI). The assessment is categorized in 10 modules according to WHO building blocks for health systems.

The **overall sector score increased from 55.4 percent to 68.5 percent**, demonstrating **steady progress toward national health goals and Universal Health Coverage**. The key drivers of this progress are outlined below:

- Significant gains were recorded in Leadership and Governance, Health Infrastructure, RMNCAH services, and Community-Based, Clinical, Referral and Emergency Services. These improvements point to **strengthened stewardship**, **expanded facility capacity**, **enhanced maternal and child health interventions**, and **better functioning referral systems**. Human Resources for Health, Health Information Systems, Medicines and Vaccines Management, and Client-Centered Care also exhibited **consistent upward trends**, driven by improvements in staffing, digital health adoption, supply chain performance, and quality-of-care initiatives.
- While most modules showed sustained growth, **Diagnostic Services remained volatile**, with a notable decline in FY2023/24 followed by partial recovery. This pattern highlights **persistent gaps in diagnostic capacity**, equipment functionality, and availability of reagents, which require targeted attention. Health Financing also showed minor fluctuations, suggesting **pressures in resource allocation and absorption**.
- Overall, the trends indicate a health system that is **steadily strengthening**, with improved readiness, better coordination, and enhanced service delivery across multiple domains. **Addressing bottlenecks in diagnostics, financing efficiency, and supply chain resilience** will be essential to sustain momentum and

accelerate progress toward a **resilient, equitable, and peoplecentred health system**.

Table 7: Trends in the HFQAP Modular Scores

Modules	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Leadership &Governance	59.8	70.2	65.2	73.3	76.5	77.8
Human Resources	48	58.4	52.5	59.9	62.4	64.5
Health Financing	56.3	64	62.6	65.7	69.1	68.5
Health information	53.3	64	60.1	65.9	68.5	70.1
Medicines, vaccines management and procurement	56.9	65.3	60	65.7	69.9	70.0
Tracer medicines, vaccines, and health supplies	44.3	48.7	43.7	52.7	57	59.1
Tracer Equipment	53.3	58.7	57.2	60.2	61.3	64.6
Health Infrastructure	60.2	69.5	62.3	73.1	74.6	75.5
RMNCAH Services	59	69	68.5	69.3	69	71.8
Community-based care, clinical care, Referral and emergency services	59.4	64.6	68.3	71.8	73.1	74.4
Diagnostic services	51.8	53.9	56.1	46.3	52.6	52.1
Client-centered care & safety	56.4	67.7	61	67.5	69.2	72.8
Overall Score	55.4	63.3	60.3	63.8	67.2	68.5

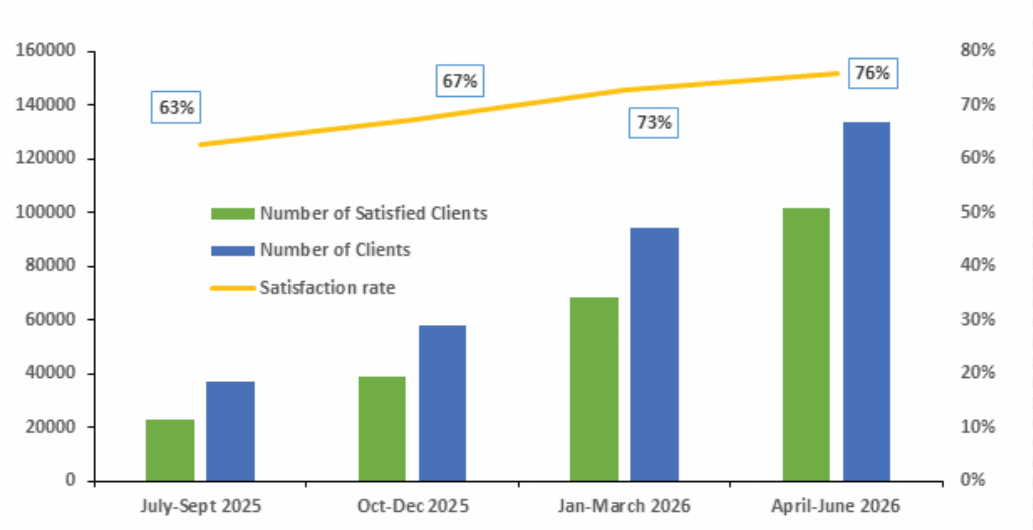
2.2.3 Client Satisfaction

The Ministry of Health (MoH), Uganda, operates a structured digitized Client Satisfaction Feedback System, including QR-code–based feedback mechanisms, to routinely collect patient and client feedback at national, regional, district, and health-facility levels. Routine feedback is complemented by an annual national client satisfaction survey to provide a broader assessment of clients' experiences with health services. The system captures satisfaction scores, complaints, and suggestions, which are analyzed and translated into actionable service-delivery gaps for follow-up by health-facility management teams. A centralized dashboard provides near-real-time visualization of satisfaction trends and reporting performance, while reporting rates are monitored to assess data completeness and inform targeted quality-improvement actions.

Overall Client Satisfaction Rates

By the close of FY 2025/26, a total of 101,586 clients had submitted feedback through the National Client Feedback System. Overall client satisfaction increased to 72%, up from 63% in FY 2024/25, representing a 9-percentage-point improvement (Shown in Table x).

FIGURE 1: QUARTERLY CLIENT SATISFACTION RATES FY2025/26

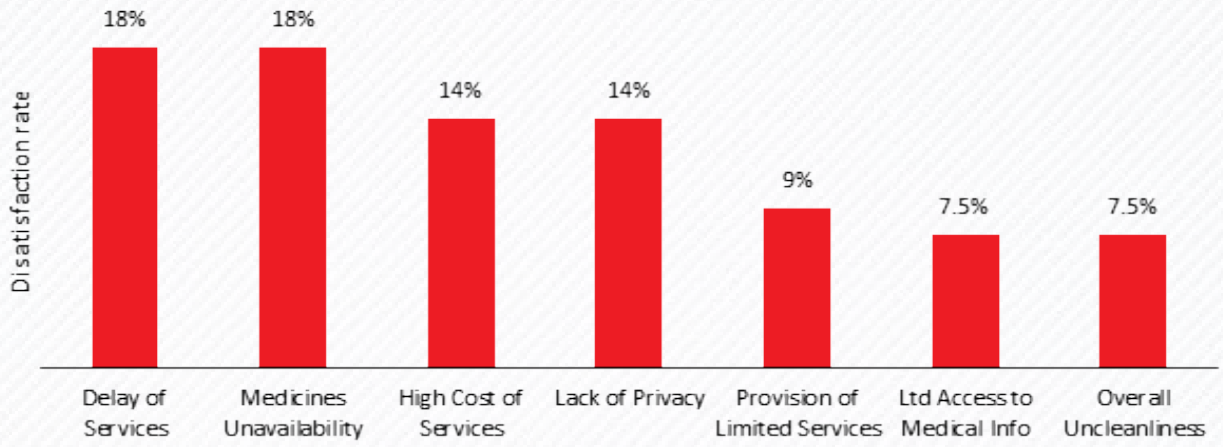


Causes of Client Dissatisfaction

The main sources of client dissatisfaction were **inadequate medicines and supplies** and **delays in accessing services**, both reported at **18%**. Additional concerns included **limited privacy** and **high costs in the Private Wing** (14%), as well as the **restricted range of services offered** (9%).

Availability of medicines showed improvement, with reported stockouts reducing from **21% in FY 2024/25 to 18% in the current FY**, while **service delays increased** from **16% to 18%**. The improvement in medicines availability is largely attributed to **increased Government of Uganda funding**.

FIGURE 2: MAIN CAUSES OF CLIENT DISSATISFACTION



Client Satisfaction by Region

Overall, the health sector registered a positive upward trend in client satisfaction across most regions, rising nationally from 63% in FY 2024/25 to 72% in FY 2025/26. This improvement reflects enhanced service delivery, better availability of medicines, and increased responsiveness at facility level. However, progress in the implementation of the Routine Service Assessment and Facility Improvement (RoSAFI) tool was mixed, with only a marginal national increase from 33% to 35.1%, and notable declines in several regions.

Significant gains in client satisfaction were observed in Acholi (39% to 61%), West Nile (53% to 67%), Lango (66% to 78%), Kigezi (74% to 80%), and Bunyoro (62% to 72%). These improvements suggest strengthened service delivery and facility performance. High-performing regions such as Ankole and Kigezi maintained strong satisfaction levels above 80%. Conversely, Karamoja and Northern Buganda registered slight declines, indicating emerging service delivery gaps requiring targeted attention.

RoSAFI implementation trends varied widely. Regions such as Kigezi (43% to 76%), Teso (61% to 70%), and Acholi (30% to 50%) demonstrated substantial progress, reflecting strengthened accountability and facility improvement practices. However, sharp declines were recorded in Lango (62% to 20%), Bunyoro (62% to 46%), Bukedi (51% to 43%), and Kampala (12% to 4%), signalling weakening adherence to structured performance monitoring and client feedback systems.

Table 8: Client Satisfaction rate by region

Level of care	FY 24/25		FY 25/26	
	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI
Acholi	39%	30%	61%	50%
Ankole	77%	51%	80%	61%
Bugisu	61%	57%	70%	58%
Bukedi	58%	51%	61%	43%
Bunyoro	62%	62%	72%	46%
Busoga	59%	39%	65%	36%
Kampala	51%	12%	58%	4%

Level of care	FY 24/25		FY 25/26	
	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI
Karamoja	69%	73%	65%	65%
Kigezi	74%	43%	80%	76%
Lango	66%	62%	78%	20%
N. Buganda	62%	34%	59%	25%
S. Buganda	58%	26%	67%	24%
Teso	53%	61%	60%	70%
Tooro	63%	44%	64%	34%
West nile	53%	20%	67%	31%
National	**63%**	**33%**	**72%**	**35.1%**

Client Satisfaction by Level of care

The RoSAFI initiative is implemented at all levels of care; National and regional referral hospitals, General hospitals, Health Center IVs, IIIs and IIs. Table 10 shows the level of Client Satisfaction rate by level of care

The analysis of performance across levels of care shows a generally positive trend in client satisfaction, with improvements registered in all categories except General Hospitals, which remained constant. Nationally, satisfaction increased across the service delivery continuum, reflecting improvements in service responsiveness, availability of medicines, and facility-level performance.

Health Centre II facilities recorded a notable rise in satisfaction from 68% to 77%, with RoSAFI implementation remaining stable at 27–28%, indicating improved client experience despite limited progress in accountability mechanisms. Health Centre III facilities also showed strong gains in satisfaction (from 69% to 75%) and a significant jump in RoSAFI implementation (from 6% to 58%), marking one of the most substantial improvements in structured performance monitoring.

At Health Centre IV level, satisfaction increased from 59% to 67%, while RoSAFI implementation improved from 72% to 78%, demonstrating strengthened governance and service quality. General Hospitals maintained a stable satisfaction rate at 64%, but RoSAFI implementation rose sharply from 63% to 89%, signaling enhanced adherence to facility improvement processes.

Higher-level facilities—Regional Referral Hospitals (RRH) and National Referral Hospitals (NRH) registered improvements in satisfaction (RRH: 51% to 60%, NRH: 50% to 55%) while maintaining 100% RoSAFI implementation across both years. This consistency reflects strong institutionalization of accountability and performance management systems at referral levels.

Table 9: Client Satisfaction rate by level of care

Level of care	FY 24/25		FY 25/26	
	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI
Health Centre II	68%	27%	77%	28%
Health Centre III	69%	6%	75%	58%
Health Centre IV	59%	72%	67%	78%
General Hospitals	64%	63%	64%	89%
RRH	51%	100%	60%	100%
NRH	50%	100%	55%	100%

Client Satisfaction by Ownership

Government facilities demonstrated a strong upward trend in client satisfaction, increasing from **61% to 71%**, reflecting improvements in service delivery, availability of medicines, and responsiveness. RoSAFI implementa-

tion also improved from **51% to 60%**, indicating growing institutionalization of accountability and performance monitoring within public facilities.

PFP facilities recorded a decline in client satisfaction, dropping from **81% to 72%**, reversing their previously high performance. RoSAFI implementation also decreased from **6% to 3.7%**, suggesting limited adoption of structured quality improvement tools in the private-for-profit sector. The decline in satisfaction may be linked to cost-related concerns and variability in service standards.

PNFP facilities maintained the highest satisfaction levels across the sector, improving from **81% to 83%**. This consistent performance reflects strong community trust, better patient engagement, and relatively stable service quality. RoSAFI implementation also increased from **37% to 41.7%**, showing gradual strengthening of accountability mechanisms within faith-based and mission facilities.

Table 10: Client Satisfaction rate by facility ownership

Level of care	FY 24/25		FY 25/26	
	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI
Government	61%	51%	71%	60%
PFP	81%	6%	72%	3.7%
PNFP	81%	37%	83%	41.7%

2.2.4 Institutionalization of Self-Care in Uganda

Uganda embraced self-care as an innovative and sustainable approach to enhancing service provision and uptake to improve health outcomes for the realization of universal health coverage. This included reducing its Total Fertility Rate, which has still remained high at 5.2 and with unmet need of 22%. The implementation of self-care in hinged on several policies, strategies, and guidelines. These include the National Health Policy, National HIV Testing Services Policy and Implementation Guidelines, Provision of DMPA-SC self-injection guidance, Focused ANC guideline, and the National Family Planning (FP) Procedure Manual. More existing interventions of self-care interventions included self-injection for FP and self-testing for HIV and HPV, among others.

Self-injection with DMPA-SC to increase family planning uptake.

Nationally, over 414,056 self-injection users have been reached from July 2025 to June 2026, giving 28.0% of total DMPA-SC visits. About 35.3% = (3,124/8,850) of health facilities in the country reported at least one SI visit during the year. Of these 3,124 active sites, 2,457 (78.6%) are government facilities and 667 (21.4%) are private facilities. The contributing factors that increased the number of women embracing self-injection included working within the established government systems, such as the VHTs, CHEWs, HWs and community leaders. Cultural institutions and religious leaders were oriented on selfcare to use their platforms to champion self-care, with a focus on family planning. The Trained VHTs/CHEWs support self-injectors with DMPA SC to build their confidence in self-injection.

2.3 Health Service Utilization

2.3.1 Service Access and Utilization

Table 12 shows that OPD attendance has grown steadily over the last five financial years, increasing from **44.6 million in FY 2021/22** to **50.9 million in FY 2025/26**. The underfive population rose from **8.99 million to 8.96 million**, but its share of the total population declined from **20.2% to 17.6%**, indicating a gradual demographic shift toward an older age structure. Male and female underfive populations increased in absolute terms, though their proportional contribution to the national population continued to fall each year.

Table 11: Trends in OPD attendances by age group

Financial Year	Under 5 years			5 and above years			Total
	Male	Female	All Sexes	Male	Female	All Sexes	
2025/26	4,356,669	4,603,810	8,960,479	14,637,736	27,293,872	41,931,608	**50,892,087**
	8.6%	9.0%	17.6%	28.8%	53.6%	82.4%	**100%**
2024/25	4,240,764	4,510,901	8,751,665	14,189,305	25,892,318	40,081,623	**48,803,398**
	8.7%	9.2%	17.9%	29.1%	53.0%	82.1%	**100%**
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%**
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%**

In contrast, the population aged five years and above expanded significantly from **35.6 million to 41.9 million**, increasing its share from **79.8% to 82.4%** of the total population. Females consistently made up a larger proportion of this age group, rising from **50.5% to 53.6%**, compared to males whose share remained around **29–30%**. These trends point to a maturing population, driven by declining fertility and higher female survival rates, with implications for education, health service planning, and longterm social protection.

According to Table 13 the distribution of outpatient attendance across facility levels shows a clear pattern in which lowerlevel primary care facilities continue to serve as the backbone of Uganda's health service utilisation. In FY 2025/26, **Health Centre IIIs and Health Centre IIs/Clinics accounted for 39.7% and 27.3%** of all OPD visits respectively, together contributing nearly **67%** of national outpatient attendance. This reflects the central role of frontline facilities in delivering firstcontact care, managing common illnesses, and ensuring accessibility for communities. Government facilities dominate service utilisation, contributing **39.1 million visits (77%)**, while PNFP and PHP facilities provide **12.8%** and **10.4%** of total OPD attendance, respectively.

Table 12: Total OPD attendances by Health Facility Level and Ownership in FY 2025/26

Facility Level	Government		PNFP		PHP		Total	
	Number	%	Number	%	Number	%	Number	%
NRH	881,548	2.3	-	-	-	-	881,548	1.7
RRH	2,441,925	6.2	-	-	-	-	2,441,925	4.8
General Hospitals	3,504,423	9.0	2,249,980	34.5	1,397,968	26.6	7,152,371	14.1
Health Centre IVs	5,504,313	14.1	312,257	4.8	477,631	9.1	6,294,201	12.4
Health Centre IIIs	17,665,035	45.2	1,865,833	28.6	692,525	13.2	20,223,393	39.7
Health Centre IIs/ Clinics	9,102,017	23.3	2,100,985	32.2	2,695,647	51.2	13,898,649	27.3
TOTAL	**39,099,261**	**100**	**6,529,055**	**100**	**5,263,771**	**100**	**50,892,087**	**100**

Higherlevel facilities—National and Regional Referral Hospitals—contribute a relatively small share of OPD attendance, at **1.7% and 4.8%**, consistent with their mandate to handle specialised and referral cases rather than routine outpatient care. General Hospitals account for **14.1%** of total OPD visits, with PNFP and PHP hospitals contributing significantly to this level, reflecting their strong presence in urban and periurban settings. At midlevel facilities, Health Centre IVs contribute **12.4%** of national OPD attendance, with Government facilities providing the bulk of services.

The ownership trends reveal distinct utilisation patterns. Government facilities dominate at all levels except clinics, where PHP facilities account for **51.2%** of their total OPD attendance, underscoring the importance of private clinics in urban primary care. PNFP facilities also play a substantial role, particularly at General Hospitals and HC IIIs, contributing **34.5%** and **28.6%** of their respective OPD totals. Overall, the trends highlight a wellfunctioning primary care system anchored by HC IIIs and HC IIs, complemented by PNFP and PHP providers, and supported by higherlevel referral facilities that manage more complex cases.

Table 14 reveals that OPD attendance across facility levels shows a consistent increase in service utilisation in FY 2025/26, accompanied by modest shifts in the distribution of attendances across the health system. Total OPD visits rose from **48.8 million to 50.9 million**, reflecting improved access, expanded service delivery, and population growth. The number of reporting facilities also increased from **6,663 to 6,798**, indicating strengthened reporting compliance and system coverage.

Table 13: OPD attendances by Health Facility Level

	FY 2024/25			FY 2025/26			
Level	No. of health facilities reporting	% OPD Attendances	Average OPD Attendances	No. of health facilities reporting	No. of OPD Attendances	% OPD Attendances	Average OPD Attendances
NRH	8	1.8%	107,569	9	881,548	1.7%	97,950
RRH	16	3.9%	118,049	16	2,441,925	4.8%	152,620
GH	203	13.0%	31,434	215	7,152,371	14.1%	33,267
HC IV	282	11.9%	20,884	295	6,294,201	12.4%	21,336
HC III	2084	41.5%	9,718	2164	20,223,393	39.7%	9,345
HC II	3644	25.7%	3,336	3669	12,468,184	24.5%	3,398
Clinic	426	2.3%	3,345	430	1,430,465	2.8%	3,327
TOTAL	**6,663**	**100.0%**	**7,348**	**6798**	**50,892,087**	**100.0%**	**7,486**

Primary care facilities—**Health Centre IIIs and Health Centre IIs**—continued to handle the largest share of OPD attendance. HC IIIs contributed **41.5%** of OPD visits in FY 2024/25 and **39.7%** in FY 2025/26, with average attendance per facility declining slightly from **9,718 to 9,345**, suggesting increased facility numbers and a more distributed patient load. HC IIs contributed **25.7%** and **24.5%** respectively, with average attendance remaining stable at around **3,300 visits per facility**, demonstrating consistent utilisation of firstcontact care services.

HC IVs increased their share from **11.9% to 12.4%**, with average attendance rising from **20,884 to 21,336**, reflecting improved service readiness and expanded capacity. General Hospitals also saw an increase from **13.0% to 14.1%**, with average attendance rising from **31,434 to 33,267**, indicating growing reliance on hospitallevel outpatient care.

Regional Referral Hospitals increased their share from **3.9% to 4.8%**, with average attendance rising significantly from **118,049 to 152,620**, suggesting improved referral pathways and service utilisation. National Referral Hospitals maintained a stable share at around **1.7–1.8%**, with average attendance decreasing slightly from **107,569 to 97,950**, likely due to strengthened lowerlevel service delivery reducing unnecessary referrals.

Overall, the trends demonstrate a **wellfunctioning primary care system**, increasing utilisation at midlevel facilities, and stable referral patterns—reflecting progressive improvements in service delivery, reporting, and population access across the health system.

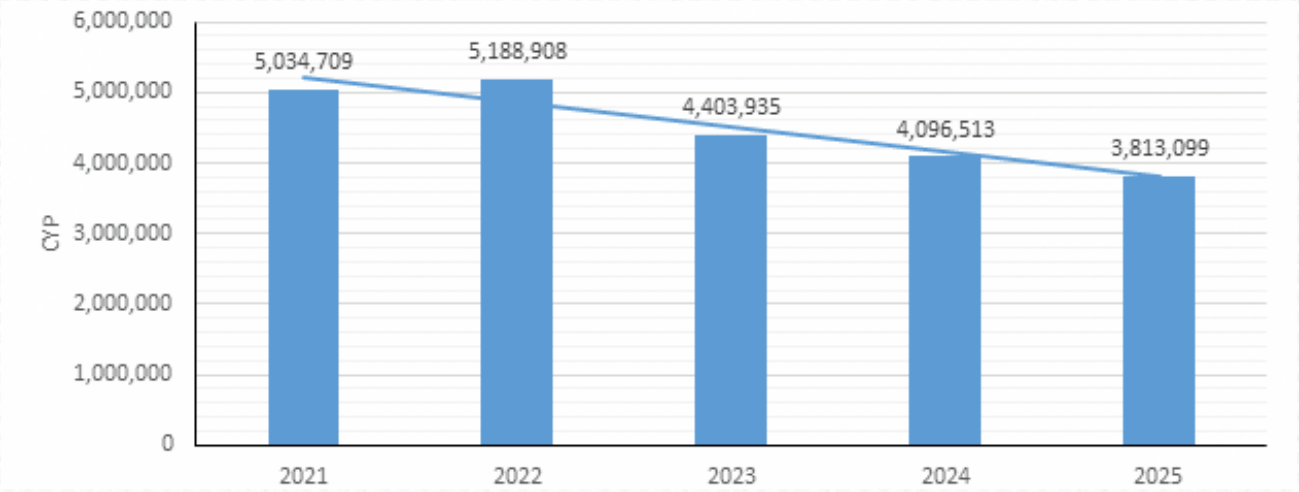
2.3.2 Maternal and Child Health Services

Modern contraceptive users increased to an estimated 4.37 million in FY 2025/26, about 80,000 more than in the previous year. Despite this increase, modern contraceptive prevalence declined slightly to about one third of all women and two in five married women, while unmet need remained unchanged. These indicators remained short of the annual targets, showing that growth in contraceptive use has not translated into improved population coverage.

Reduced outreach, commodity stock-outs, weak redistribution and incomplete capture of community services during the eHMIS transition may have contributed to the slow progress. Districts should restore integrated outreach, improve commodity availability and expand access for adolescents and women after childbirth or abortion. Complete reporting of community and private sector services is also needed to assess progress accurately.

Modern contraceptive use is estimated to have prevented 1.6 million unintended pregnancies, more than 370,000 unsafe abortions and about 2,300 maternal deaths in FY 2025/26. These estimated benefits underline the importance of sustained domestic financing for family planning commodities within RMNCAH services.

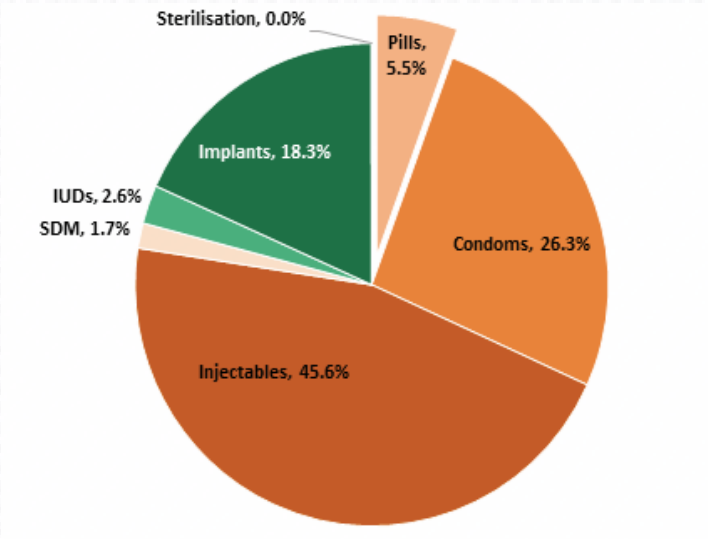
FIGURE 3: TRENDS IN COUPLE YEARS OF PROTECTION, 2021 TO 2025



Couple years of protection (CYP) estimates the duration of contraceptive protection provided by methods distributed during a year. Long-acting methods contribute more CYP per provision than short-acting methods. CYP exceeded four million annually from 2021 to 2024, peaking at about 5.2 million in 2022 before declining to about 3.8 million in 2025.

The decline may partly reflect increased provision of subcutaneous DMPA (Sayana Press), including self-injection, alongside reduced provision of five-year implants. This change in method mix can lower CYP even when many clients continue to receive services. Reduced outreach, stock-outs and incomplete reporting of community services may also contribute. The programme should sustain self-injection while ensuring access to implants and other methods, guided by informed client choice, and improve commodity availability and reporting.

FIGURE 4: ESTIMATED MODERN CONTRACEPTIVE METHOD MIX INCLUDING CONDOMS, FY 2025/26



***Green Shades**: long-acting methods (implants, intrauterine devices and sterilization);*

***Orange Shade**: show short-acting methods (injectables, condoms, pills and the Standard Days Method).*

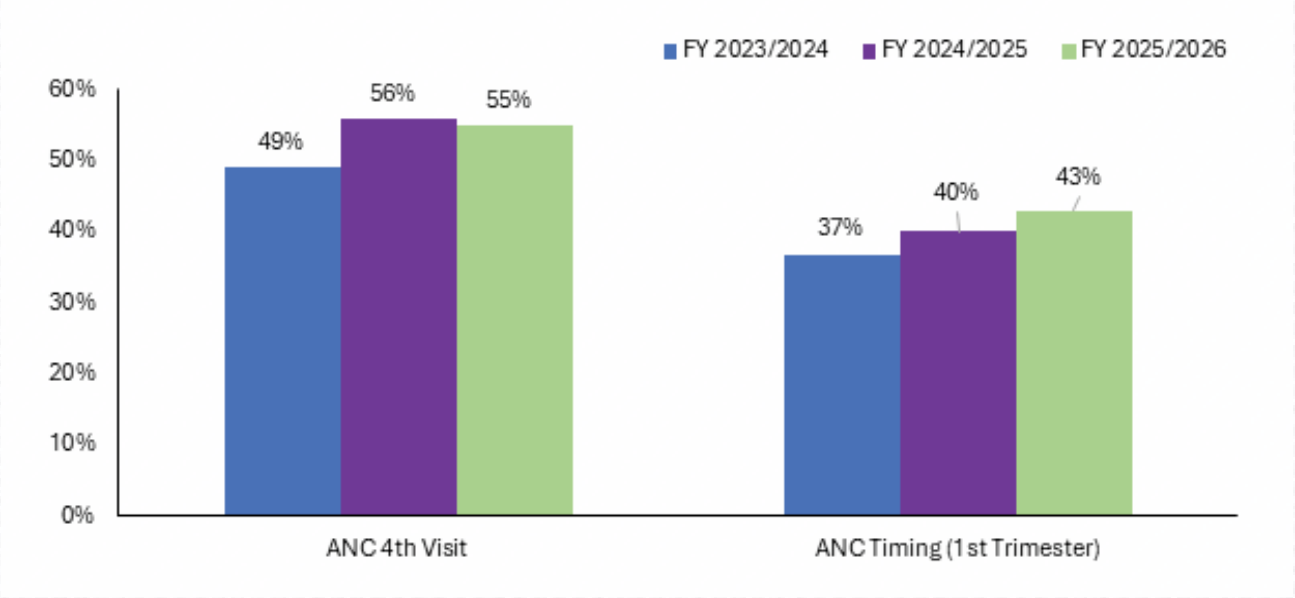
Short-acting methods account for about four in five estimated users when condoms are included, led by injectables and condoms. Excluding condoms, injectables account for about three in five users, while the share using long-acting and permanent methods rises to just over a quarter, predominantly implants. Intrauterine devices and permanent methods contribute little to the overall mix.

The method mix highlights the need for reliable resupply and follow-up for users of short-acting methods. The prominence of injectables may reflect the expansion of Sayana Press and self-injection, alongside reduced implant provision and limited access to providers skilled in other methods. Facilities should offer balanced counselling and strengthen provider skills in long acting and permanent methods, including through postpartum and post-abortion services, to support informed choice.

Antenatal Attendance

Over the three-year period, ANC performance demonstrated an overall positive trend, with improvements in both fourth-visit attendance and first-trimester booking. Fourth ANC visit attendance increased from 49% in FY 2023/24 to 56% in FY 2024/25 before declining slightly to 55% in FY 2025/26, representing a net improvement of 6 percentage points. Similarly, first-trimester ANC attendance rose steadily from 37% to 40% and 43% over the same period, achieving a cumulative increase of 6 percentage points. These trends indicate gradual progress in maternal healthcare utilisation, although the persistently low levels of early ANC booking and the slight decline in fourth-visit attendance in the latest year underscore the need to strengthen early pregnancy identification, community mobilisation and continuity of antenatal care.

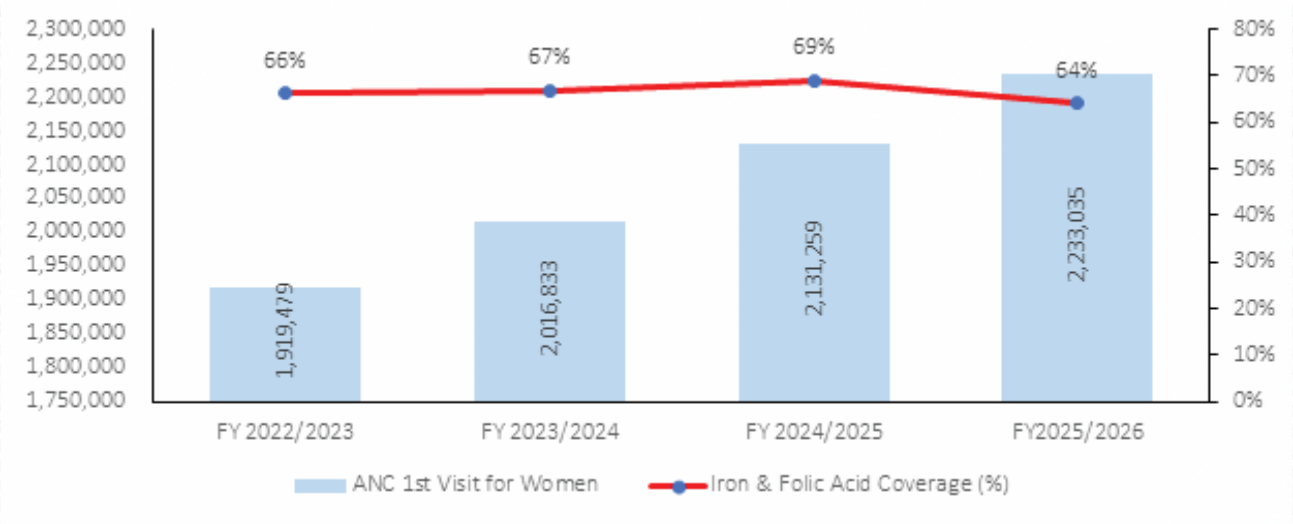
FIGURE 5: TRENDS IN EARLY ANC ATTENDANCE AND FOURTH ANC VISIT COVERAGE, FY 2023/24 TO FY 2025/26



Pregnant Women Receiving at Least 30 Iron and Folic Acid (IFA) Tablets During ANC

The percentage of pregnant women receiving at least 30 Iron and Folic Acid (IFA) tablets declined from 69% in FY2024/25 to 64% in FY2025/26, representing a 5%-point decrease. Lango region recorded the highest coverage in FY2025/26, followed by Teso, Kigezi and Ankole, which performed above the national average. Bukedi recorded the lowest coverage, followed by South Buganda and Acholi.

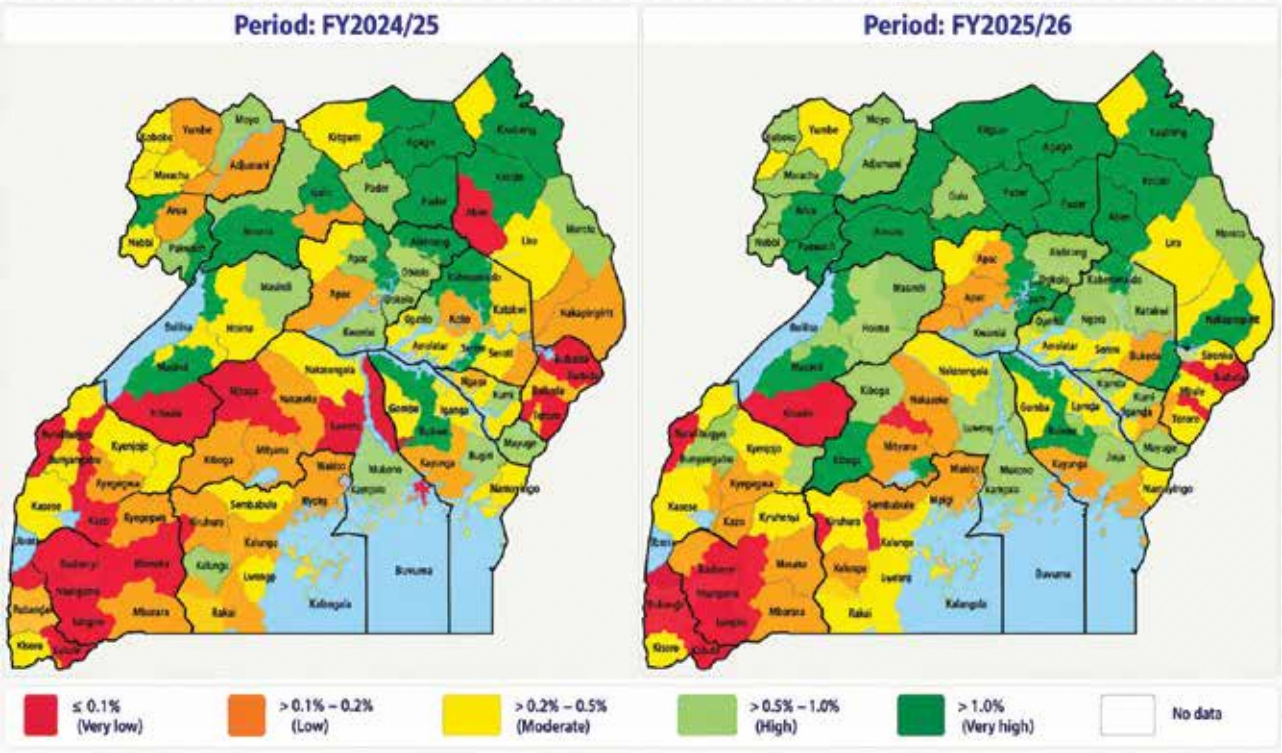
FIGURE 6: PROPORTION OF PREGNANT WOMEN RECEIVING AT LEAST 30 IRON AND FOLIC ACID (IFA) TABLETS



Anaemia screening for among pregnant women

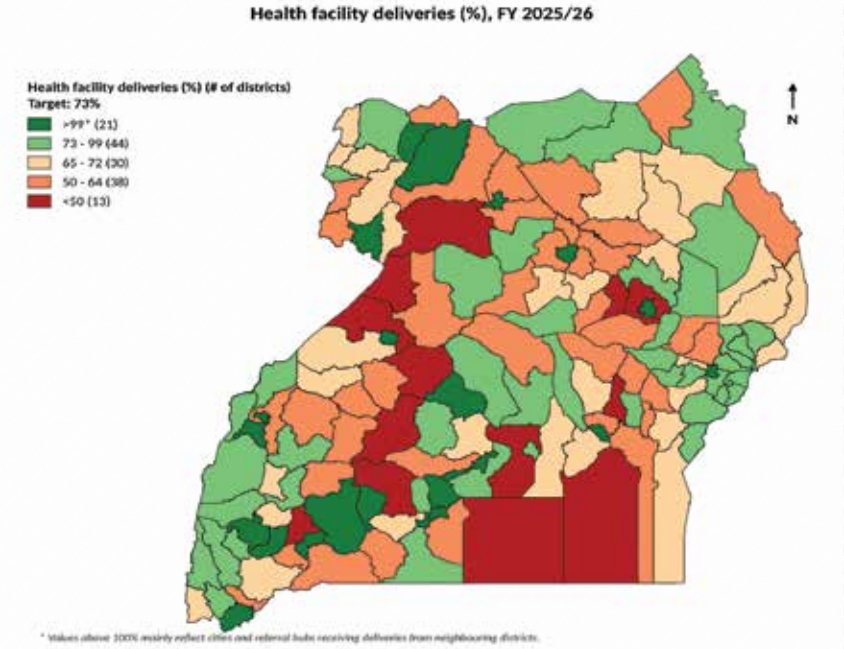
The proportion of pregnant women screened for anaemia has increased from 29% FY2024/25 to 39% FY2025/26, with increases reported across the regions. Bugisu recorded the highest performance in FY2025/26 at 70%, followed by Lango at 62%, while Bukedi and Kigezi recorded lowest screening coverage at 54%. The improvements indicate strengthened anaemia screening during ANC, although coverage remains below optimal levels in several regions.

FIGURE 7: PERCENTAGE OF PREGNANT WOMEN DIAGNOSED WITH ANAEMIA



Deliveries

FIGURE 8: MAP SHOWING THE % OF HEALTH FACILITY DELIVERIES BY LG IN FY 2025/26



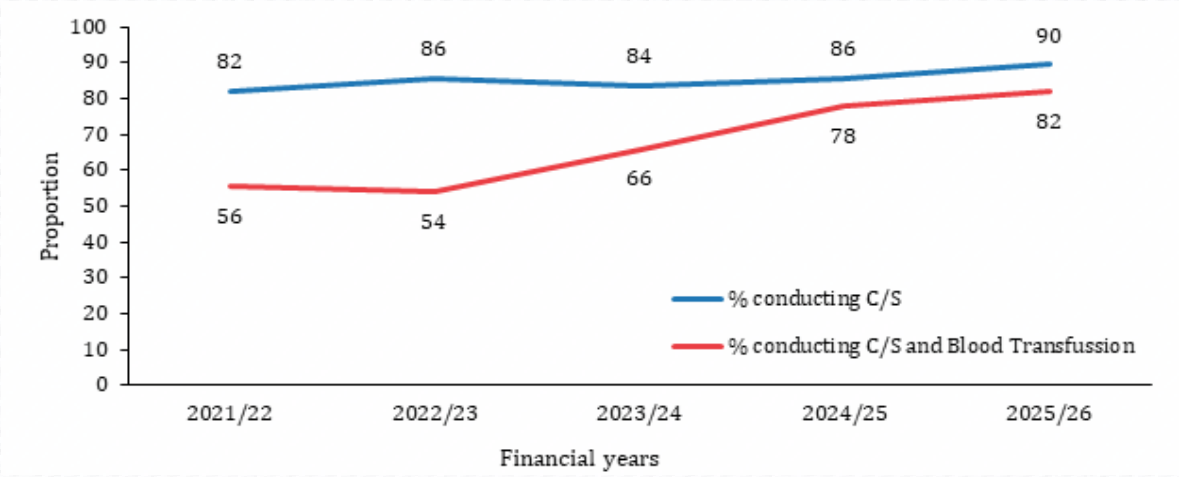
National health facility delivery coverage remained at 71% in FY 2025/26, below the 73% target. Coverage was lower in South Buganda, Bunyoro and Busoga, and in some northern and north-eastern local governments. Around Kampala, cross-boundary use of referral facilities may partly explain low coverage in neighbouring districts and high coverage in the city. Elsewhere, distance and transport costs may limit access. Districts should strengthen birth preparedness during ANC, expand transport support where needed, and ensure round-the-clock basic emergency obstetric and newborn care at Health Centre IIIs.

Table 14: Trends in health facility deliveries by level of care, FY 2023/24 to FY 2025/26

Level of care	FY 2023/24		FY 2024/25		FY 2025/26	
	Number	%	Number	%	Number	%
National Referral Hospitals	29,259	2	29,675	2	31,361	2
Regional Referral Hospitals	88,837	6	90,631	6	89,859	5
General Hospitals	256,516	17	263,367	17	273,148	16
HC IVs	316,204	21	350,523	22	391,098	23
HC IIIs	665,379	45	724,294	46	772,473	46
HC IIs	113,610	8	116,712	7	114,009	7
Clinics	10,712	1	11,675	1	19,171	1
Total	**1,480,517**	**100**	**1,586,877**	**100**	**1,691,119**	**100**

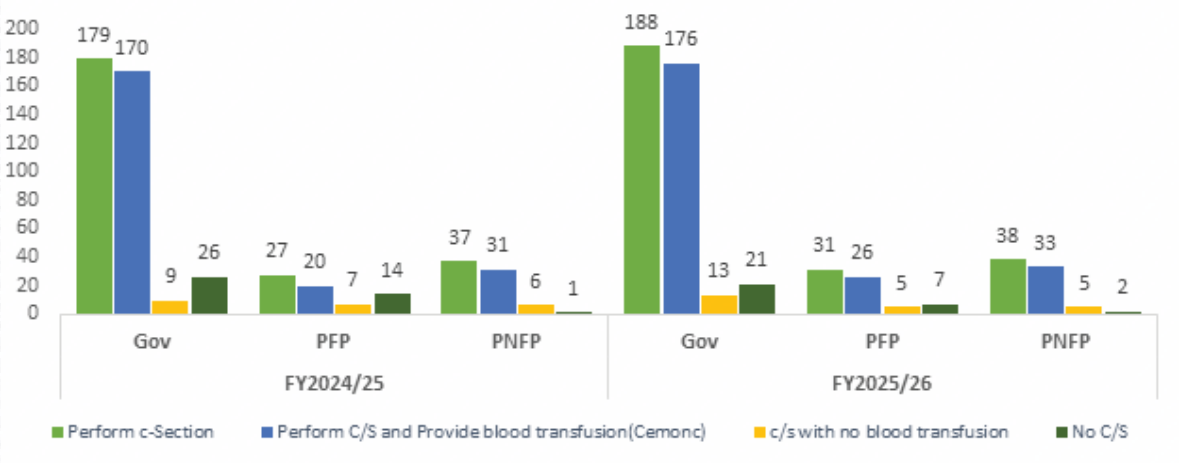
Health facility deliveries increased from about 1.48 million in FY 2023/24 to 1.69 million in FY 2025/26. Health Centre IIIs handled almost half of facility births, Health Centre IVs almost a quarter, and general hospitals about one in six. Referral hospitals accounted for fewer than one in ten births. Growth at Health Centre IVs may reflect improved theatre functionality, staffing and emergency obstetric capacity, while increased deliveries reported by clinics may partly reflect better private sector reporting. This workload calls for adequate midwifery staffing, medicines, equipment and referral links at lower levels, with anaesthetic and theatre capacity at Health Centre IVs.

FIGURE 9: TRENDS IN HC IVS PERFORMING CAESAREAN SECTION AND THOSE PROVIDING BLOOD TRANSFUSION SERVICES, FY 2021/22 TO FY 2025/26



Health Centre IV surgical and blood transfusion capacity improved over the five years. Nine in ten facilities now perform caesarean sections, while more than eight in ten report both caesarean section and blood transfusion, compared with just over half five years earlier. The narrowing gap suggests better support for managing haemorrhage during obstetric surgery and may reflect improved theatres, anaesthetic staffing and blood access. Remaining gaps are concentrated in North Buganda, Kigezi, South Buganda and Karamoja, which should be prioritised for support in FY 2026/27.

FIGURE 10: HC IVS PERFORMING CAESAREAN SECTION AND CEMONC BY OWNERSHIP, FY 2024/25 AND FY 2025/26



Caesarean section and blood transfusion capacity improved among government and private for-profit Health Centre IVs and remained high among private not-for-profit facilities. Among government facilities, nine in ten perform caesarean sections and more than eight in ten report both services, with 176 providing both. Private not-for-profit facilities have the highest functionality, with almost all performing caesarean sections and more than eight in ten reporting both services. Caesarean section provision in Private for-profit facilities rose from about two thirds to four in five, and blood transfusion from under half to about two thirds, although they remain the least functional group. Government facilities account for most remaining gaps and should be prioritised for theatre, staffing and blood supply support. Private facilities that do not provide the expected services should have their capacity and level classification reviewed.

Table 15: HC IVs reporting deliveries but no caesarean sections, FY 2025/26

No.	Local Government	Health Facility	Ownership	Deliveries
1	Bukedea District	Kachumbala Health Centre IV	GOV	1,918
2	Kassanda District	Bukuya Health Centre IV	GOV	1,585
3	Wakiso District	Kira Health Centre IV	GOV	1,186
4	Bududa District	Bulucheke Health Centre IV	GOV	1,126
5	Nakapiripirit District	Namalu Health Centre IV	GOV	1,067
6	Lira City	Ober Health Centre IV	GOV	942
7	Amudat District	Karita Health Centre IV	GOV	930
8	Mitooma District	Bitereko Health Centre IV	GOV	812
9	Apac District	Akokoro Health Centre IV	GOV	772
10	Kotido District	Kacheri Health Centre IV	GOV	765
11	Buikwe District	Ngogwe Health Centre IV	GOV	729
12	Arua District	Bondo Health Centre IV	GOV	708
13	Katakwi District	Toroma Health Centre IV	GOV	582
14	Kanungu District	Mpungu Health Centre IV	GOV	572
15	Kampala District	Nsambya Police HC IV	GOV	552
16	Napak District	Iriri Health Centre IV	GOV	441
17	Kaabong District	Kalapata Health Centre IV	GOV	420
18	Rakai District	Kimuli Health Centre IV	GOV	356
19	Amuria District	Wera Health Centre IV	GOV	355
20	Sembabule District	Lwebitakuli Gvt Health Centre IV	GOV	335
21	Kampala District	Alsalam International Medical Centre	PFP	257
22	Kabale District	Kakomo Health Centre IV	GOV	226
23	Mbale City	Nziwa Health Centre IV	PNFP	146
24	Kampala District	Pearl Medical Centre HC IV	PFP	102
25	Wakiso District	Naluvule Medical Health Centre	PFP	100
26	Wakiso District	Spring Medicare Health Centre IV	PFP	91
27	Luwero District	Hope Health Centre	PFP	85
28	Wakiso District	Frost Hospital	PFP	62
29	Mukono District	Ultra Medical Centre	PFP	59
30	Mukono District	Social Doctors Health Centre IV	PFP	51
31	Kampala District	Medik Health Centre	PFP	46
32	Pader District	5th Military Division Health Centre IV	GOV	45
33	Kampala District	Kitante Medical Centre	PFP	31
34	Bukomansimbi District	Ndiwalana Medical Centre	PFP	26
35	Wakiso District	John William Kigundu Intl Hospital	PFP	17
36	Kampala District	Platinum Medical Centre	PFP	12
37	Wakiso District	Bujuko Hosipital	PFP	10
38	Masindi District	Tonady Medical Centre	PFP	6
39	Kampala District	Abii Clinic Health Centre	PFP	3
40	Buliisa District	EDPA (Buliisa) Health Centre IV	PFP	1

Several Health Centre IVs reported deliveries but no caesarean sections, including high-volume government facilities such as Kachumbala, Bukuya and Kira. Women requiring emergency surgery at these facilities depend on referral, making timely recognition, stabilization and transfer essential. Districts should verify whether the gaps reflect unavailable surgical services or incomplete reporting, and prioritize high-volume facilities for theatre, anaesthetic staffing and blood supply support.

Table 16: HC IVs with the highest number of caesarean sections, FY 2025/26

No.	Region	LG	Health Facility	Ownership	Deliveries	No. of C/S	% C/S
1	Kampala	Kampala	Kisenyi	GOV	9,612	3,524	37%
2	Kampala	Kampala	Kawaala	GOV	9,437	2,786	30%
3	S. Buganda	Wakiso	Wakiso	GOV	4,681	1,501	32%
4	S. Buganda	Wakiso	Kasangati	GOV	4,228	1,470	35%
5	Bunyoro	Kikuube	Kyangwali	GOV	3,492	1,335	38%
6	Tooro	Kyegegwa	Bujubuli	GOV	4,274	1,255	29%
7	Tooro	Kamwenge	Rwamwanja	GOV	4,076	1,250	31%
8	Bugisu	Sironko	Budadiri	GOV	3,954	1,224	31%
9	S. Buganda	Mpigi	Mpigi	GOV	3,730	1,217	33%
10	S. Buganda	Wakiso	Ndejje	GOV	4,156	1,127	27%
11	Tooro	Kasese	Nyabirongo	GOV	2,793	1,122	40%
12	N. Buganda	Kassanda	Kassanda	GOV	3,899	1,108	28%
13	S. Buganda	Kalungu	Bukulula	GOV	2,460	1,104	45%
14	Ankole	Rubirizi	Rugazi	GOV	2,635	1,045	40%
15	S. Buganda	Wakiso	Namayumba	GOV	3,049	1,008	33%
16	S. Buganda	Sembabule	Ssembabule	GOV	2,437	980	40%
17	Bukedi	Budaka	Budaka	GOV	3,841	947	25%
18	Bukedi	Kibuku	Kibuku	GOV	2,810	947	34%
19	S. Buganda	Lwengo	Kyazanga	GOV	2,362	924	39%
20	N. Buganda	Kassanda	Kiganda	GOV	2,731	903	33%

The 20 busiest Health Centre IVs, all government facilities, each performed about 900 to 3,500 caesarean sections in FY 2025/26, led by Kisenyi and Kawaala. They include facilities in Kampala, Wakiso and refugee-hosting districts of Tooro and Bunyoro, with workloads extending across several other regions. These volumes place substantial demands on theatre teams and post-operative care. Support should match workload, with adequate theatre and anaesthetic staffing, reliable blood transfusion services, and regular audits of surgical indications and outcomes.

Table 17: HC IVs with the highest caesarean section rates, FY 2025/26

No.	Region	District	Health Facility	Ownership	Deliveries in Unit	No. C/S	C-Section Rate
1	Teso	Kumi	Michoes Medical Health Centre IV	PFP	32	32	100.0
2	South Buganda	Wakiso	Mugabi Health Centre IV	PFP	67	67	100.0
3	South Buganda	Wakiso	Victoria Medical Services Health Centre IV	PFP	10	7	70.00
4	Tooro	Bundibugyo	Busaru Health Centre IV	PNFP	1,107	744	67.21
5	Busoga	Jinja	Lamu Medical Centre	PFP	160	96	60.00
6	South Buganda	Wakiso	Sebbi Medical Health Centre IV	PFP	615	365	59.35
7	Tooro	Kyenjojo	Midas Torch Health Centre IV	PFP	166	97	58.43
8	South Buganda	Wakiso	Henrob Family Clinic	PFP	715	411	57.48
9	Ankole	Ntungamo	Mother Francisca Lechner Health Centre IV	PNFP	345	192	55.65
10	Tooro	Kasese	Rwesande Health Centre IV	PNFP	861	479	55.63
11	Bugisu	Bukwo	Love 4 Bukwo Health Centre IV	PFP	38	21	55.26
12	Bunyoro	Hoima	City Medicals Health Centre IV	PFP	63	33	52.38

No.	Region	District	Health Facility	Ownership	Deliveries in Unit	No. C/S	C-Section Rate
13	North Buganda	Kassanda	Red Rose Health Centre IV	PFP	478	243	50.84
14	Kigezi	Rukungiri	Doctors Case Medicals Health Centre IV	PFP	120	61	50.83
15	North Buganda	Luwero	Kalagala Health Centre IV	GOV	1,599	806	50.41
16	North Buganda	Nakasongola	Franciscan Health Centre IV	PNFP	286	143	50.00
17	Kampala	Kampala	Bugolobi Medical Centre	PFP	88	44	50.00
18	South Buganda	Kalungu	Bukulula Health Centre IV	GOV	2,460	1,104	44.88
19	Bugisu	Mbale	Kolonyi Health Centre IV	PNFP	469	208	44.35
20	North Buganda	Nakaseke	Josiah People's Health Centre IV	PFP	68	30	44.12

The overall caesarean section rate at Health Centre IVs was about 24%, but rates at the listed facilities were substantially higher, reaching 100% at two small private facilities. High rates may reflect referral case mix, selective admission for surgery, incomplete recording of vaginal births or differences in clinical practice; the rates alone do not establish unnecessary surgery. District health teams should verify the records and review indications using the Robson classification, then address identified reporting or clinical gaps through mentorship and support supervision.

Babies Born with Low Birth Weight (LBW)

In FY2025/26, 5% of all babies born had low birth weight. We observe regional variations in the distribution of low birth weight with the highest levels observed in Kampala (9.1%) followed by Karamoja (7.4%).

FIGURE 11: LOW BIRTHWEIGHT BY REGION

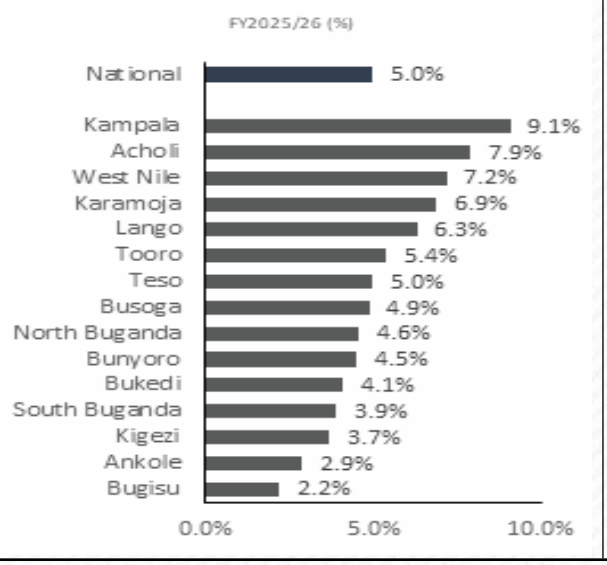
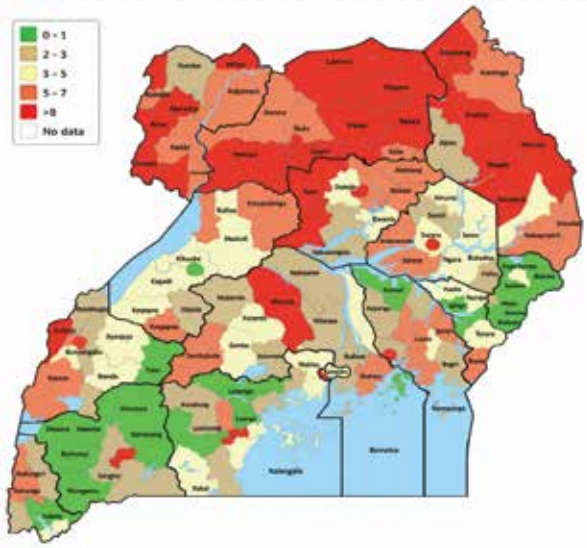


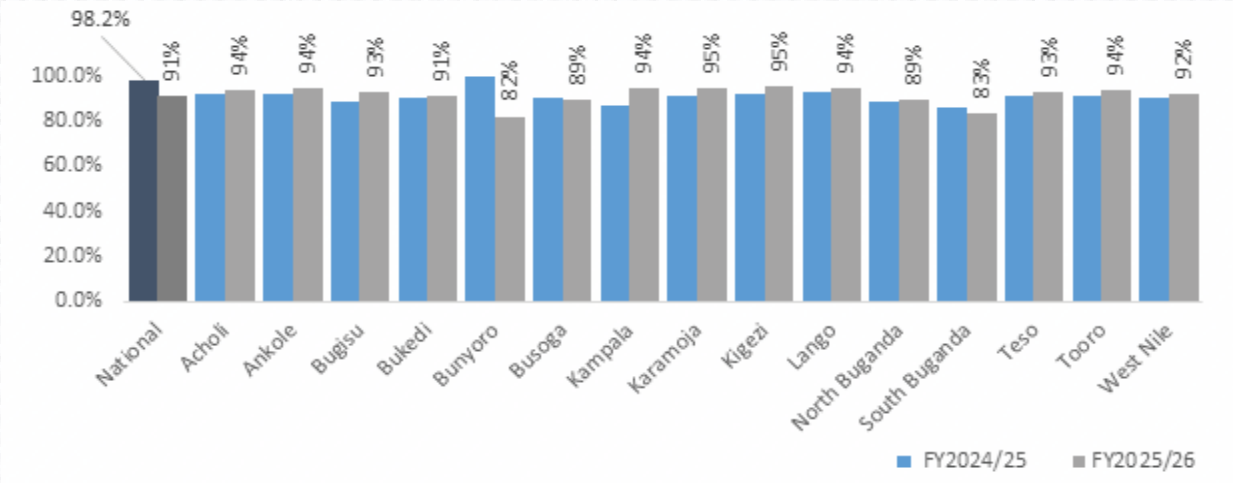
FIGURE 12: MAP SHOWING LOW BORTH WEIGHT BY DISTRICT



Mothers Initiating Breastfeeding within the 1st Hour

Nationally, the percentage of mothers initiating breastfeeding within the first hour after delivery stood at 90.9% in FY2025/26 down from 98% in FY 2024/25. Bunyoro (82%) and South Buganda (83%) reported the lowest levels of initiation of breastfeeding within 1st hour of birth.

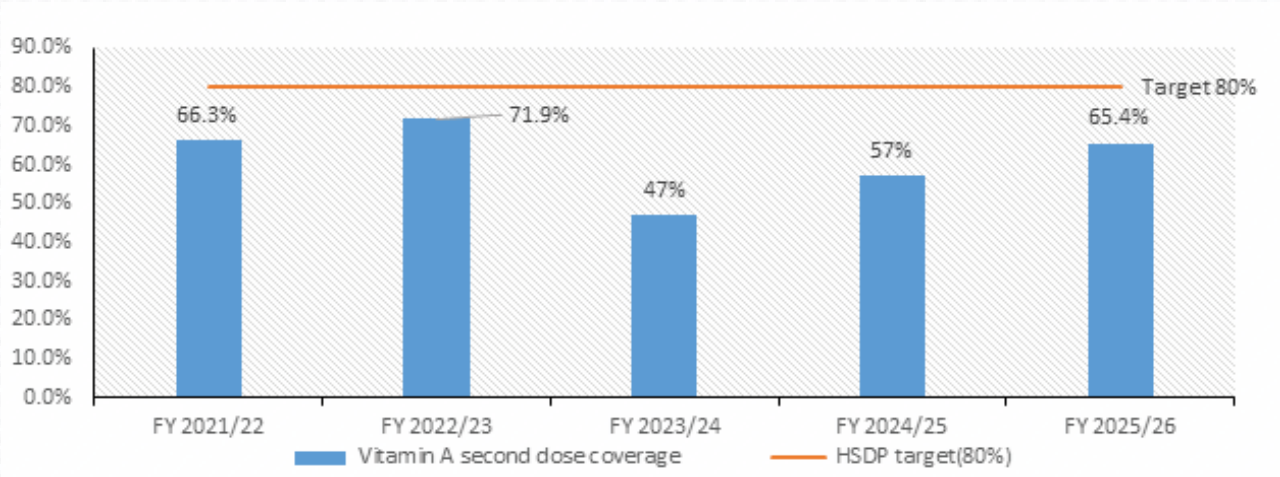
FIGURE 13: PERCENTAGE OF MOTHERS INITIATING BREAST FEEDING WITHIN 1ST HOUR AFTER DELIVERY



Under-five Vitamin A second dose coverage

Under-five Vitamin A second-dose coverage increased from 57.0% in FY2024/25 to 65.4% in FY2025/26, representing 8.4 percentage-point improvement. However, coverage remains below the 80% Health Sector Development Plan target. At regional level, Ankole (98.2%) recorded the highest coverage, followed by Karamoja (79.0%), Kigezi (78.0%), and Lango (73.1%), while Bunyoro (51.4%), Teso (54.3%), and Bukedi (56.2%) were among the lowest. At district level, the highest performers included (- Mitooma (98.9%), Kiruhura (98.7%), Ibanda (98.3%), and Sheema (97.8%). In contrast, Masindi (8.1%), Madi-Okollo (26.7%), Amuru (27.5%), Arua (30.9%), and Kayunga (30.9%) recorded the lowest coverage. The improvement is encouraging, but the wide district-level variation highlights the need for targeted interventions in low-performing districts, sustained availability of Vitamin A supplements, and continued support to frontline health workers to accelerate progress toward the 80% target.

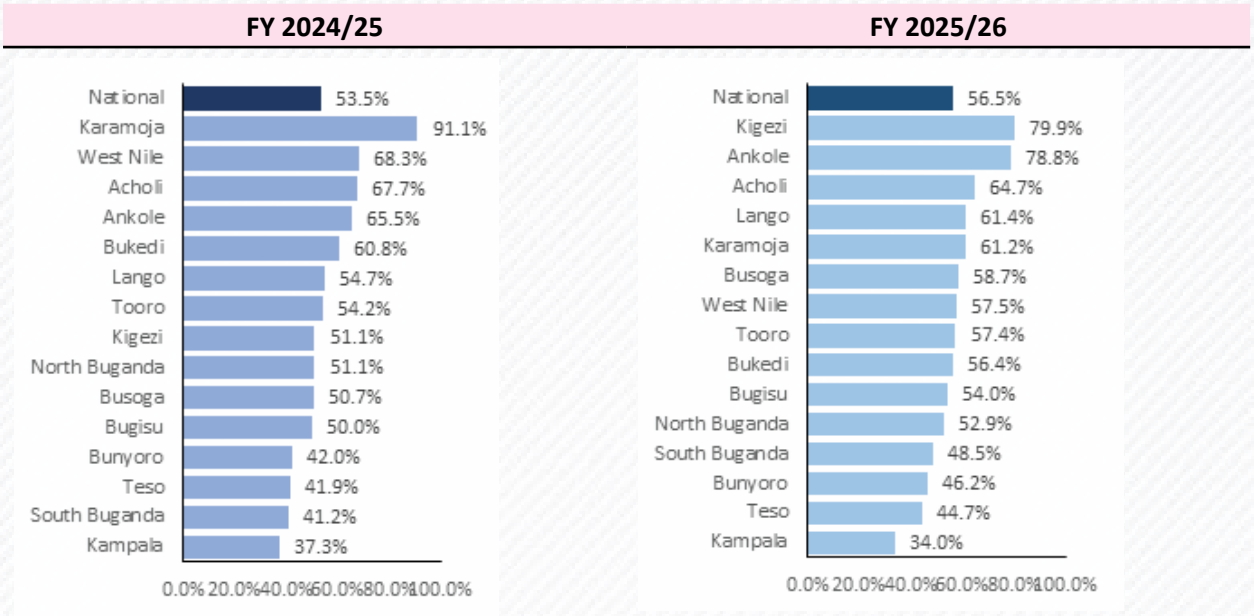
FIGURE 14: TRENDS IN VITAMIN A SUPPLEMENTATION SECOND DOSE COVERAGE



Deworming second dose coverage for 1- to 14-year-old children

There was an overall improvement in deworming coverage for children between FY 2025/26 and FY 2024/25. We however observe reducing coverages in Karamoja, Westnile While Kigezi on the other hand showed improved coverages.

FIGURE 15: SECOND DOSE DEWORMING FOR CHILDREN 1-14 YEARS BY REGION



Access to Immunization Services

Through the Uganda National Expanded Programme on Immunisation (UNEPI), the Ministry of Health continues to strengthen routine immunisation services, introduce new vaccines, conduct supplementary immunisation activities, and improve access to vaccination services, particularly among hard-to-reach and underserved populations. These efforts have contributed to important gains in immunisation coverage and disease control.

Table 18: Immunization coverage for selected antigens

Indicator	FY 2024/25	FY2025/26	PIAP Target FY2025/26	Assessment
DPT1	104%	94%	95%	Near Target
DPT3	102%	92%	95%	Near Target
MR1	103%	92%	95%	Near target
MR2	64%	65%	95%;	Below target
Malaria 1	96%	88%	95%	Near target
Malaria 2	33%	77%	95%	Below target
Malaria 3	9%	66%	95%	Below target
Malaria 4	Not applicable	53%	95%	Below target
Hepatitis B birth dose	47%	62%	90%	Below Target
Yellow Fever	69%	70%	90%	Below target
HPV (10-year-old girls)	97%	99%	90%	On track

Reaching Every District / Reaching Every Child (RED/REC) Categorization

The RED/REC approach classifies each district on two dimensions; coverage (whether immunization services reach the children) usually measured by DPT1 coverage and completion (whether children complete the schedule once they start) usually measured by the DPT1 to DPT3 dropout rate. This produces four categories which are colour coded on the Map as follows classes;

- **Category 1: G**ood access and good utilization (DPT1>90% and DPT1-DPT3 dropout rate <10%)
- **Category 2:** Good access but poor utilization (Children start but do not finish the schedule) (DPT1>90% and DPT1-DPT3 dropout rate >10%)
- **Category 3 P**oor access but good utilization (few children are reached, but those who are reached complete the schedule)- (DPT1<90% and DPT1-DPT3 dropout rate <10%)
- **Category 4: P**oor access and poor utilization (few children reached and those reached don't complete) - (DPT1<90% and DPT1-DPT3 dropout rate >10%)

FIGURE 16: RED/REC CATEGORIZATION OF DISTRICTS, FY2025/26

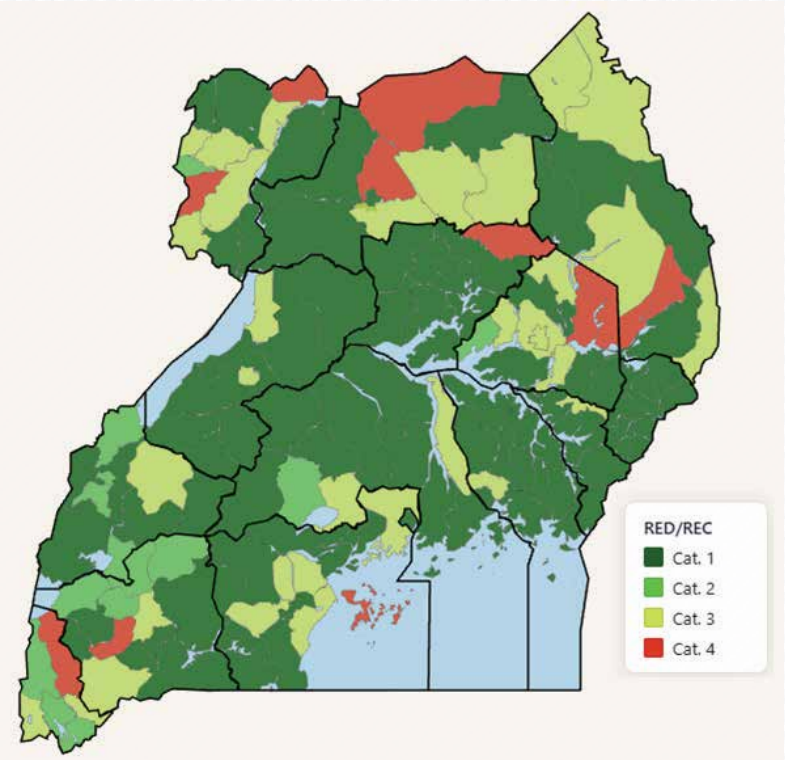


TABLE 19: DISTRIBUTION OF DISTRICTS BY CATEGORY

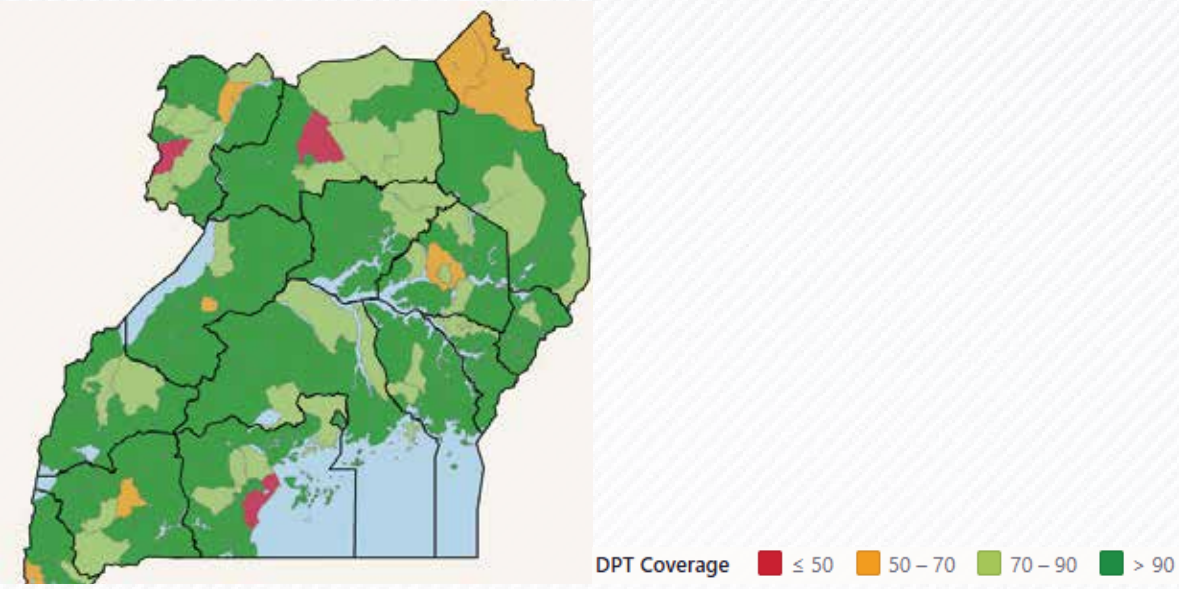
category	districts		
	Num-ber	%	District listing
1	88	62%	Abim, Adjumani, Alebtong, Amolatar, Amuria, Amuru, Apac, Budaka, Bududa, Bugiri, Bugweri, Buikwe, Bukedea, Bukwo, Bulambuli, Bundibugyo, Bushenyi, Busia, Butaleja, Butambala, Buvuma, Buyende, Dokolo, Gomba, Gulu City, Hoima, Iganga, Isingiro, Jinja City, Kabarole, Kagadi, Kakumiro, Kaliro, Kampala, Kamuli, Kamwenge, Kapchorwa, Kasese, Kibaale, Kiboga, Kibuku, Kikuube, Kiruhura, Kiryandongo, Kitgum, Koboko, Kole, Kotido, Kumi, Kwania, Kween, Kyankwanzi, Kyegegwa, Kyotera, Lira, Lira City, Luuka, Luwero, Lyantonde, Manafwa, Masaka City, Masindi, Mayuge, Mbale, Mbale City, Mbarara City, Mitooma, Moroto, Mpigi, Mubende, Mukono, Nakapiripirit, Nakaseke, Nakasongola, Namayingo, Namisindwa, Namutumba, Nebbi, Nwoya, Oyam, Pakwach, Pallisa, Rakai, Rwampara, Sembabule, Serere, Sironko, Tororo, and Yumbe.
2	14	10%	Arua City, Buhweju, Bunyangabu, Fort Portal City, Ibanda, Kabale, Kaberamaido, Kanun-gu, Kassanda, Kazo, Kitagwenda, Ntoroko, Rubanda, and Rubirizi.
3	33	21%	Agago, Amudat, Bukomansimbi, Buliisa, Butebo, Hoima City, Jinja, Kaabong, Kalaki, Kalungu, Kapelebyong, Karenga, Kayunga, Kisoro, Kyenjojo, Lwengo, Madi-Okollo, Maracha, Masaka, Mbarara, Mityana, Napak, Ngora, Ntungamo, Obongi, Omoro, Pader, Rukiga, Soroti, Soroti City, Terego, Wakiso, and Zombo.
4	10	7%	Arua, Moyo, Gulu, Lamwo, Nabilatuk, Kalangala, Otuke, Sheema, Katakwi, Rukungiri

Category 4 districts were followed up with targeted interventions that included targeted outreaches through the use of up-to-date micro-plans by the districts, support supervision, data use social mobilization through the community health structures such as VHTs and CHEWs.

DPT Coverage

The DPT1 and DPT3 coverage were 94% and 92% respectively. This was below the national target of 100% and 95% respectively. This performance was also below last year's coverage of 104% (FY 2024/25). This shows a general good vaccine utilization in the country although variation might exist across the country. Districts of Arua(31%), Gulu (38%) had DPT3 coverages below 50%.

FIGURE 17: DPT3 COVERAGE DISTRIBUTION



Measles-Rubella (MR) Immunization Coverage

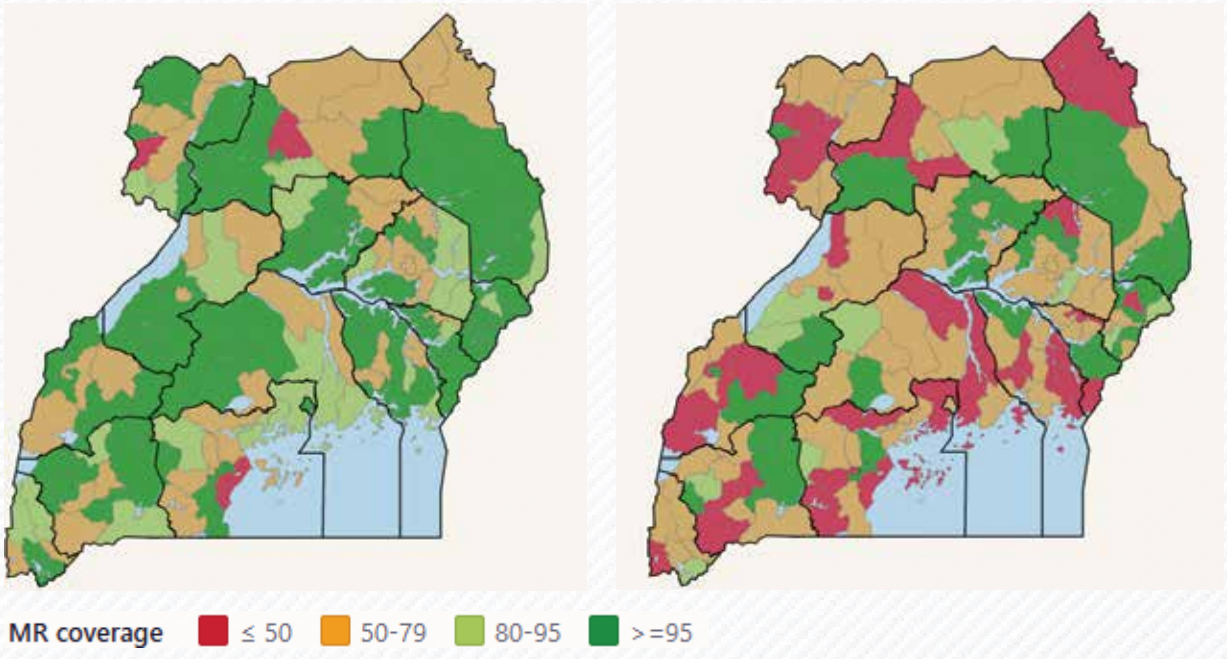
The national MR1 coverage was 92% with 82/146 of the districts having coverage below 95% target and 38 districts having less than 80%. In the same period, the national level MR2 coverage was 64%, with 113/146 districts having MR2 coverage of less than 95%. While national coverage for MR2 shows improvement from 50% in 2024/25 to 64% in 2025/26, this is still a sub-optimal coverage regardless of the MR1 coverage and hence not able to provide a significant level of protection to the children.

The MR1 and MR2 coverage show high inequity among the different districts with regions such as Acholi, Karamoja, West Nile and Kigezi showing the least performance.

FIGURE 18: MR 1 AND 2 COVERAGE IN FY 25/26

MR 1 Coverage

MR 2 Coverage



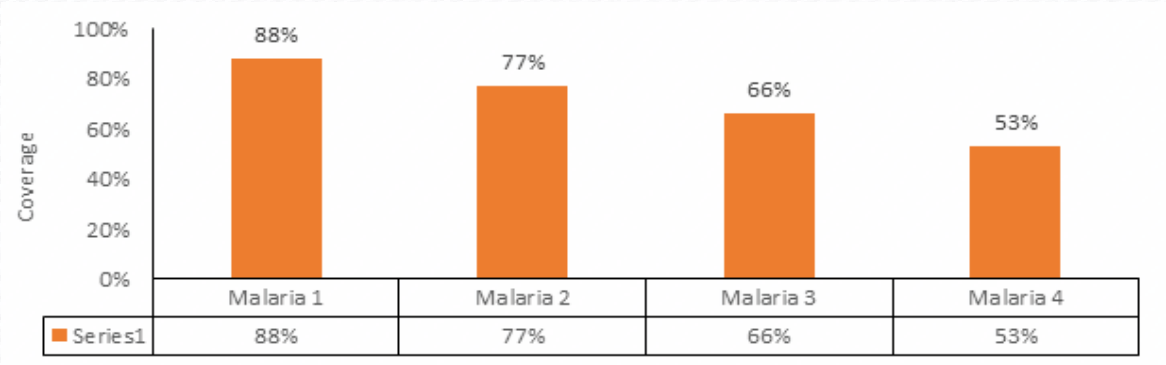
Malaria Vaccine Coverage

In April 2025, the Ministry of Health Immunization program introduced Malaria Vaccine within its routine Immunization framework, targeting children aged 6-11 Months. The Vaccine was introduced in 107 high burden malaria districts/cities targeting a cumulative 1.3 million children in those 107 districts. The Vaccine was introduced as a four-dose vaccine to be given at 6, 7, 8 and 18 Months.

Malaria dose 1,2,3,4 had a strong uptake of 88% 77%, 66%, 53% respectively which are below the 95% target.

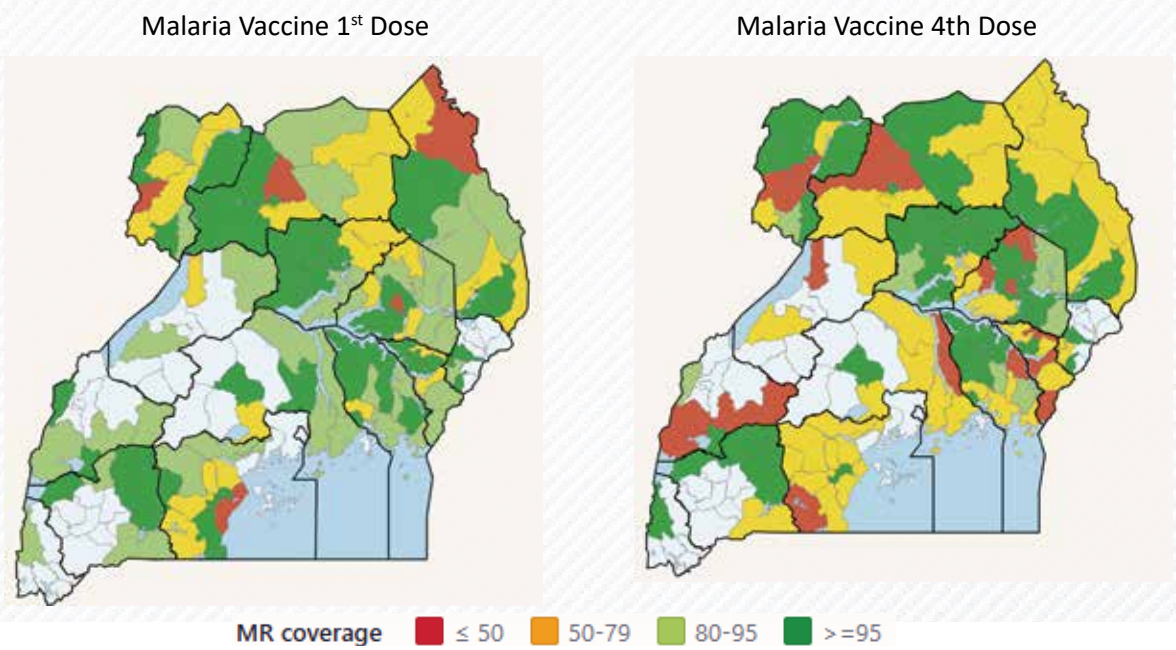
As shown in figure 3 below there was a 35-percentage-point reduction in coverage between the first and fourth doses of malaria vaccine, with the largest dropout occurring between doses 3 and 4. This indicates high initial uptake but challenges in maintaining children through completion of the recommended four-dose malaria vaccination schedule. This therefore, shows progressive dropout across the four-dose vaccination schedule. While initial uptake was relatively high, fewer children completed the fourth dose which is intended to prolong protection thus leaving the susceptible to malaria.

FIGURE 19: *MALARIA VACCINE COVERAGE FY2025/2026*



The geographical distribution of malaria vaccine coverage during FY2025/26 demonstrates a progressive decline in coverage from the first to the fourth dose as shown in Figure 20. MV1 coverage was generally high across implementing districts, with many districts achieving 80% or more. However, coverage became increasingly heterogeneous at MV2 and MV3, with a growing number of districts falling below 50%. By MV4, low-coverage districts predominated, reflecting the substantial reduction in completion of the four-dose schedule.

FIGURE 20: GEOGRAPHICAL DISTRIBUTION OF MALARIA VACCINE 4TH DOSE COVERAGE DURING FY2025/2026

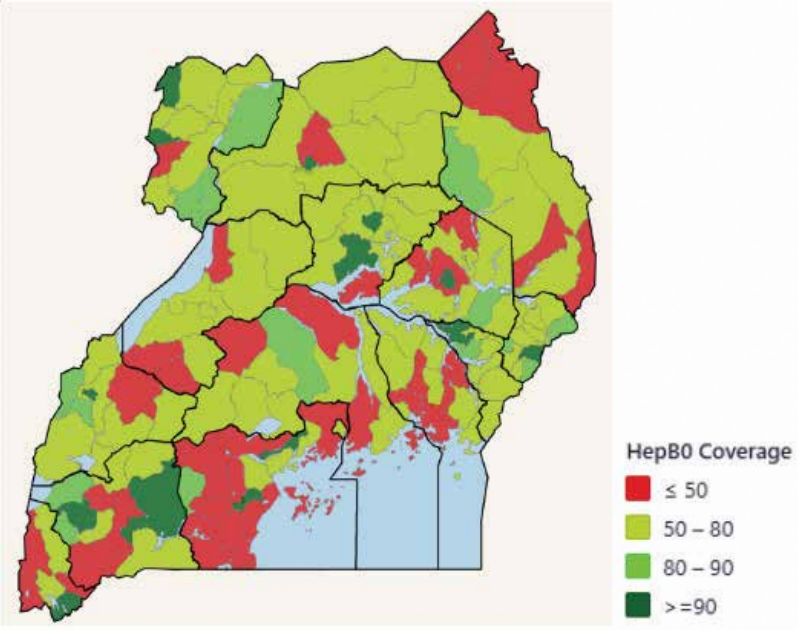


Malaria vaccination was rolled out in April 2025 and most of the children had not reached 18 months of age when the 4th dose is due. Hence the low coverage of malaria vaccination in most of the districts especially in the Northern region.

Hepatitis Birth dose

Hepatitis Birth dose coverage improved from 47% in FY24/25 to 62% in FY25/26. This was still below the expected coverage of 90%. Figure 8 shows a general sub-optimal coverage for Hepatitis B Birth dose during the year, with an annual coverage of 62% below the annual target of 90%. There is high variation in coverage across the regions and districts. Over 71% (104/146) of the districts had coverage of less than 80%. 39 districts (27%) had coverage below 50%, with this low coverage distributed predominantly in the South-Central part of the country. Only 15 districts achieved the minimum target coverage of 90% during the period. The general coverage of 62% shows that 38% of the expected number of live births did not receive this birth dose vaccine.

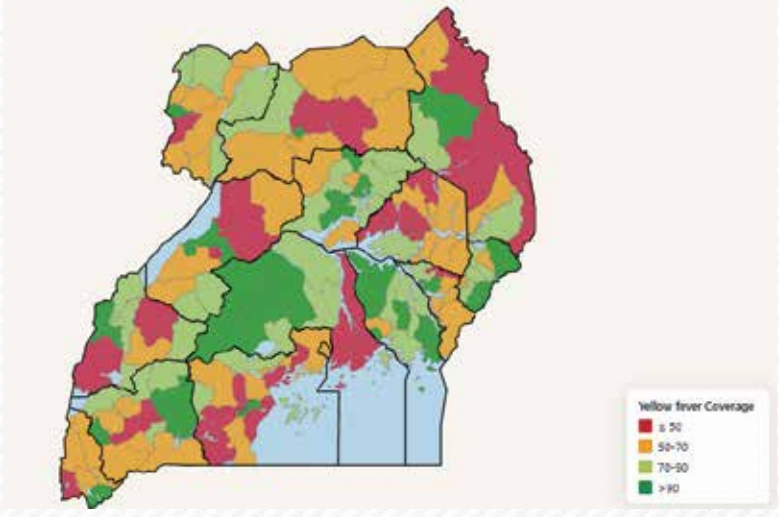
FIGURE 21: SUBNATIONAL HEPB BIRTH DOSE COVERAGE



Yellow-Fever Vaccine Coverage

Yellow Fever coverage has increased from 65% in 2023/2024 to 69% in 2024/2025 and to 70% in 2025/2026. The program introduced Yellow Fever vaccine into its routine immunization program in October 2022. Since the introduction, the coverage has not reached an optimal level of 90%. This shows a progressively increasing coverage with an increase in the last Financial Year. The uptakes in the last financial year were affected by the stock out issues caused by the utilization of the routine vaccine during the campaigns conducted.

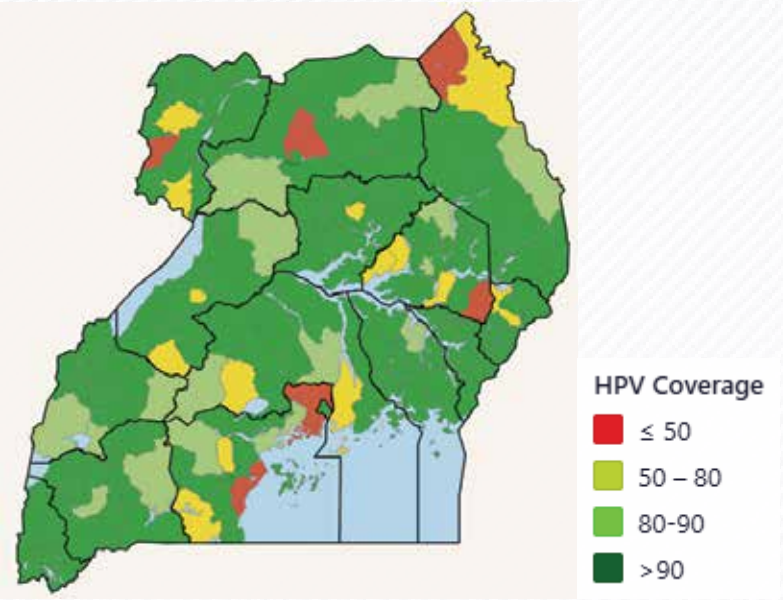
FIGURE 22: SUBNATIONAL YELLOW FEVER COVERAGE FOR UNDER 1 YEAR POPULATION.



Proportion of girls immunized against cervical cancer by 10 years

Human Papiloma Virus (HPV) coverage dose one at National level was 99% in FY25/26, an improvement from 97% in FY24/25. Figure 23 shows a general high HPV vaccination coverage in FY2025/26 across the country, with approximately three-quarters of districts achieving ≥90% coverage and 86% achieving at least 80%. Nevertheless, six districts remain below 50% coverage and a further 14 are between 50% and 80%, highlighting persistent geographic disparities and the need for targeted interventions in low-performing districts while sustaining gains in high-performing areas.

FIGURE 23: SUB-NATIONAL HPV COVERAGE



The vaccines in administered to girls attending school resulting in some many districts reporting coverages above 100% while others reported significantly less yet the national average remained high.

Healthcare Waste Management (HCWM) Services

During the period under review, the Ministry of Health mainstreamed healthcare waste management. The Ministry has onboarded over 2000 health facilities to the new modalities following mainstreaming. Cumulatively, over 6.72 metric tons of medical waste has been handled with the highest volumes collected from HC IV followed by General Hospitals and HC III. To protect health and environmental and reduce the overall carbon footprint, Ministry has adopted use of regional incinerators for safe management of healthcare waste. With support from Global Fund, five high volume incinerators have been constructed in the Sub Regions of; Acholi, Ankole, Tooro, Kampala Metropolitan Area and Lango. Another 23 medium-size incinerators partially constructed with USAID support have been completed to further support effective healthcare waste management services across health facilities. 18 specialized waste management trucks were procured and deployed in the mentioned sub regions above to support effective waste transportation

FIGURE 24: INTERIOR AND EXTERIOR VIEWS OF HIGH-VOLUME INCINERATORS

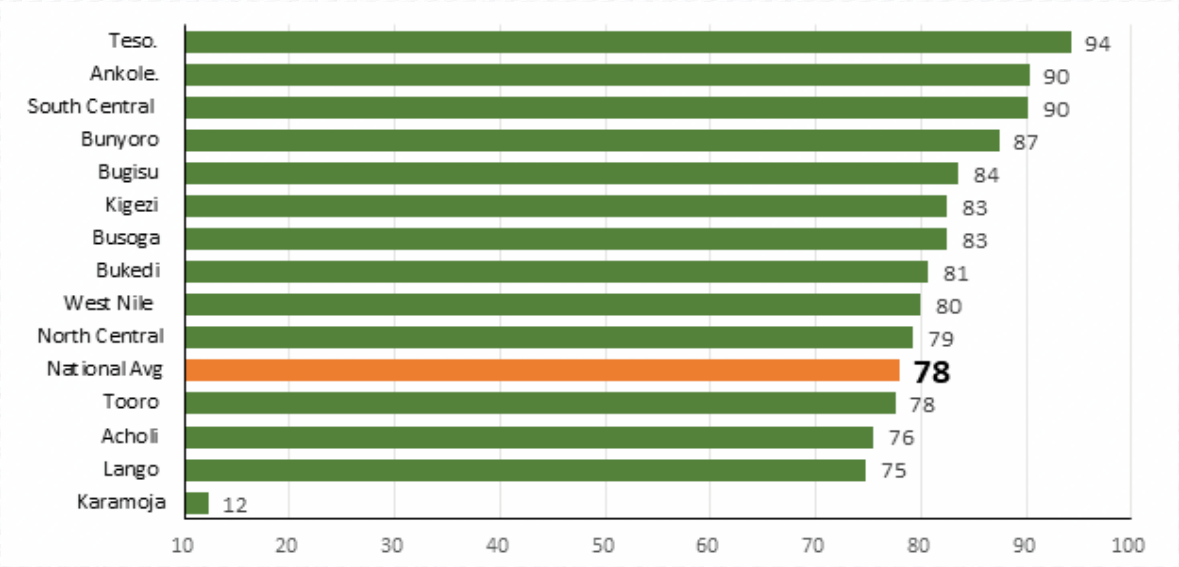




Household Sanitation and Hygiene Status

Reports from districts indicate that overall Sanitation coverage national is at 78%, with highest scores in Teso (94%), Ankole with South Central at 90%. Karamoja has the lowest coverage at 12%.

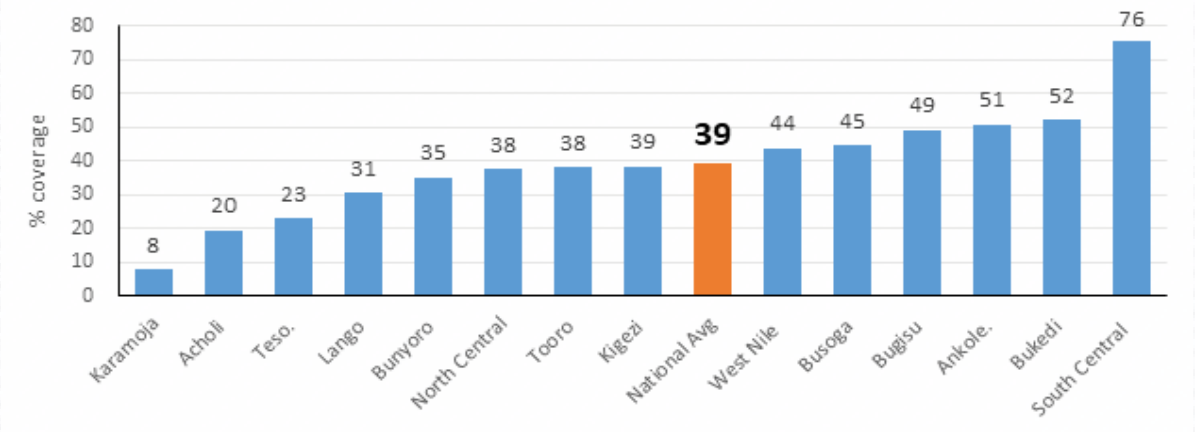
FIGURE 25: SANITATION COVERAGE BY SUB REGION



Access to Hand Washing with Soap

While hand washing remains effective in interrupting the faecal oral transmission route, its adoption and use is generally low across the country at 39%. Highest scores were reported in South Central (76%), followed by Bukedi (52%) an Ankole (51%) Sub Regions. Lowest coverage was reported in Karamoja Sub Region at 19% (Table below).

FIGURE 26: HANDWASHING COVERAGE BY REGION



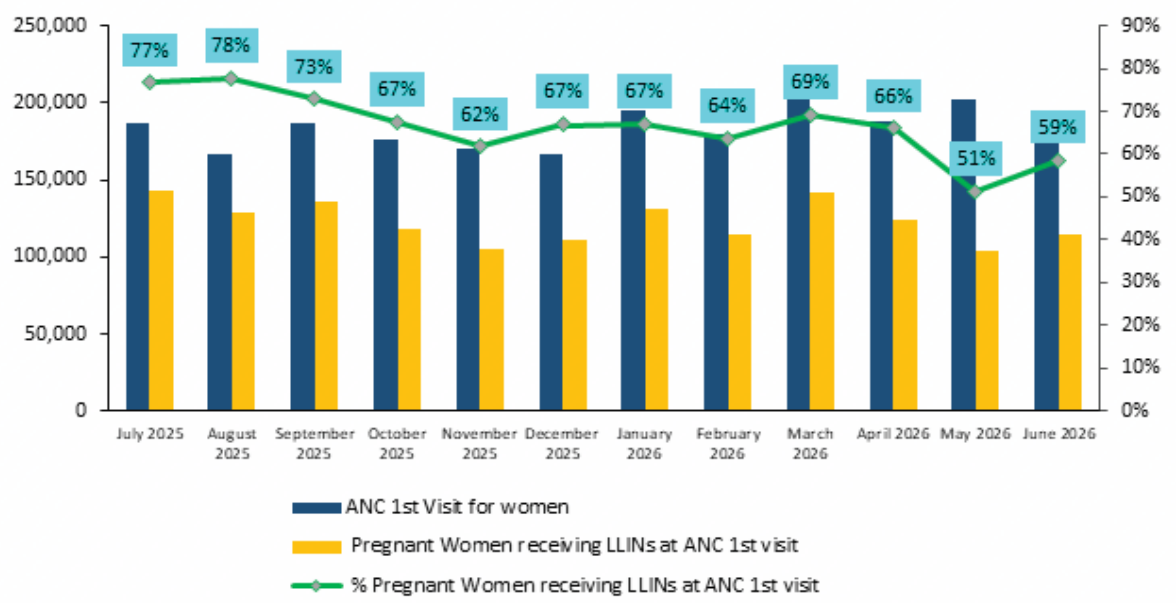
2.3.3 Disease Prevention and Clinical Services

Use of insecticide-treated bed nets for malaria prevention

During FY 2025/26, 130 districts with a population of 45.2 million people (including refugees) were targeted for mass distribution of Insecticide-Treated Net (ITN). A total of 15,622,185 ITNs were distributed to 7,121,005 Households with a population of 28,398,287. The regions covered during the FY included: West Nile, Acholi, Lango, Bukedi, Busoga, Sebei, Bunyoro, Tooro, Teso and Ankole.

Routine distribution of ITNs also continued at ANC and young child clinics. In FY 2025/26, out of 2,815,955 ITNs distributed, 1,318,602 were given to children below 5 years while 1497353 were given to pregnant women. The Proportion of pregnant women that received ITNs at ANC 1st visit decreased from 70% in FY 2024/2025 to 66% in FY 2025/2026. There was a significant proportion of mothers that attended ANC 1 but missed to receive ITNs due to persistent stock outs during the year.

FIGURE 27: PERCENTAGE OF PREGNANT RECEIVING ITNS BY REGION



Indoor Residual Spraying (IRS)

By end of FY, IRS was implemented in 20 Districts, thirteen (13) districts (Adjumani, Arua , Koboko, Terego, Moyo, Maracha, Madi-Okollo, Obongi and Zombo in West Nile region , Amolatar, Dokolo, Kaberamaido and Kalaki in Mid –North were covered. A total of 947,198 (98%) against the set targeted 982,973 houses were sprayed. This was way above the WHO recommended threshold of 85% (which was also the main objective of this IRS campaign). The total population protected was 2,841,594 (98%) out of the targeted 2,906,919 people.

The other Seven (7) Districts (Tororo, Bugiri, Butaleja, Namutumba,Butebo,Budaka and Paliisa) in Eastern Uganda were covered in February/March 2026. A total of 788,922(92%) of the targeted 857,159 structures were sprayed resulting into protestation of 2,898,947 people, including 529,282 children under five and 126,999 pregnant women

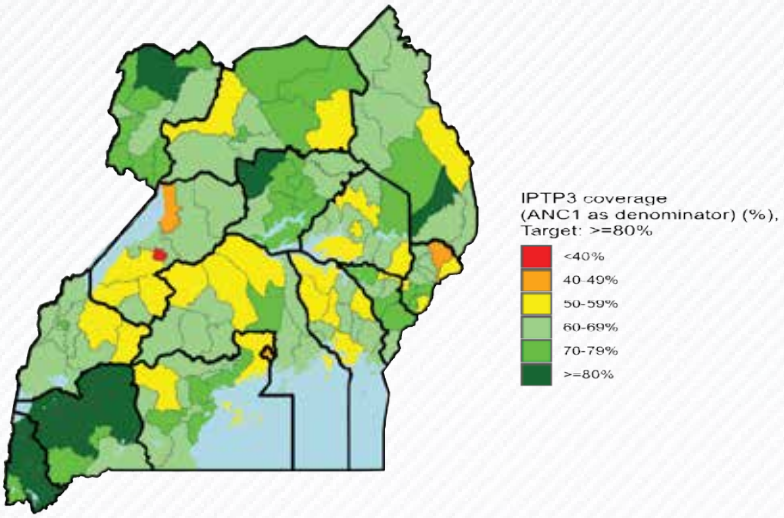
Seasonal Malaria Chemoprevention (SMC)

Seasonal Malaria Chemoprevention round Six (6) was implemented in the Nine districts of Karamoja targeting Children aged 3-59 months. The children received Five(5) cycles of complete doses of Sulfadoxine-Pyrimethamine (SP) and Amodiaquine (AQ) (SPAQ) during the peak malaria transmission season (May to September). Overall, a coverage of 101.7% was achieved with 287,245 children reached over the set target of 282,357.

Provision of Sulfadoxine-pyrimethamine for pregnant women

There was a slight improvement in the proportion of mothers attending ANC 1 that received at least three doses of Intermittent Preventive Treatment of Malaria in Pregnancy (IPTp3) from 65% in FY 2024/25 to 66% in FY 2025/26. The most improved regions include: Ankole, West Nile, Kigezi and Lango with a performance above 70% while the following regions: Kampala and South Buganda region recorded a low performance below 60%. Overall all regions improved except South Buganda and this was attributed to reduced stock out Sulfadoxine-pyrimethamine (SP) and the sustenance of providers' knowledge and skill following data guided targeted mentorships. However, we still have to address the late ANC initiation and low retention in care through enhanced utilization of community health systems to identify, link and follow up pregnant mother to utilize ANC services.

FIGURE 28: PTP3 COVERAGE BY LG IN FY 2025/26



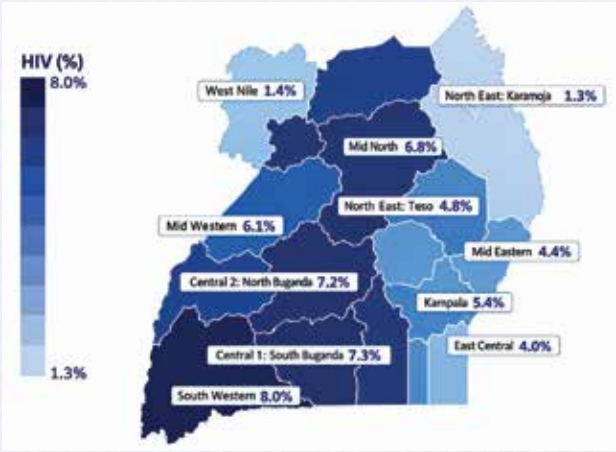
HIV Prevention, Care and Treatment services

Uganda continued to carry a substantial HIV burden in FY2025/26, with an estimated 1,496,000 million people living with HIV and an adult (15–49 years) prevalence of 5.9% based on the results of the 2025 Uganda Population-based HIV Impact Assessment. Modeling using spectrum software estimated approximately 34,000 new HIV infections and 19,000 AIDS-related deaths in 2025.

Performance of the HIV/AIDs program was assessed using service-based indicators as well as population-based indicators. Cascade based indicators are a follow up of an initially tested group up to whether they enroll and get viral load suppression while population-based indicators consider the estimated number of People living with HIV as the denominator. These estimates are based on the UPHIA Study and children below 15 years on ART.

Among adults aged 15 years and older, HIV prevalence varied geographically by region, ranging from 1.3% in Karamoja region to 8.0% in Southwestern region.

FIGURE 29: HIV PREVALENCE BY REGION



During the FY 2025/26, the HIV treatment and care programme made substantial progress across the treatment cascade, although performance varied by indicator, age group, sex and region. Reported linkage to ART met or exceeded the national target of 95% in most age groups, reaching 98% among children aged 0–9 years and at least 100% in other age groups. However, linkage in Karamoja remained below target at 85%. ART initiation among newly identified people living with HIV also fell short of the 95% target, with quarterly performance ranging from approximately 88% to 90%. Treatment optimization continued, with 95.6% of adults and 68% of children receiving the predominant dolutegravir (DTG)-based first-line regimens. Overall ART coverage was 84.5%, with persistent gaps among males (79.9%), children under 15 years (64.8%) and adolescents aged 10–19 years (69.4%).

Treatment continuity and monitoring showed strong performance in some areas, alongside persistent gaps. Retention remained below the national target of 90% across all age groups, ranging from 81% to 89% at six months and from 77% to 84% at 12 months, with the greatest gaps among adolescents and young adults. Viral load

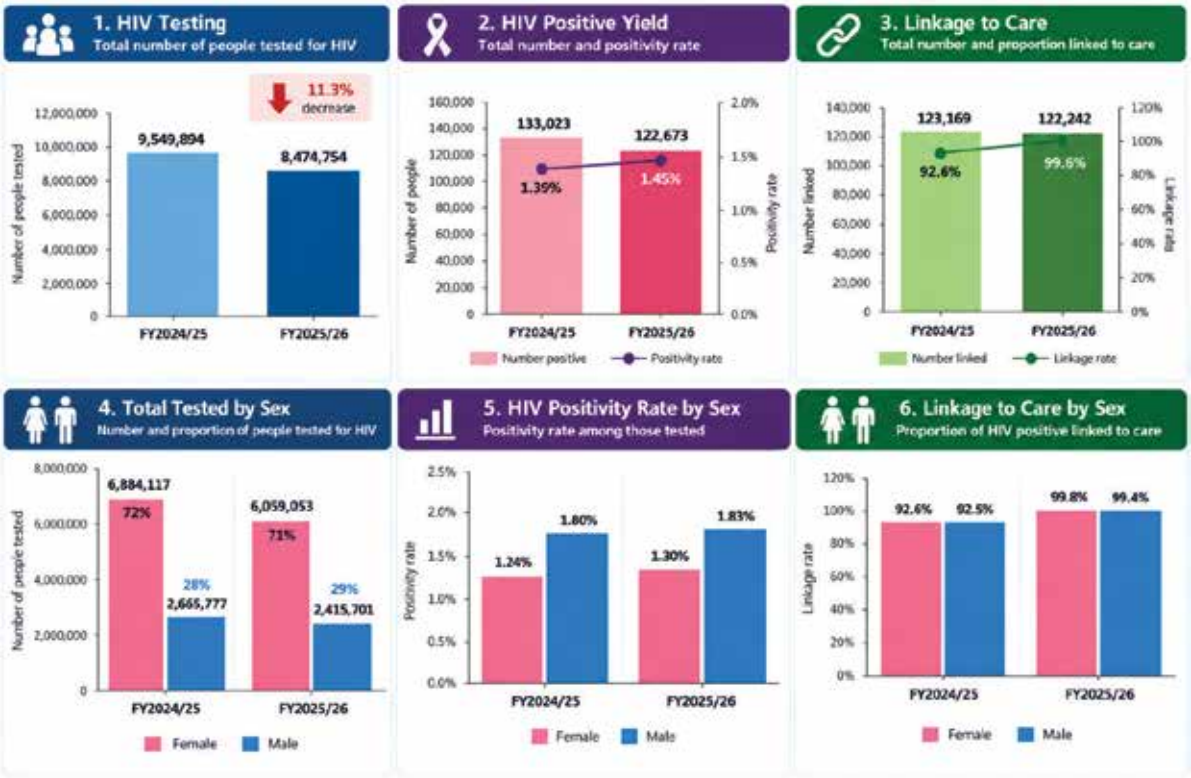
testing coverage reached 93%, falling short of the 95% national target, while viral suppression among those tested reached 97%, exceeding the corresponding target. However, suppression among children aged 0–9 years remained below target at 91%. Geographic disparities also persisted, particularly in Karamoja and West Nile. These findings underscore the need to strengthen retention, expand viral load monitoring and improve suppression among underserved age groups and regions, while sustaining gains across the treatment cascade.

HIV Testing Services

UPHIA 2025 reported that 85.3% of PLHIV (aged 15 years and older) knew their HIV status, with lower awareness among men (80.3%) than women (87.6underscoring the need for targeted HIV case particularly among men.

HIV tests conducted declined by 11.3% from 9.55m in fy2024/25 to 8.47m in fy2025/26, while HIV-positive cases identified decreased from 133,023 to 122673. However, positivity increased slightly from 1.39% to 1.45% and linkage to care improved from 92.6% to 99.6%. Women accounted for 71% of those tested, although positivity remained higher among men (a.83%) than women (1.3%) in FY 2025/2026 (FIGURE 30)

FIGURE 30: HIV TESTING SERVICES IN FY 24/25 VS FY 25/26

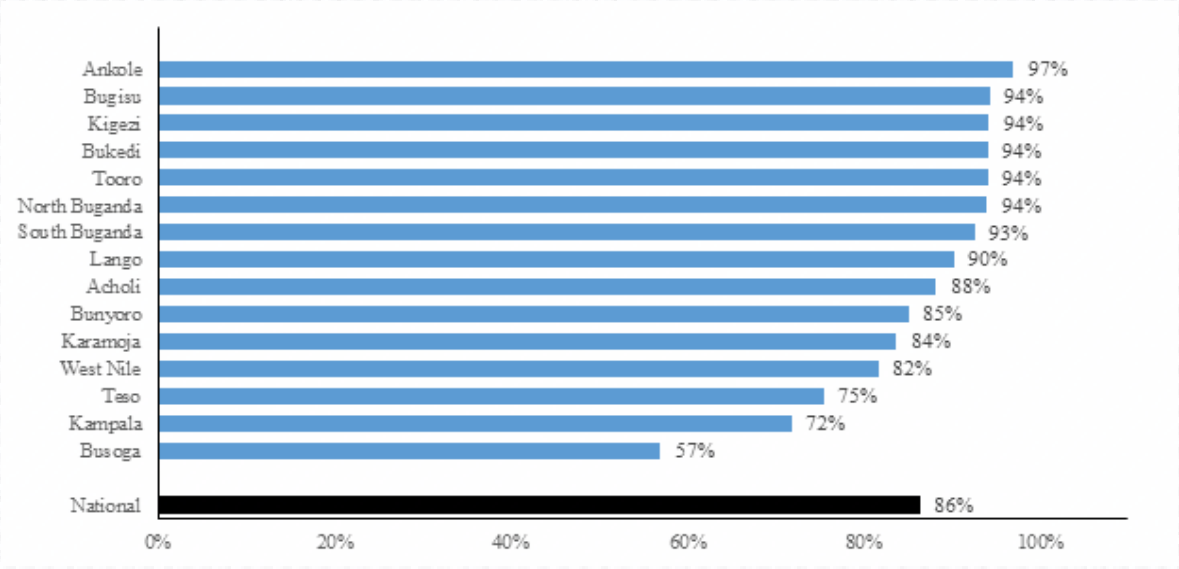


Elimination of Mother to child transmission

In FY 2025/26, a total number of 2,233,035 women attended ANC1 and of these 2,210,705 (99%) knew their HIV status (New tested for HIV plus those with a Known HIV Positive status). A total of 83,415 women were identified as HIV positive (New tested HIV positive plus those with a Known HIV Positive status) and total of 72,113 were on ART (New + Already on ART) giving ART coverage rate of 86%.

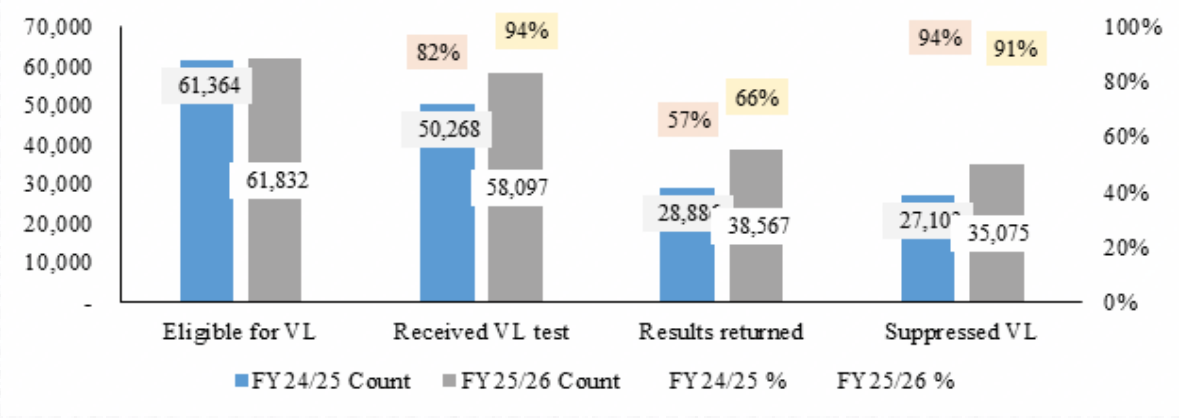
Maternal ART coverage, on the other hand, shows strong performance in Ankole (97%) while Busoga, Kampala, Teso, West Nile, Karamoja and Bunyoro lag significantly behind the national score of 86%. This suggests the need for targeted regional interventions and community engagement in underperforming regions. See figure 30 below;

FIGURE 31: MATERNAL ART COVERAGE FOR EMTCT BY REGION FOR FY2025/26



Viral suppression among pregnant women receiving ART declined, from 94% to 91% attributed to poor adherence. Health facilities should be encouraged to intensify adherence counselling and follow up of clients on ART through home visiting and telephone contact. Studies to investigate factors linked to decline in adherence are also recommended.

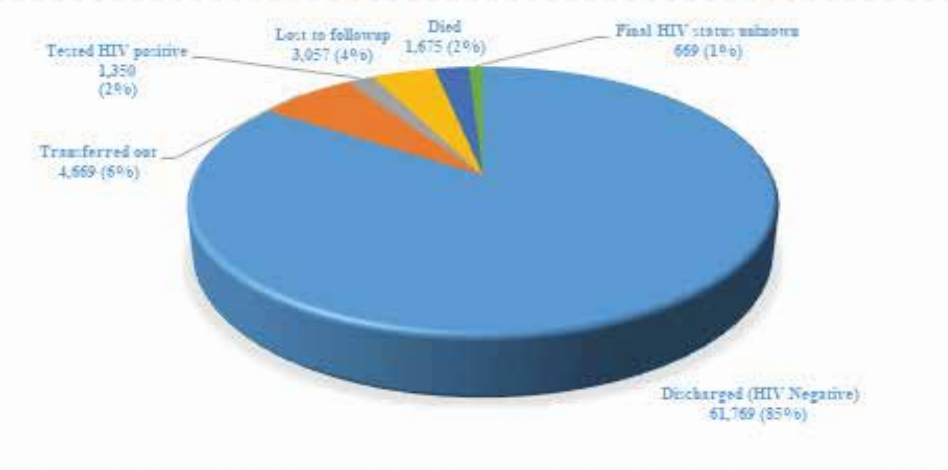
FIGURE 32: VIRAL SUPPRESSION COVERAGE AMONG PREGNANT WOMEN RECEIVING ART



24-Month Outcomes among HIV Exposed Infants (HEIs)

In FY2025/26, 73,189 HIV exposed infants (HEIs) from the 24-month birth cohort were assessed, with the majority (84%) completing follow-up and being discharged HIV negative, reflecting generally favorable outcomes across the PMTCT/EID cascade. However, 1,350 (2%) were diagnosed HIV-positive, of whom 1,141 (85%) were initiated on ART, indicating persistent vertical transmission and gaps in timely linkage to treatment. While the high proportion of HIV negative outcomes is encouraging, further efforts are needed to strengthen longitudinal tracking and retention of mother–baby pairs, timely completion of EID testing and final HIV status determination, active tracing of missed appointments, and documentation of transfers and outcomes (Figure 33).

FIGURE 33: 24 MONTHS' OUTCOME AMONG HIV EXPOSED INFANTS



Pre – Exposure Prophylaxis (PrEP) Services Uptake

PrEP screening declined from 764,104 , to 690,339 with coverage falling from 96% to 82% between FY24/25 and FY25/26. Despite the decline, eligibility remained high 92% versus 89%, while PrEP intitiation increased from 40% to 49% reaching 298,385 new initiations. Uganda continued to expand HIV prevention choices through the introduction of long acting lenacapriv (LEN), alongside existing injecting cabotegravir, oral PrEP, and diprivine Vaginal Ring options. (Table 21)

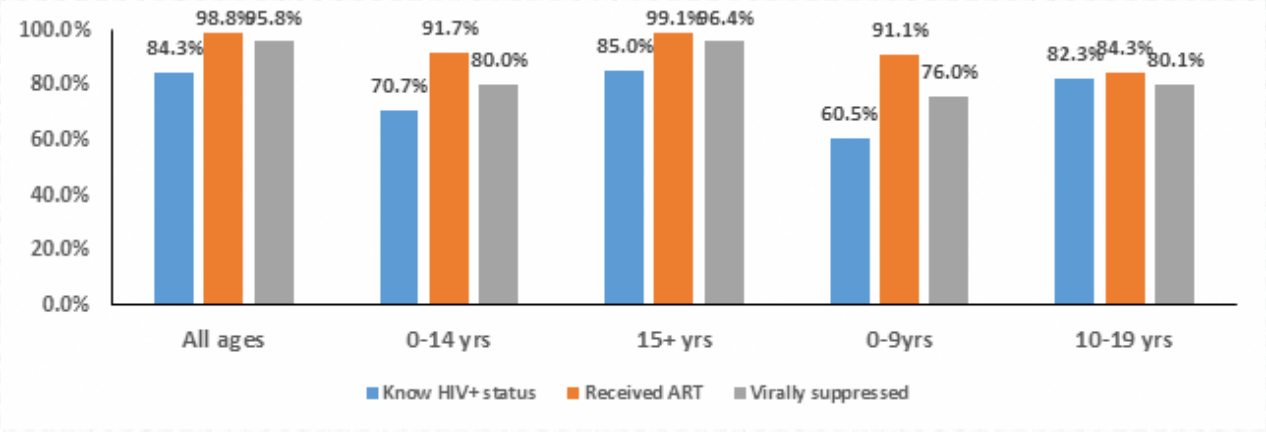
Table 20: Uptake of PrEP among populations at higher risk for HIV

Data element	FY24/25	FY 25/26
# Received HIV Prevention Services	1,038,520	845,836
# Tested for HIV	907,219	724,678
# Tested HIV Negative	868,451	716,529
# Screened for PrEP Eligibility	764,104	690,339
# Eligible for PrEP	699,223	612,628
# Initiated on PrEP	277,072	298,385
% Screened	96%	82%
% Eligible	92%	89%
% Initiated	40%	49%

HIV care and treatment

Of the estimated ~ 1,548,757 PLHIV (~1,496,000 adults living with HIV an additional 45,997 children and adolescents are known to be living with HIV at the end of June 2026), 84.3% know their status, among whom 98.8% are on ART, and 95.8% are virally suppressed. While treatment coverage and viral suppression are high, knowledge of HIV remains below the 95% target, especially among children and adolescents, indicating a need to strengthen case identification, adherence and pediatric care.

FIGURE 34: HIV CARE AND TREATMENT CASCADE

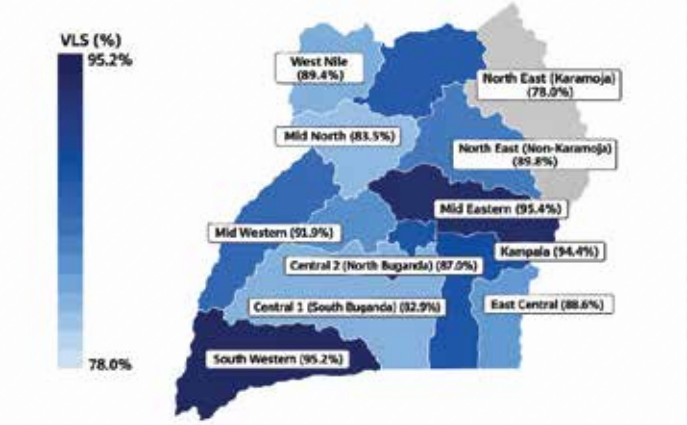


Viral Load Coverage and Suppression rates amongst People Living with HIV

Based on UPHIA 2025, 86.0% of adults aged 15 years and older living with HIV in Uganda had viral load suppression (VLS), with similar levels among women (86.1%) and men (85.6%). These population-level estimates include all adults living with HIV, regardless of their awareness of HIV status or use of antiretroviral therapy (ART). Comparisons across the three surveys, using the consistent age range of 15–64 years, show substantial improvement in VLS, from 59.6% in 2016/17 to 74.9% in 2020/21 and 86.1% in 2025.

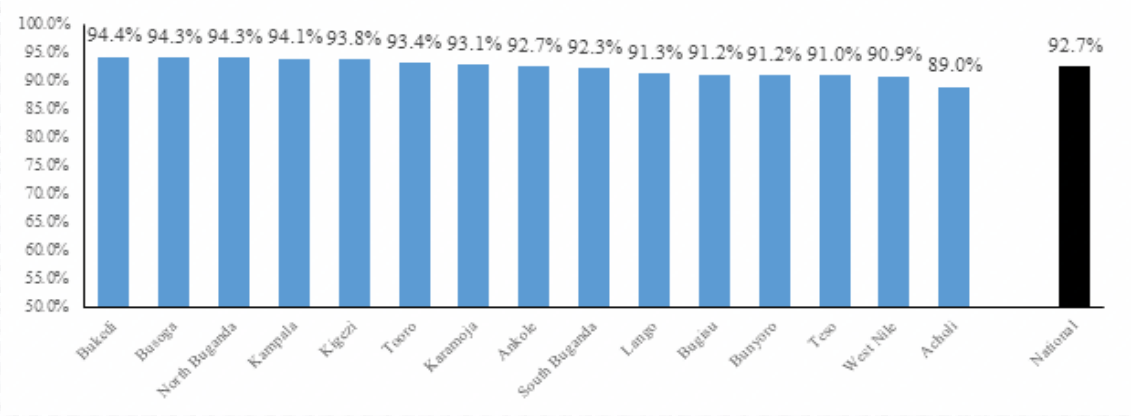
Despite these gains, disparities persisted by age and region. Among women, VLS ranged from 64.1% in those aged 15–24 years to 93.8% in those aged 55–64 years. Among men, it ranged from 71.2% in those aged 25–34 years to 98.8% in those aged 55–64 years. Regional estimates among adults aged 15 years and older ranged from 78.0% in Mid Eastern to 92.3% in South Western, as shown in Figure 34. These findings highlight the need for targeted efforts to improve viral suppression among younger adults and in regions with lower suppression levels.

FIGURE 35: REGIONAL VIRAL LOAD SUPPRESSION RATES (UPHIA 2025)



In FY2025/26, viral load coverage (VLC) remained slightly below target at 93% and none of the regions achieved the 95% viral load testing coverage target. Although Bukedi, Busoga, Kampala, Kigezi and North Buganda came close at 94%. Acholi recorded the lowest coverage at 89%. District level performance varied within regions, indicating that coverage gaps require interventions tailored to individual districts and facilities. Districts with coverage between 90% and <95% should focus on closing the remaining gaps, while those below 90% require intensified identification and follow-up of clients due or overdue for testing, stronger sample collection and transport systems, and timely recording of results. Districts achieving ≥95% should sustain performance through routine monitoring and early identification of emerging gaps.

FIGURE 36: REGIONAL VIRAL LOAD COVERAGE RATES (FY 2025/26)



In FY2025/26, Viral load suppression among clients tested was generally high, with most districts achieving the ≥95% target. Nevertheless, clusters of districts in eastern and northern Uganda recorded suppression between 90% and <95%, with a few falling below 90%, particularly near the eastern and north-eastern borders and in parts of the north. Isolated gaps were also evident elsewhere. These findings indicate strong treatment effectiveness among clients tested, alongside persistent geographic disparities in testing coverage and suppression. Priority actions include follow-up of clients with unsuppressed viral load, enhanced adherence counselling, timely repeat testing, assessment and management of treatment failure, and regimen optimisation where indicated. Karamoja requires particular attention to improve both testing coverage and suppression, supported by facility level performance monitoring and data quality reviews.

FIGURE 37: VIRAL LOAD COVERAGE BY DISTRICT

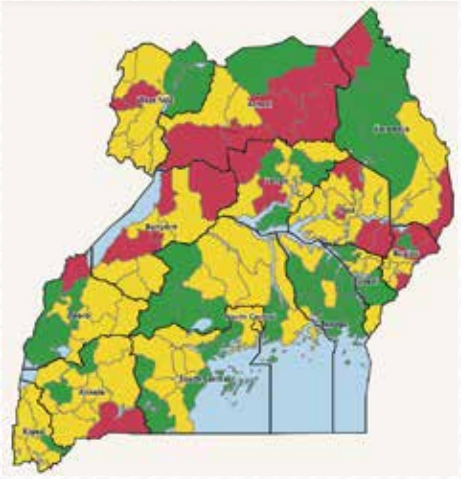
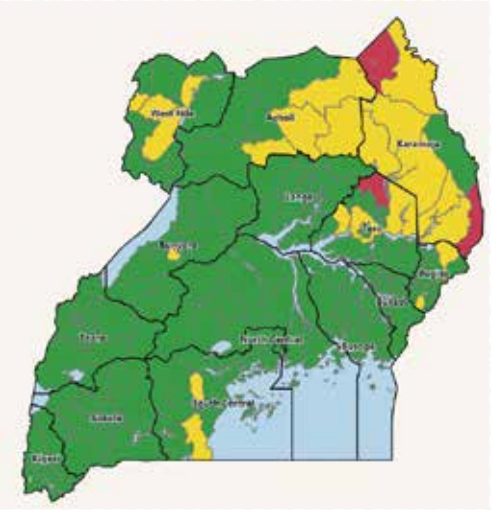


FIGURE 38: VIRAL LOAD SUPPRESSION BY DISTRICT



TB Preventive Treatment Coverage

Tuberculosis Preventive Therapy (TPT) plays a critical role in preventing the progression from TB infection to active disease, especially among vulnerable groups such as children under five, PLHIV, and household contacts. During FY 2025/26, the national TPT coverage reached 83% a decline from 85% from last financial year, and a decline to 54% for ART clients. (See table 22 below).Subnational performance varied considerably. TPT coverage among contacts was highest in Bugisu and Bunyoro (97%) and Busoga (95%), while coverage among PLHIV was particularly low in Teso (9%), North Buganda (40%), and Kampala (47%). PLHIV coverage was adversely affected by facility-level stock-outs of the 3HP regimen.

During the year, the program transitioned eligible contacts aged under five years from six months of isoniazid to the shorter three-month rifampicin/isoniazid regimen (3HR) and oriented 1,262 health workers from 608 health facilities. To address commodity gaps, the program conducted stock audits and redistribution of available supplies. Moving forward, priority will be given to strengthening TPT commodity security, contact tracing, and

targeted follow-up of lower-performing regions to improve coverage and treatment completion.

Table 21: Regional variations for Tuberculosis Preventive Therapy (TPT)

Regions	TB Contacts			PLHIV		
	Eligible	Started on TPT	TPT Coverage %	Eligible	Started on TPT	TPT Coverage %
Acholi	14,996	12,728	**85%**	5,986	4,770	**80%**
Ankole	13,557	11,273	**83%**	12,911	8,376	**65%**
Bugisu	15,058	14,555	**97%**	3,261	1,846	**57%**
Bukedi	7,329	6,601	**90%**	3,325	2,307	**69%**
Bunyoro	12,639	12,305	**97%**	9,217	5,925	**64%**
Busoga	18,413	17,522	**95%**	9,319	6,625	**71%**
Kampala	18,873	15,430	**82%**	13,909	6,496	**47%**
Karamoja	16,410	13,110	**80%**	637	381	**60%**
Kigezi	7,165	6,454	**90%**	3,444	2,857	**83%**
Lango	16,026	14,083	**88%**	7,816	5,725	**73%**
North Buganda	16,292	14,183	**87%**	27,513	10,994	**40%**
South Buganda	23,395	16,960	**72%**	18,140	9,749	**54%**
Teso	7,903	6,200	**78%**	10,719	918	**9%**
Tooro	15,453	9,561	**62%**	11,162	7,435	**67%**
West Nile	19,338	14,859	**77%**	4,716	3,039	**64%**
MOH - Uganda	222,847	185,824	**83%**	143,790	77,443	**54%**

Acholi and Kigezi regions achieved high TPT coverage among PLHIV by utilizing the Routine HIV Care Audit Tool (a digital replica of the HIV Care/ART card with built-in analysis and a dashboard) to track the provision of comprehensive HIV care through weekly reviews per district. The reviews enabled the districts to flag health facilities that did not provide TPT to eligible PLHIV. The concerned health facilities were engaged to recall eligible PLHIV to return for TPT. Also, those regions addressed the TPT medicine stock-outs in public health facilities by engaging PNFPs to place emergency orders with JMS. Those stocks were actively redistributed to public health facilities with low stocks to improve commodity security. North Buganda and Teso regions had poor TPT coverage among eligible PLHIV due to reporting gaps, and high transfer-out & treatment interruption rates during the 1st 3 months of ART initiation.

Disability and Rehabilitation Services

Table 22: Selected disability cases reported by quarter, FY2025/26

Disability Condition	Q1	Q2	Q3	Q4	Total
Visual impairment	630	575	2,801	1,702	5,708
Intellectual impairment	213	700	1,054	1,436	3,403
Speech impairment	527	687	753	1,473	3,440
Impaired joint mobility	599	865	1,245	1,330	4,039
Impaired muscle tone	170	922	959	1,073	3,124
Impaired muscle power	463	484	1,000	887	2,834
Hearing impairment	566	750	762	809	2,887
Difficulty lifting/carrying objects	532	516	499	368	1,915
Cognitive impairment	169	332	341	488	1,330

** Categories may overlap and are not summed to estimate the number of persons with disabilities.*

The selected indicators below show higher reported counts in several domains towards year-end, particularly intellectual, speech and physical functioning impairments. This may reflect changes in reporting and identification as well as service activity and may not necessarily be interpreted as an increase in population disability prevalence.

During FY2025/26, 34,087 OPD rehabilitation cases were reported across the eight listed condition categories. Musculoskeletal conditions accounted for 18,561 cases, followed by neurological conditions with 8,243 and mental health conditions with 2,104. Musculoskeletal and neurological conditions together accounted for 78.6% of these cases. Quarterly counts were highest in Q1 for these two categories, fell in Q2 and recovered in Q3. Sensory rehabilitation cases declined from 491 in Q1 to 173 in Q4, while cancer-related rehabilitation cases increased from 56 to 252.

Table 23: OPD rehabilitation cases reported, annual totals and quarterly breakdown, FY2025/26

Condition	Annual total	Q1	Q2	Q3	Q4
Musculoskeletal	18,561	6,078	2,741	5,172	4,570
Neurological	8,243	2,529	1,663	1,907	2,144
Mental health	2,104	379	548	627	550
Other conditions	1,930	560	344	469	557
Sensory	1,041	491	189	188	173
Cardiovascular	835	396	90	114	235
Respiratory	780	213	147	215	205
Cancers	593	56	81	204	252
Total	**34,087**	**10,702**	**5,803**	**8,896**	**8,686**

A total of 8,341 assistive products were distributed across the seven listed categories during FY2025/26.

Mobility products accounted for 3,870, followed by vision products at 2,628 and hearing products at 651. Mobility and vision products together accounted for 77.9% of the total. Vision products increased from 79 in Q3 to 2,235 in Q4, representing 85.0% of the annual vision-product total. Communication and cognition products had substantially lower reported volumes; these figures alone cannot establish the extent of unmet need.

Table 24: Assistive products distributed, annual totals and quarterly breakdown, FY2025/26

Product Category	Annual Total	Q1	Q2	Q3	Q4
Mobility	3,870	1,280	575	1,294	721
Vision	2,628	121	193	79	2,235
Hearing	651	132	304	47	168
Self-care	627	47	90	150	340
Communication	132	45	14	48	25
Cognition	130	1	3	108	18
Other products	303	58	61	86	98
Total	**8,341**	**1,684**	**1,240**	**1,812**	**3,605**

**Service reporting remains geographically concentrated in selected regions and facilities (particularly Kampala, South Buganda/Wakiso, regional referral hospitals and a subset of lower-level facilities).*

Surgeries

Table 26 shows that in FY 2025/26, Uganda recorded nearly 350,000 surgical procedures, with obstetric care accounting for 82% of the total. Caesarean sections alone represented 73% of all surgeries, with government facilities performing the majority (78%), highlighting their critical role in emergency obstetric care. Overall, government facilities contributed 73% of all surgeries, compared with 20% from PNFPs and 7% from PFPs.

Table 25: Surgeries (Specialized) by Facility Ownership and Level of Care, FY 2025 - 2026

Specialisation	LEVEL OF CARE						OWNERSHIP				% of all surgeries
	HC III	HC IV	General Hospital	RRH	NRH	Total (by level)	GOV	PFP	PNFP	Total (by ownership)	
Obstetrics	8,741	104,430	114,924	39,503	17,965	**285,563**	221,336	15,312	48,915	**285,563**	82.0%
Ophthalmology	489	1,229	5,930	4,168	1,299	**13,115**	7,117	917	5,081	**13,115**	3.8%
Orthopaedic Surgery	39	131	7,201	1,700	1,811	**10,882**	3,893	898	6,091	**10,882**	3.1%
ENT (Otorhinolaryngology) Surgery	71	371	3,345	3,787	2,666	**10,240**	7,459	1,867	914	**10,240**	2.9%
Gynaecology	132	1,782	4,386	1,960	1,450	**9,710**	7,641	428	1,641	**9,710**	2.8%
Urology	83	180	2,474	1,188	476	**4,401**	2,778	361	1,262	**4,401**	1.3%
Neurosurgery	9	2	2,006	1,012	1,119	**4,148**	2,147	277	1,724	**4,148**	1.2%
Upper GI Surgery	20	60	2,904	501	607	**4,092**	1,362	1,464	1,266	**4,092**	1.2%
Colorectal Surgery	53	211	1,496	486	353	**2,599**	1,655	294	650	**2,599**	0.7%
Oral & Maxillofacial Surgery	3	44	834	314	85	**1,280**	1,031	73	176	**1,280**	0.4%
Hepatobiliary & Pancreatic Surgery	33	23	430	183	132	**801**	460	147	194	**801**	0.2%
Paediatric Surgery	2	22	208	252	197	**681**	496	25	160	**681**	0.2%
Plastic & Reconstructive Surgery	-	199	307	31	43	**580**	100	92	388	**580**	0.2%
General Surgery	1	8	73	30	7	**119**	37	21	61	**119**	0.0%
Cardiothoracic Surgery	-	-	-	5	-	**5**	5	-	-	**5**	0.0%
GRAND TOTAL	**9,676**	**108,692**	**146,518**	**55,120**	**28,210**	**348,216**	**257,517**	**22,176**	**68,523**	**348,216**	**100%**
Percentage	**2.8%**	**31.2%**	**42.1%**	**15.8%**	**8.1%**		**74.0%**	**6.4%**	**19.7%**		

PNFP facilities played a particularly important role in specialized surgery, contributing substantially to orthopedic implants, neurosurgery, reconstructive procedures and ophthalmic services. They performed large proportions of internal and external fixation, VP shunts, spina-bifida surgery, cleft lip and palate surgery, glaucoma and cataract procedures. PFP facilities, meanwhile, contributed strongly to adenotonsillectomy, upper GI and ENT endoscopic procedures.

General Hospitals accounted for 43.3% of all surgeries, followed by HC IVs (32.1%), RRHs (16.3%) and NRHs (8.4%). General Hospitals and HC IVs carried most of the obstetric workload, while NRHs, despite their smaller overall volume, concentrated on complex tertiary procedures such as tracheostomy, laryngological, spinal and brain surgery. RRHs contributed notably to specialized ENT and urine diversion procedures.

2.3.4 Emergency Medical Services

In every 100,000 population, 870 were diagnosed as emergency patients during FY2025/26. Kampala registered the highest rate, followed by Busoga, Acholi, West Nile, and North-Buganda. Bunyoro recorded the lowest. On average, 54.1% of cases received care at the scene, while 31.6% were transported to health facilities by ambulance. Of those transported, 90% were inter-facility transfers and 10% community evacuations. Among those who arrived at emergency units, 79.4% received care within one hour, 43.2% were hypoxemic and were administered with oxygen, while the case fatality rate stood at 1.6%. The national Ambulance service also responded to Bundibugyo Ebola Virus Disease outbreak, evacuating 508 cases (suspected, probable & confirmed) to quarantine and isolation units.

Table 26: Trauma Emergency Medical Services in the Country during Fy 2025/26

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 with 1hr in an emergency unit		Emergency patients with hypoxemia administered with oxygen		Deaths in Emergency Unit	
		N	%	N	%	N	%	N	%	N	%
Acholi	1,269	21,776	83.8%	8,744	33.6%	22,687	87.3%	855	57.5%	262	1.0%
Ankole	886	7,351	23.0%	11,179	35.0%	14,910	46.7%	2381	22.7%	587	1.8%
Bugisu	328	2,586	33.2%	6,543	83.9%	3,126	40.1%	2370	60.6%	117	1.5%
Bukedi	566	2,595	16.4%	6,969	44.1%	9,782	61.9%	446	57.1%	186	1.2%
Bunyoro	138	3,142	52.1%	5,617	93.2%	4,212	69.9%	591	91.8%	148	2.5%
Busoga	1,963	17,601	40.5%	10,120	23.3%	38,626	88.8%	2,667	39.6%	509	1.2%
Kampala	2,815	42,482	80.5%	5,068	9.6%	45,453	86.1%	2,255	32.3%	1,042	2.0%
Karamoja	461	3,603	53.8%	6,099	91.1%	5,184	77.4%	246	98.8%	129	1.9%
Kigezi	988	8,100	46.0%	3,629	20.6%	14,103	80.2%	1,738	95.7%	142	0.8%
Lango	703	11,815	65.4%	8,731	48.4%	15,063	83.4%	1,751	93.6%	230	1.3%
North Buganda	1,152	37,747	69.9%	10,575	19.6%	50,105	92.8%	4,712	99.0%	1,025	1.9%
South Buganda	726	29,211	63.8%	12,295	26.8%	37,172	81.2%	1,824	86.1%	742	1.6%
Teso	313	2,785	36.2%	5,722	74.3%	6,581	85.5%	479	7.7%	240	3.1%
Tooro	504	9,483	55.7%	8,675	51.0%	12,333	72.5%	1,484	22.0%	332	2.0%
West Nile	1,258	16,004	32.6%	16,460	33.6%	38,119	77.7%	1,116	38.2%	707	1.4%
Total	**870**	**216,281**	**54.1%**	**126,423**	**31.6%**	**317,456**	**79.4%**	**24,915**	**43.2%**	**6,398**	**1.6%**

Ambulance utilization improved in most regions during FY 2025/26. The number of emergency patients transported to health facilities by Ambulance doubled compared to FY 2024/25. Bunyoro had the highest proportion of emergency patients evacuated by ambulance, followed by Karamoja, Bugisu, and Teso. On the other hand, Kampala reported the lowest utilization of ambulance services. This may be attributed to the city's high population density, population mobility, and limited coordination mechanisms for accessing emergency medical services. These challenges may contribute to delays in accessing formal ambulance services, with a significant proportion of the population relying on informal or alternative transport and emergency care arrangements. However, 92.3% of the transfers involved critically ill patients categorized as red and yellow codes, while only 7.7% were green cases, indicating appropriate and efficient utilization of ambulance services.

FIGURE 39: TRAUMA EMERGENCY PATIENTS WHO ARRIVED AT HEALTH FACILITY IN AN AMBULANCE BY REGION

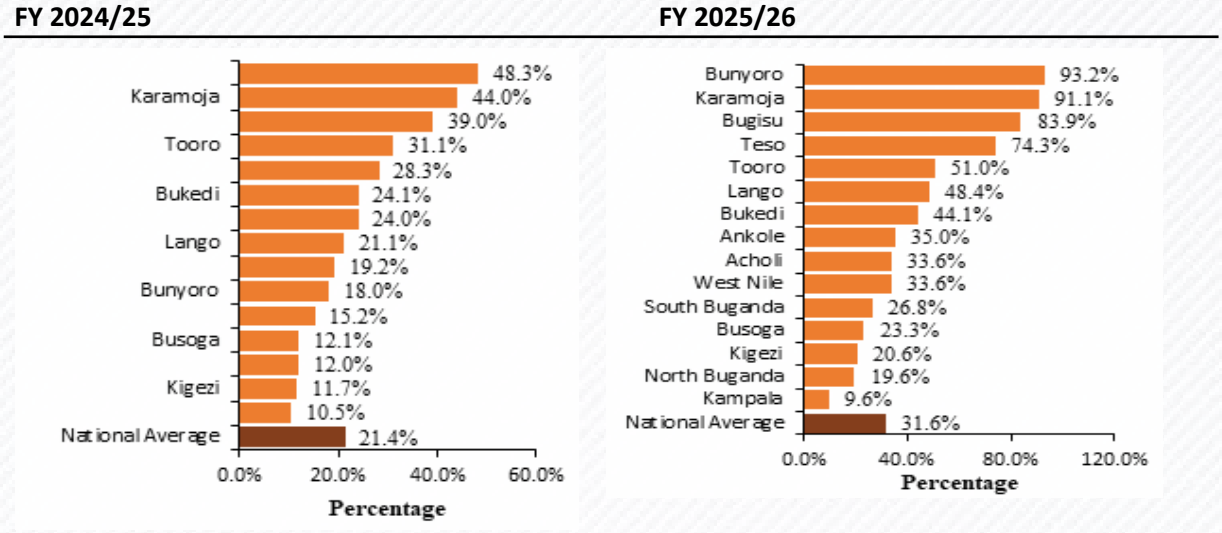
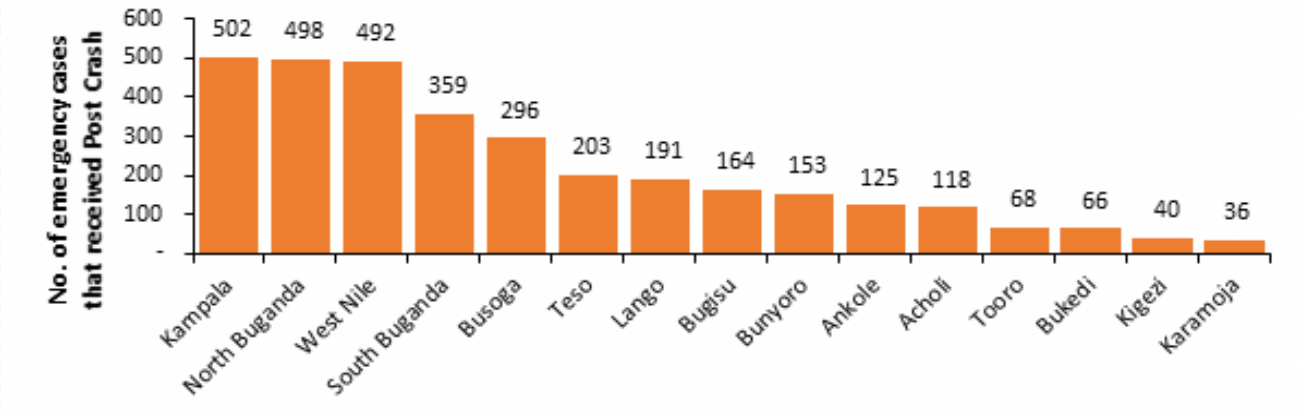


FIGURE 40 EMERGENCY CASES THAT RECEIVED POST-CRASH CARE BY REGION



Post-crash care is a key component of road safety, requiring timely and coordinated ambulance, pre-hospital, hospital, and referral services to reduce deaths and complications following road traffic crashes. During the reporting period, Kampala recorded the highest number of reported post-crash ambulance responses, followed by North Buganda, West Nile, and South Buganda, while Karamoja recorded the lowest. The variation may reflect differences in road traffic crash burden, ambulance availability, accessibility, emergency response systems, and completeness of reporting. The findings therefore highlight the need to strengthen equitable access to timely emergency response, ambulance dispatch, referral systems, trauma care, and post-crash data reporting, in line with the WHO/UN Road Safety Agenda.

Table 27: ROAD SAFETY- POST CRASH PREVENTABLE DEATHS

Financial Year	No. of RTIs	Post Crash Deaths	
		N	%
2021/22	163,815	10,669	6.5%
2022/23	156,006	9,720	6.2%
2023/24	161,243	9,046	5.6%
2024/25	164,053	10,956	6.7%
2025/26	155,029	11,362	7.3%

Post-crash preventable deaths declined initially but have increased in recent years, with the mortality proportion rising by 1.7 percentage points from FY 2023/24 to FY 2025/26. This trend highlights the need to strengthen the entire post-crash care continuum through timely ambulance response, effective regionalized

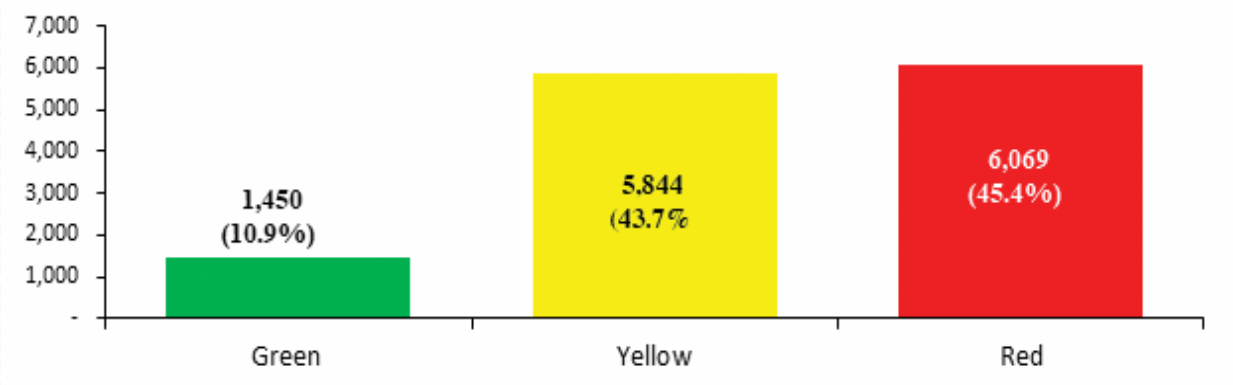
emergency dispatch and coordination, quality pre-hospital trauma care, efficient referral systems, and access to appropriate trauma services. Stronger coordination among emergency medical services, health facilities, law enforcement, and other road safety stakeholders is also essential, with greater prioritization of resources and interventions in already identified high-risk areas and crash hotspots to reduce preventable deaths following road traffic crashes.

Table 28: NON-TRAUMA EVACUATIONS BY AMBULANCE

Regions	Maternal		Medical		NICU		Pediatrics		Surgical		Infectious		Grand Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Acholi	498	83.8%	41	6.9%	23	3.9%	11	1.9%	15	2.5%	6	1.0%	594	4.4%
Ankole	366	88.8%	13	3.2%	18	4.4%	8	1.9%	1	0.2%	6	1.5%	412	3.1%
Bugisu	439	59.9%	121	16.5%	76	10.4%	73	10.0%	23	3.1%	1	0.1%	733	5.5%
Bukedi	672	74.5%	93	10.3%	18	2.0%	59	6.5%	58	6.4%	2	0.2%	902	6.7%
Bunyoro	250	71.4%	62	17.7%	9	2.6%	9	2.6%	16	4.6%	4	1.1%	350	2.6%
Busoga	1,588	66.0%	437	18.2%	8	0.3%	174	7.2%	189	7.9%	10	0.4%	2,406	18.0%
Kampala	179	44.6%	116	28.9%	21	5.2%	27	6.7%	35	8.7%	23	5.7%	401	3.0%
Karamoja	242	65.9%	58	15.8%	18	4.9%	28	7.6%	21	5.7%	0	0.0%	367	2.7%
Kigezi	238	72.1%	34	10.3%	12	3.6%	14	4.2%	29	8.8%	3	0.9%	330	2.5%
Lango	867	90.0%	38	3.9%	15	1.6%	25	2.6%	14	1.5%	4	0.4%	963	7.2%
N. Buganda	1,226	77.2%	157	9.9%	39	2.5%	60	3.8%	83	5.2%	24	1.5%	1,589	11.9%
S. Buganda	429	60.1%	145	20.3%	33	4.6%	28	3.9%	66	9.2%	13	1.8%	714	5.3%
Teso	597	84.6%	54	7.6%	9	1.3%	18	2.5%	9	1.3%	19	2.7%	706	5.3%
Tooro	320	53.9%	164	27.6%	13	2.2%	30	5.1%	57	9.6%	10	1.7%	594	4.4%
West Nile	1,868	81.1%	153	6.6%	37	1.6%	86	3.7%	104	4.5%	54	2.3%	2,302	17.2%
Total	**9,779**	**73.2%**	**1,686**	**12.6%**	**349**	**2.6%**	**650**	**4.9%**	**720**	**5.4%**	**179**	**1.3%**	**13,363**	**100.0%**

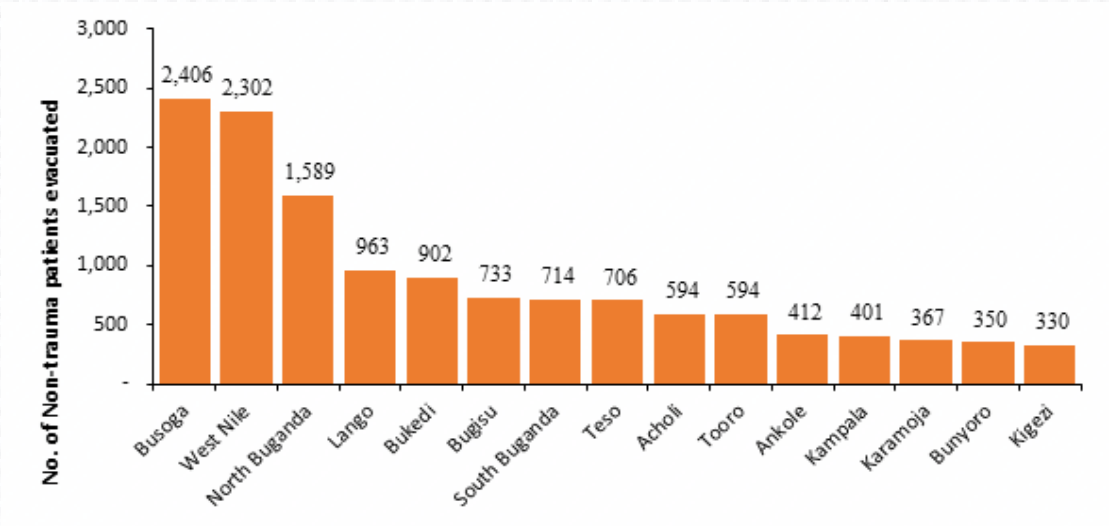
During FY 2025/26, Non-trauma cases were evacuated by ambulances across the country. Maternal emergencies accounted for the majority of these cases, representing 73.2%, followed by medical cases at 12.6% and surgical emergencies at 5.4%, paediatric cases at 4.9%, NICU at 2.6%, and infectious diseases at 1.3%. Notably, pregnant women and paediatric patients together constituted 80.7% of all non-trauma evacuations, while 89.1% of the reported cases required urgent medical attention.

FIGURE 41: TRIAGE CATEGORY FOR NON-TRAUMA EMERGENCY CASES TRANSFERRED BY AMBULANCE



Note that Green refers to stable& non-life-threatening (Non-Urgent/Low priority), Yellow refers to Urgent/ Delayed (Serious but Stable), and patient can wait for treatment after red cases, Red - Immediate (Critical and Life-threatening)

FIGURE 42: REGIONAL VARIATION FOR NON-TRAUMA EMERGENCY CASES TRANSFERRED



During FY 2025/26, the Busoga region reported the highest number of non-trauma cases evacuated by ambulance, followed by West Nile, North Buganda, and Lango. In contrast, the Kigezi region recorded the lowest number of non-trauma emergency evacuations during the same period.

2.4 Disease Burden

2.4.1 Overall Morbidity

Common Conditions at OPD

Cough or cold- No pneumonia was the leading cause of OPD attendance at health facilities in the FY 2025/26 with 10, 060, 137 (26%) of all cases. This is an increase from 25% in the last FY 2024/25. The number of Malaria cases reduced by one (1) million cases in the reporting FY2025/26 about 10% reduction in the total malaria cases. Urinary tract infection increased by 7% from 6.5% in the previous FY 2024/25. and Gastro-intestinal disorders increased from 5.9% to 6.4% in FY 2025/26. Hypertension, Intestinal worms, Disease of the skin and diarrhea all contribute a significant proportion of the burden in OPD. The table below shows the top 20 conditions leading to OPD attendance. Details in Table 30.

Table 29: Top 20 Disease Conditions among OPD attendances

S/N	Condition	Under 5 Yrs			Above 5 Yrs			Overall Total	Percent
		Male	Female	Total	Male	Female	Total		
1	Cough or cold-No Pneumonia	1,240,708	1,336,647	**2,577,355**	2,784,824	4,697,958	**7,482,782**	**10,060,137**	**25.9%**
2	Malaria	900,627	980,542	**1,881,169**	2,783,327	4,622,269	**7,405,596**	**9,286,765**	**23.9%**
3	Urinary Tract Infections (UTI)	29,074	41,494	**70,568**	668,440	1,973,986	**2,642,426**	**2,712,994**	**7.0%**
4	Gastro-Intestinal Disorders (non-Infective)	70,828	76,879	**147,707**	738,369	1,587,387	**2,325,756**	**2,473,463**	**6.4%**
5	Hypertension				464,877	1,137,027	**1,601,904**	**1,601,904**	**4.1%**
6	Intestinal Worms	127,507	154,565	**282,072**	393,546	669,190	**1,062,736**	**1,344,808**	**3.5%**
7	Skin Diseases	185,917	200,972	**386,889**	390,499	542,545	**933,044**	**1,319,933**	**3.4%**
8	Diarrhoea	330,038	336,115	**666,153**	244,451	318,497	**562,948**	**1,229,101**	**3.2%**
9	Pneumonia	227,712	233,715	**461,427**	189,721	293,354	**483,075**	**944,502**	**2.4%**
10	Sexually Transmitted Infections	2,585	4,315	**6,900**	151,965	433,421	**585,386**	**592,286**	**1.5%**
11	Pelvic Inflammatory Disease (PID)		1,731	**1,731**		588,527	**588,527**	**590,258**	**1.5%**
12	Injuries (Trauma due to other causes)	18,615	17,244	**35,859**	285,915	217,340	**503,255**	**539,114**	**1.4%**
13	Allergic conjunctivitis	38,370	40,556	**78,926**	158,924	251,186	**410,110**	**489,036**	**1.3%**

S/N	Condition	Under 5 Yrs			Above 5 Yrs			Overall Total	Percent
		Male	Female	Total	Male	Female	Total		
14	Dental Caries	8,056	10,043	**18,099**	185,292	268,473	**453,765**	**471,864**	**1.2%**
15	Tonsillitis	23,050	25,882	**48,932**	155,753	261,044	**416,797**	**465,729**	**1.2%**
16	Bacterial Conjunctivitis	73,634	74,544	**148,178**	112,702	178,440	**291,142**	**439,320**	**1.1%**
17	Epilepsy	12,509	8,930	**21,439**	170,194	187,638	**357,832**	**379,271**	**1.0%**
18	Malaria in pregnancy					328,149	**328,149**	**328,149**	**0.8%**
19	Otitis media acute and chronic	35,793	38,496	**74,289**	68,314	97,466	**165,780**	**240,069**	**0.6%**
20	Rhinitis	12,579	13,754	**26,333**	98,358	129,192	**227,550**	**253,883**	**0.7%**
*	**All others 7.9%**								

Malaria and acute respiratory infections continue to dominate the morbidity profile, but the fiveyear trend shows a gradual epidemiological shift: malaria cases have fallen consistently by 8.8%, reflecting improved prevention and treatment coverage, while cough and cold also declined slightly despite a spike in FY2024/25. In contrast, noncommunicable and chronic conditions are rising sharply, with hypertension increasing by 48.5%, signaling a growing burden of lifestylerelated diseases.

Urinary tract infections and gastrointestinal disorders show moderate upward trends, suggesting persistent gaps in hygiene, water safety, and early careseeking. Injuries increased by 22%, pointing to rising trauma and accidentrelated cases. Pneumonia, diarrhea, intestinal worms, and skin diseases show mild declines, indicating incremental gains in primary health care and community interventions.

Table 30: Trends in the top 10 leading OPD Conditions

FY	FY2021/22	FY2022/23	FY2023/24	FY2024/25	FY2025/26	% change
Malaria	14,295,199	14,381,183	12,147,796	10,185,541	9,286,765	-8.8%
Cough or cold	9,113,485	9,347,156	8,621,417	10,904,773	10,060,137	-7.7%
Urinary Tract Infections	2,083,578	2,102,008	2,358,378	2,379,691	2,712,994	14.0%
Skin Diseases	1,196,614	1,181,354	2,281,273	1,347,522	1,319,933	-2.0%
Gastro-Intestinal Disorders	1,796,554	1,819,954	1,957,855	2,371,874	2,473,463	4.3%
Intestinal Worms	1,388,914	1,224,676	1,249,434	1,420,606	1,344,808	-5.3%
Diarrhea – Acute	1,170,469	1,088,847	1,063,049	1,308,472	1,229,101	-6.1%
Injuries (All causes)	625,249	629,718	843,653	644,411	807496	22%
Hypertension	717,045	926,235	839,087	1,078,957	1,601,904	48.5%
Pneumonia	982,509	871,363	823,771	973,084	944,502	-2.9%

2.4.2 Health facility Deaths

Overall Facility Death

Inpatient deaths over the sixyear period show a consistent concentration at higherlevel hospitals, with National and Regional Referral Hospitals jointly accounting for nearly half of all reported deaths each year and rising to 48% by FY25/26, reflecting their role in managing the most complex and severe cases. General Hospitals remained the single largest contributor throughout, fluctuating between 33–37%, indicating sustained high inpatient mortality burden at districtlevel facilities. In contrast, HC IVs and HC IIIs registered a marked decline in their share of deaths—from 16% and 12% in FY20/21 to 9% and 7% in FY25/26—suggesting reduced inpatient admissions or improved case management at lower levels. HC IIs and Clinics consistently contributed 1% or less, underscoring their limited inpatient capacity.

Table 31: Trends in the Number of Inpatient Deaths by Level

Health Facility Level	FY 20/21		FY 21/22		FY 22/23		FY 23/24		FY 24/25		FY25/26	
	N	%	N	%	N	%	N	%	N	%	N	%
NRH	6,974	13%	6,479	11%	7,110	14%	7,808	17%	7,998	16%	7,940	16%
RRH	11,980	23%	13,121	23%	13,874	28%	14,075	30%	16,022	33%	16,116	32%
General Hospital	18,516	35%	20,727	37%	16,957	34%	15,973	34%	16,456	33%	18,054	36%
HC IV	8,654	16%	9,468	17%	4,967	10%	4,740	10%	4,889	10%	4,381	9%
HC III	6,311	12%	5,944	11%	6,889	14%	4,314	9%	3,562	7%	3,648	7%
HC II	333	1%	305	1%	522	1%	273	1%	260	1%	253	1%
Clinic	400	1%	317	1%	130	0%	86	0%	104	0%	171	0%
Total	**53,168**		**56,361**		**50,449**		**47,269**		**49,291**		**50,563**	

Table 32: Leading Causes of In-Patient Death in FY 2025/26

		Under 5 Yrs			Above 5 Yrs			Overall	
S/N	Condition	Male	Female	Total	Male	Female	Total	N	%
1	Pneumonia	670	556	**1,226**	1,111	878	**1,989**	**3,215**	8.3%
2	Malaria	596	436	**1,032**	562	535	**1,097**	**2,129**	5.5%
3	Hypertension (all cases)	0	0	**0**	923	1,109	**2,032**	**2,032**	5.2%
4	Road traffic injuries	188	67	**255**	968	346	**1,314**	**1,569**	4.0%
5	Stroke/Cerebro Vascular Accident (CVA)	87	48	**135**	715	700	**1,415**	**1,550**	4.0%
6	Diabetis Mellitus	143	68	**211**	633	661	**1,294**	**1,505**	3.9%
7	TB	33	21	**54**	568	303	**871**	**925**	2.4%
8	Peptic Ulcer Disease	245	161	**406**	234	256	**490**	**896**	2.3%
9	Septicemia	226	137	**363**	224	219	**443**	**806**	2.1%
10	Respiratory distress	221	162	**383**	215	205	**420**	**803**	2.1%
11	Heart failure	32	25	**57**	322	369	**691**	**748**	1.9%
12	Urinary Tract Infections (UTI)	255	65	**320**	105	311	**416**	**736**	1.9%
13	Injuries - (Trauma due to other causes)	127	47	**174**	367	171	**538**	**712**	1.8%
14	Acute sepsis	72	70	**142**	211	238	**449**	**591**	1.5%
15	Diarrhea	195	122	**317**	111	119	**230**	**547**	1.4%
16	Haematological Diseases	71	88	**159**	176	167	**343**	**502**	1.3%
17	Chronic Kidney Diseases	29	18	**47**	271	162	**433**	**480**	1.2%
18	Chronic Liver Disease	16	6	**22**	300	137	**437**	**459**	1.2%
19	Sickle cell disease	98	41	**139**	153	141	**294**	**433**	1.1%
20	Cardiac arrest	28	22	**50**	204	168	**372**	**422**	1.1%

The dramatic shift of leading causes of deaths at In-patient department was observed in the FY 2025/26 as compared to last FY 2024/25. Pneumonia at 8.3% remained constant compared to the last FY 2024/25 with a slight reduction in absolute numbers. Malaria and Hypertension pose a similar threat with 5.5% and 5.2% respectively. Stroke/ cardiovascular accidents, Diabetes mellitus all fall within the leading top five conditions causing deaths in in- patient departments. Road traffic injuries are the 4th leading cause of deaths among in patients, highlighting the need for focused intervention on road safety.

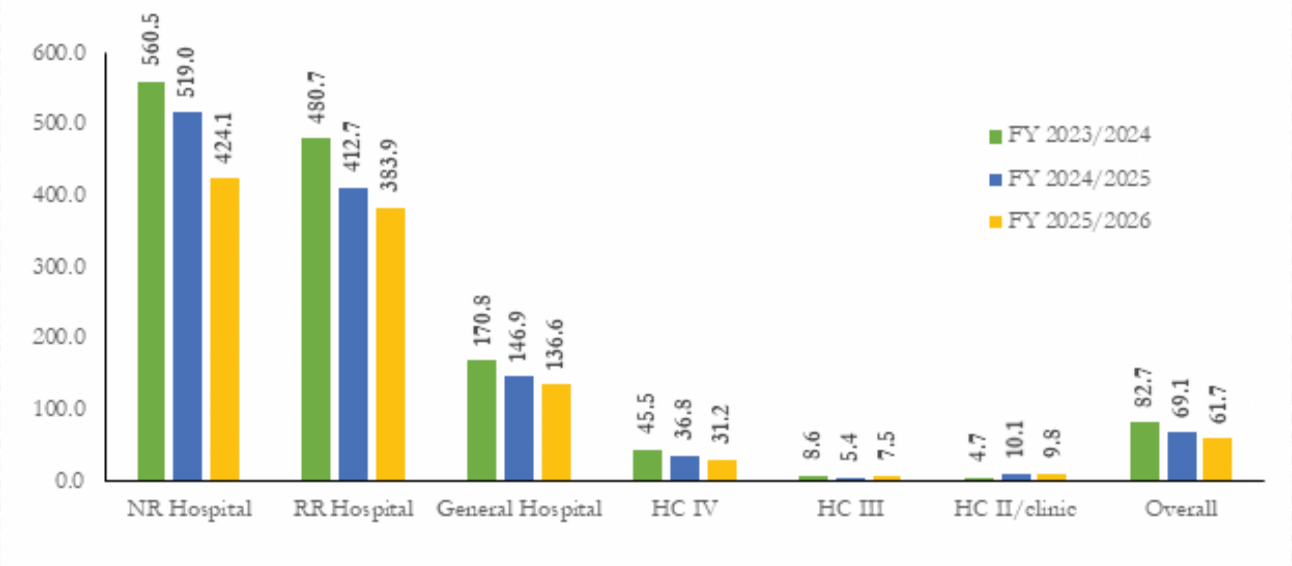
Maternal Deaths

Table 33: Number and proportion of maternal deaths reported by health facility level, FY 2023/24 to FY 2025/26

Level	2023/24		2024/25		2025/26	
	Number	%	Number	%	Number	%
REFERRAL HOSPITALS	619	50.7%	528	48.2%	478	45.8%
GH	397	32.5%	387	35.3%	373	35.7%
HC IVS	142	11.6%	129	11.8%	122	11.7%
HC IIIs	59	4.8%	39	3.6%	58	5.6%
HC II/CLINICS	6	0.5%	13	1.2%	13	1.2%
Total	**1,222**	**100%**	**1,096**	**100%**	**1,044**	**100%**

Reported maternal deaths fell from 1,222 in FY 2023/24 to 1,044 in FY 2025/26, with reductions at hospital levels and Health Centre IVs. Referral and general hospitals accounted for more than eight in ten deaths, consistent with their role in managing severe complications and referred cases. However, deaths at Health Centre IIIs rose from 39 to 58 in the latest year. This increase calls for closer review of causes and delays, alongside stronger first response to obstetric emergencies, pre-referral stabilisation and timely transfer.

FIGURE 43: IMMR BY HEALTH FACILITY LEVEL, FY 2023/24 TO FY 2025/26



The institutional maternal mortality ratio declined over the three years at national referral hospitals, from about 560 to 424 per 100,000 deliveries; regional referral hospitals, from 481 to 384; and general hospitals, from 171 to 137. It also declined at Health Centre IVs. These improvements coincided with expanded haemorrhage interventions and Health Centre IV functionality, although the trends alone cannot establish their contribution. Ratios remained highest at referral hospitals, where complicated cases are concentrated, while the increase at Health Centre IIIs in the latest year warrants closer review. Priorities are stronger emergency care at hospitals and early recognition, stabilisation and referral at lower levels.

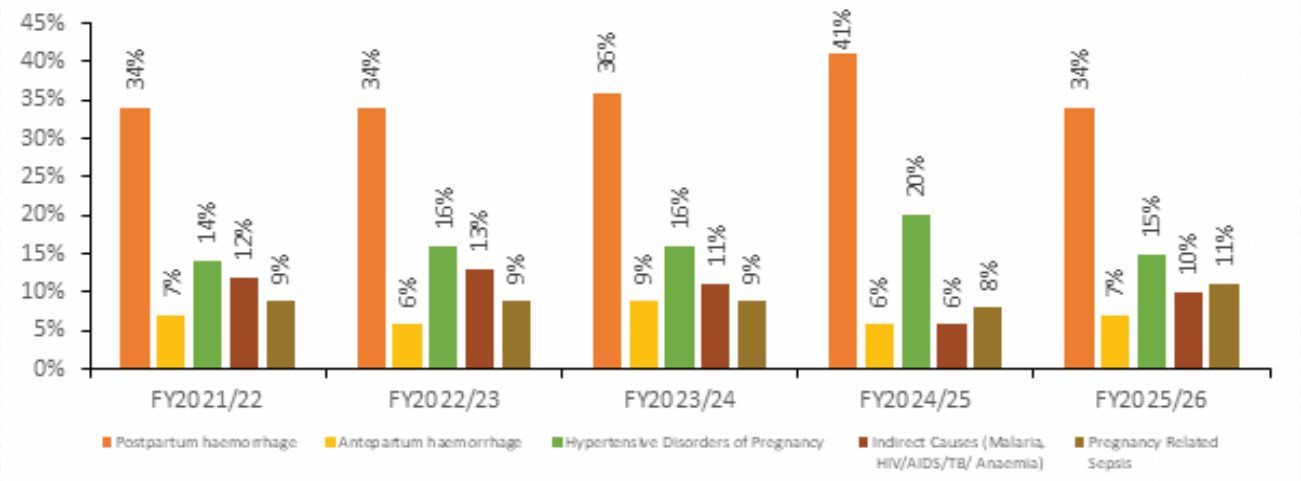
Table 34: Health facility deliveries, maternal deaths and IMMR by region, FY 2023/24 to FY 2025/26

Region	Health Facility Deliveries			Maternal Deaths			IMMR Per 100,000 Deliveries		
	FY23/24	FY24/25	FY25/26	FY23/24	FY24/25	FY25/26	FY23/24	FY24/25	FY25/26
Acholi	66,622	70,743	70,784	45	75	62	67.5	106.0	87.6
Ankole	120,123	134,425	147,752	77	59	60	64.1	43.9	40.6

Region	Health Facility Deliveries			Maternal Deaths			IMMR Per 100,000 Deliveries		
	FY23/24	FY24/25	FY25/26	FY23/24	FY24/25	FY25/26	FY23/24	FY24/25	FY25/26
Bugisu	93,553	102,382	105,198	97	78	64	103.7	76.2	60.8
Bukedi	91,042	95,368	102,198	51	40	32	56.0	41.9	31.3
Bunyoro	88,497	95,695	104,453	83	64	61	93.8	66.9	58.4
Busoga	131,265	148,510	160,432	123	91	78	93.7	61.3	48.6
Kampala	86,029	85,050	86,267	183	169	157	212.7	198.7	182.0
Karamoja	40,572	43,491	47,059	30	25	33	73.9	57.5	70.1
Kigezi	55,178	57,573	60,066	35	27	39	63.4	46.9	64.9
Lango	86,728	91,207	94,829	53	59	60	61.1	64.7	63.3
North Buganda	152,348	161,864	169,139	126	122	95	82.7	75.4	56.2
South Buganda	145,322	159,700	171,179	109	98	83	75.0	61.4	48.5
Teso	81,140	82,700	86,005	44	45	49	54.2	54.4	57.0
Tooro	119,635	126,290	140,910	80	74	94	66.9	58.6	66.7
West Nile	120,728	131,879	144,848	86	70	77	71.2	53.1	53.2
Uganda	**1,478,782**	**1,586,877**	**1,691,119**	**1,222**	**1,096**	**1,044**	**82.6**	**69.1**	**61.7**

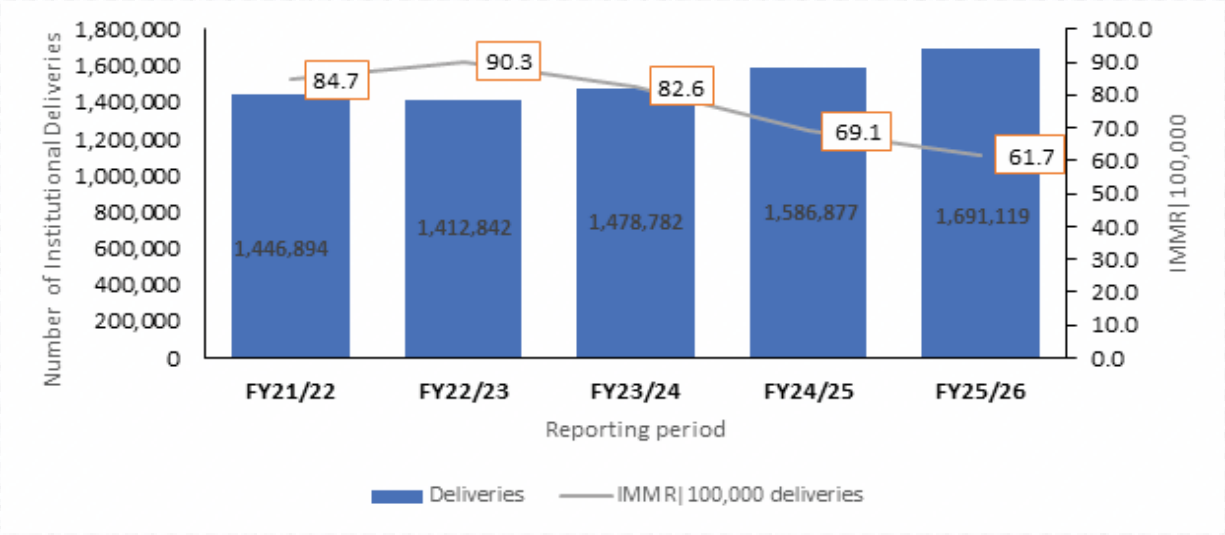
National institutional maternal mortality declined from about 83 to 62 per 100,000 deliveries over the three years, with eleven of fifteen regions meeting the FY 2025/26 target of 66.5. Busoga, Bugisu, Bunyoro and North Buganda recorded the largest improvements, while Bukedi, Ankole, South Buganda and Busoga had the lowest current ratios. Busoga's improvement coincided with the EmONC Light Assessment Tool, quarterly mentorship and the E-MOTIVE bundle. Kampala remained highest at about 182, down from 213, partly reflecting its concentration of referral facilities. Acholi remained above target, while ratios rose in Karamoja, Kigezi, Tooro and Teso in the latest year. Support should address persistent high mortality and recent increases, informed by death reviews, with stronger pre-referral stabilisation in districts referring to Kampala.

FIGURE 44: CAUSES OF MATERNAL DEATHS, FY 2021/22 TO FY 2025/26



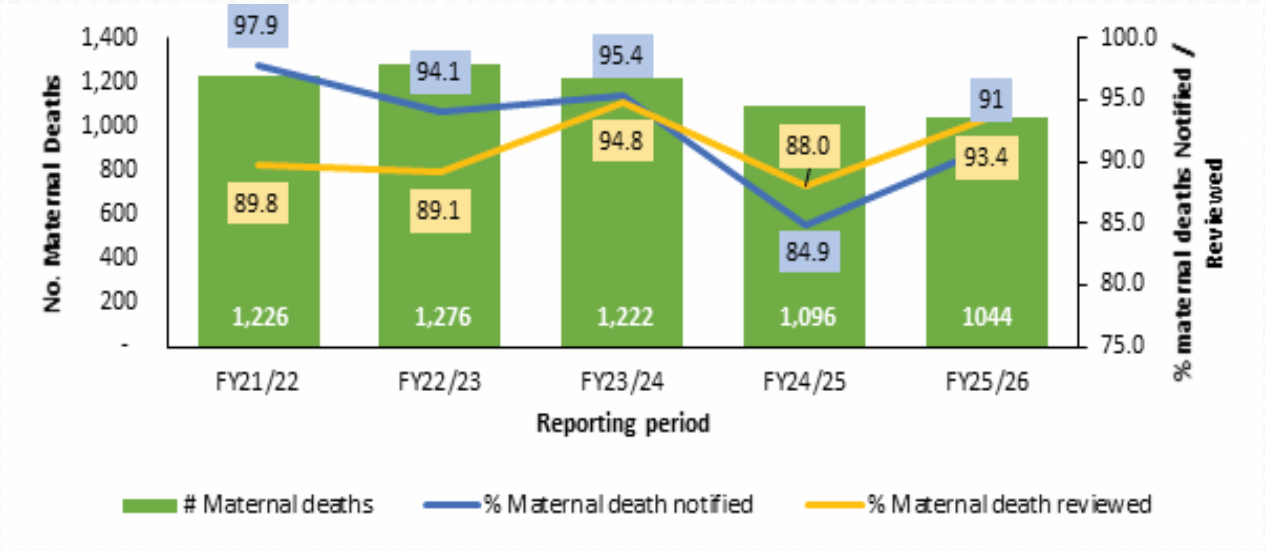
Postpartum haemorrhage and hypertensive disorder deaths declined in FY 2025/26 after rising in the previous year. Overall obstetric haemorrhage deaths fell from 445 to 395 but remained the leading cause, accounting for about two in five maternal deaths; postpartum haemorrhage alone accounted for about one in three. The decline coincided with expanded E-MOTIVE implementation, haemorrhage medicines and PPH champion training. However, haemorrhage after caesarean section remained the largest haemorrhage category, and the share attributed to sepsis reached its highest level in five years. Priorities are continued haemorrhage prevention and response, safer surgical and post-operative care, stronger infection prevention, and timely detection and management of hypertensive disorders.

FIGURE 45: TRENDS IN INSTITUTIONAL DELIVERIES AND IMMR, FY 2021/22 TO FY 2025/26



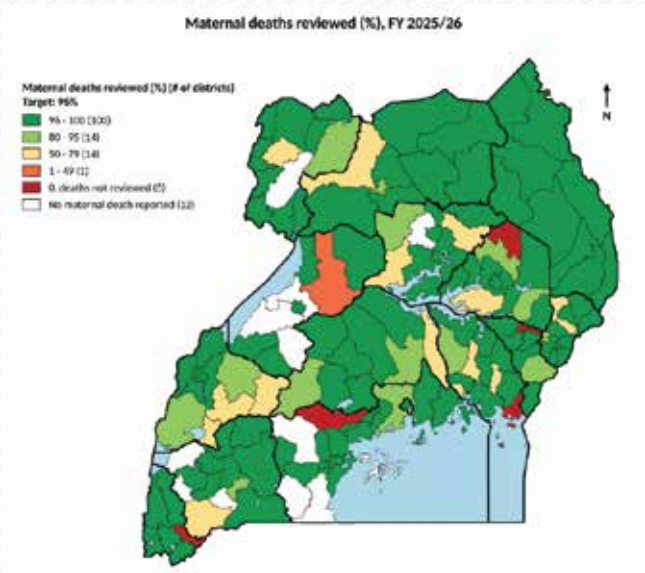
Facility deliveries increased from about 1.45 million to 1.69 million over five years, while the institutional maternal mortality ratio declined for three consecutive years to 61.7 per 100,000 deliveries, meeting the FY 2025/26 target of 66.5. Both increased deliveries and fewer reported deaths contributed to the lower ratio. The improvement coincided with expanded E-MOTIVE implementation, Health Centre IV surgical and transfusion capacity, and MPDSR follow-up through LMNS platforms. Sustaining progress requires continued action on the leading causes of death and improved care for severe complications at referral hospitals.

FIGURE 46: TRENDS IN INSTITUTIONAL MATERNAL DEATHS REPORTED, NOTIFICATION AND REVIEW RATES, FY 2021/22 TO FY 2025/26



Reported maternal deaths fell to 1,044 in FY 2025/26, down from more than 1,200 annually between FY 2021/22 and FY 2023/24. Notification recovered to 91.0% and review to 93.4%, following the decline in FY 2024/25. This recovery coincided with facility MPDSR committees, the weekly national Community of Practice and LMNS follow-up, alongside improvements in electronic reporting. The next priority is to close remaining surveillance gaps and ensure that review recommendations are implemented and tracked.

FIGURE 47: MAP SHOWING THE % OF MATERNAL DEATHS REVIEWED BY LG IN FY 2025/26



Most local governments reviewed all or nearly all reported maternal deaths, but some reviewed half or fewer. Several reported no deaths; proximity to referral facilities may partly explain this pattern, although reporting completeness should also be checked. District health teams should support functional MPDSR committees in low-performing areas, verify reported deaths and ensure reviews are completed within national timelines.

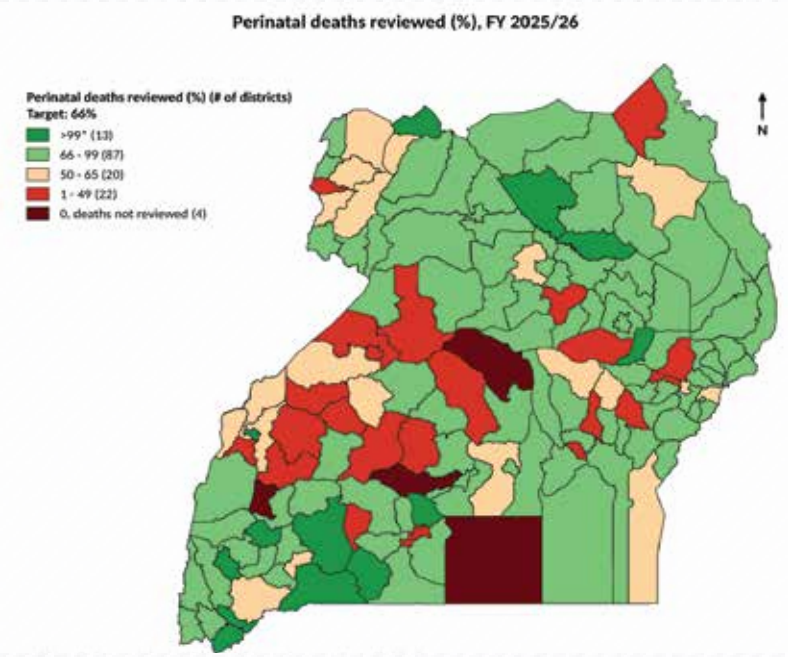
Table 35: Maternal death notification and review rates by region, FY 2023/24 to FY 2025/26

Region	Maternal deaths		Notification rate (%)		Review rate (%)	
	FY 2024/25	FY 2025/26	FY2024/25	FY 2025/26	FY2024/25	FY 2025/26
Acholi	75	62	90.7	85.5	93.3	91.9
Ankole	59	60	62.7	91.7	88.1	88.3
Bugisu	78	64	94.9	90.6	82.1	93.8
Bukedi	40	32	82.5	100.0	80.0	90.6
Bunyoro	64	61	87.5	93.4	98.4	95.1
Busoga	91	78	71.4	78.2	98.9	84.6
Kampala	169	157	92.3	85.4	89.9	98.1
Karamoja	25	33	84.0	97.0	96.0	100.0
Kigezi	27	39	88.9	97.4	88.9	97.4
Lango	59	60	89.8	100.0	98.3	91.7
North Buganda	122	95	84.4	94.7	82.8	91.6
South Buganda	98	83	73.5	86.7	89.8	95.2
Teso	45	49	111.1	87.8	42.2	91.8
Tooro	74	94	90.5	95.7	97.3	91.5
West Nile	70	77	72.9	96.1	80.0	97.4
Uganda	**1,096**	**1,044**	**84.9**	**91.0**	**88.0**	**93.4**

Maternal death surveillance improved in FY 2025/26: ten regions notified more than 90% of reported deaths, compared with five previously, and thirteen reviewed at least 90%, compared with six. Busoga, Kampala and Acholi recorded the lowest notification rates, while Busoga had the lowest review rate. Some regions recorded rates above 100% in earlier years, indicating mismatches between MPDSR and monthly HMIS records rather than complete agreement across systems. Regions should reinforce notification within 24 hours and routinely reconcile records by facility and date of death, addressing reporting gaps and duplicates.

Perinatal Deaths

FIGURE 48: MAP SHOWING THE PROPORTION OF PERINATAL DEATHS REVIEWED BY LG IN FY 2025/26



About two thirds of districts met the target of reviewing at least 66% of perinatal deaths. However, some districts in the central, western and eastern regions reviewed fewer than half. These districts need targeted mentorship of facility review committees and regular district follow-up, with Health Centre IVs supporting reviews at lower-level facilities in their catchment areas.

Table 36: Institutional perinatal mortality rates by type and region, FY 2025/26

Region	Total Births		MSB/1000Births		FSB/1000Births		ENND/1000LiveBirths		IPMR/1000births	
	FY 2024/25	FY 2025/26	FY 2024/25	FY 2025/26	FY 2024/25	FY 2025/26	FY 2024/25	FY 2025/26	FY 2024/25	FY 2025/26
Acholi	69,767	71,414	6.9	6.5	5.8	5.8	7.6	6.8	20.3	19.0
Ankole	133,870	148,433	3.9	3.8	4.2	2.9	1.7	3.4	9.8	10.1
Bugisu	101,151	105,755	3.9	3.5	4.1	3.4	2.2	5.6	10.1	12.5
Bukedi	93,361	102,923	4.2	3.0	5.4	3.0	1.5	1.2	11.1	7.2
Bunyoro	94,860	104,885	6.1	4.6	6.7	4.7	4.7	3.6	17.4	12.9
Busoga	147,960	161,412	6.7	5.7	5.2	4.4	4.0	3.6	15.9	13.6
Kampala	86,069	87,507	11.6	8.7	8.0	5.7	16.0	12.2	35.3	26.5
Karamoja	43,124	47,502	3.4	3.5	6.3	4.7	6.1	5.1	15.7	13.2
Kigezi	57,678	60,512	4.8	4.7	4.3	3.3	5.2	4.8	14.2	12.8
Lango	91,089	95,438	4.8	4.1	4.7	4.1	2.8	4.5	12.3	12.7
North Central	162,203	170,248	7.7	6.6	6.7	5.5	3.7	3.9	18.0	15.9
South Central	160,255	171,857	6.7	5.9	5.1	4.2	4.3	4.8	16.0	14.9
Teso	82,350	86,729	4.7	4.6	4.6	3.9	6.1	1.8	15.4	10.2
Tooro	124,868	141,611	4.4	4.5	3.9	3.5	2.4	3.6	10.7	11.6
West Nile	131,965	145,869	5.3	5.5	5.1	5.1	3.4	3.7	13.7	14.2
National	**1,580,570**	**1,702,095**	**5.8**	**5.1**	**5.3**	**4.3**	**4.3**	**4.3**	**15.4**	**13.7**

FSBR, MSBR, ENND/1000

- <6/1,000
- 6-12/1,000
- >12/1,000

IPMR/1000

- <15
- 15-25/1000
- >25

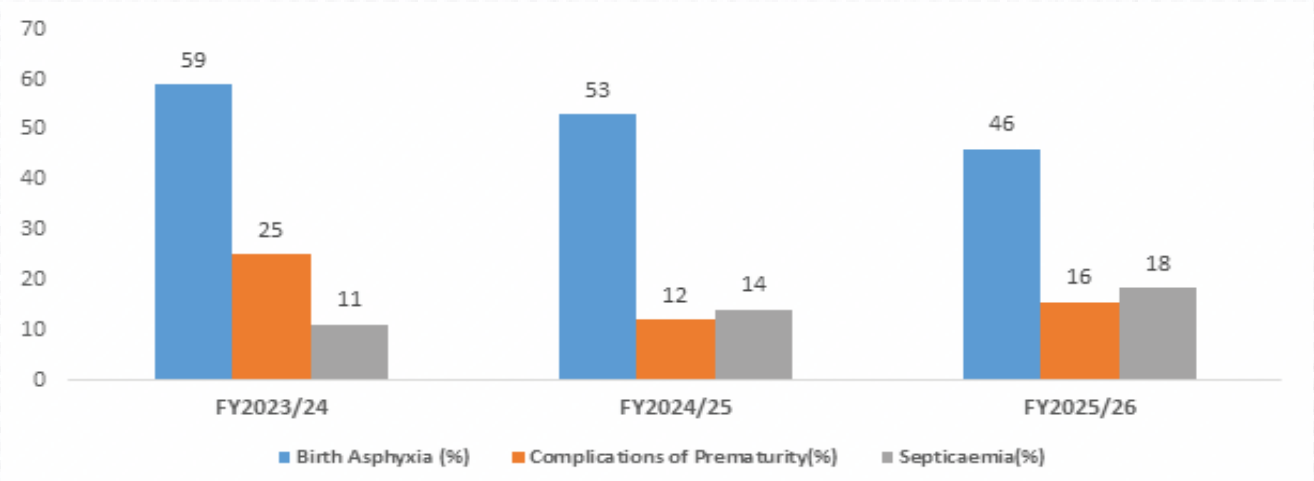
Institutional perinatal mortality declined from 16.5 to 13.7 per 1,000 births over the three years, meeting the national target of 15. Reduced fresh and macerated stillbirths drove the decline, which may reflect improvements in ANC, labour monitoring and access to emergency obstetric care. Bukedi, Ankole and Teso had the lowest rates, while Kampala, Acholi and North Buganda remained above target. Kampala's high rate may partly reflect its concentration of high-risk referrals. Early neonatal mortality showed no improvement, highlighting the need to strengthen newborn care alongside stillbirth prevention. Priorities include functional newborn care units, infection prevention, thermal care and a complete essential newborn care package at every delivery facility.

Table 37: Perinatal death notification and review rates by region, FY 2023/24 to FY 2025/26

Region	Perinatal deaths		Notification rate (%)		Review rate (%)	
	FY 2024/25	FY 2025/26	FY 2024/25	FY 2025/26	FY 2024/25	FY 2025/26
Acholi	1,417	1,359	82.4	84.9	78.7	83.4
Ankole	1,315	1,494	63.2	60.4	73.2	75.6
Bugisu	1,024	1,320	52.8	81.3	57.2	73.8
Bukedi	1,039	741	63.4	93.8	57.3	82.6
Bunyoro	1,649	1,353	63.9	66.7	54.0	54.5
Busoga	2,352	2,198	47.6	65.4	59.1	63.6
Kampala	3,014	2,315	19.7	44.2	43.6	70.5
Karamoja	680	627	89.8	94.1	79.1	81.2
Kigezi	841	777	88.8	94.3	84.5	91.8
Lango	1,120	1,212	66.2	77.4	71.6	79.0
North Buganda	2,919	2,708	54.0	75.2	50.4	65.6
South Buganda	2,566	2,563	42.8	61.9	36.7	63.8
Teso	1,270	886	49.1	91.9	32.8	73.9
Tooro	1,342	1,637	56.0	75.3	54.7	55.8
West Nile	1,807	2,072	71.8	77.5	67.8	63.9
National	**24,355**	**23,262**	**55.1**	**71.9**	**56.2**	**69.2**

National perinatal death notification increased from 55% to 72% and review from 56% to 69% in FY 2025/26, recovering from the previous year's decline. Nine regions met the 66% review target. Kampala, Bugisu, Bukedi and Teso made substantial gains, but Kampala still had the lowest notification rate and Ankole's notification declined. Review rates remained low in Bunyoro and Tooro and fell in West Nile. Targeted follow-up should address these gaps, including reporting by private facilities and high-volume hospitals, with regular reconciliation and tracking of review actions.

FIGURE 49: TRENDS IN THE LEADING CAUSES OF EARLY NEONATAL DEATHS, FY 2023/24 TO FY 2025/26



Birth asphyxia's share of early neonatal deaths declined from 59% to 46% over the three years but remained the leading cause. This decline coincided with the introduction of the PREWAVED care bundle, routine mentorships, and simulation drills. Birth asphyxia, septicaemia and prematurity together accounted for about four in five early neonatal deaths. Septicaemia's share rose from 11% to 18%, warranting review of infection prevention, diagnosis and treatment; a rising share does not necessarily mean the number of deaths increased. Priorities are sustained resuscitation capacity, prompt recognition and treatment of infection, and Kangaroo Mother Care for preterm and low birth weight babies.

2.4.3 Disease Outbreaks

In the reporting period, Uganda detected and responded to 112 Public Health Emergencies in 53.4% (78/146) of districts in Uganda. The top five were Measles, Rift Valley Fever, Crimean-Congo Hemorrhagic Fever, Human Anthrax, and Yellow Fever (Figure XX Below). Others included Influenza, Ebola, Cholera, , Rabies and Landslides. Food poisoning and one undiagnosed illness were also detected and responded to in the period, as shown in the map below;

FIGURE 50: REPORTED PRIORITY PUBLIC HEALTH EMERGENCIES BY AETIOLOGY

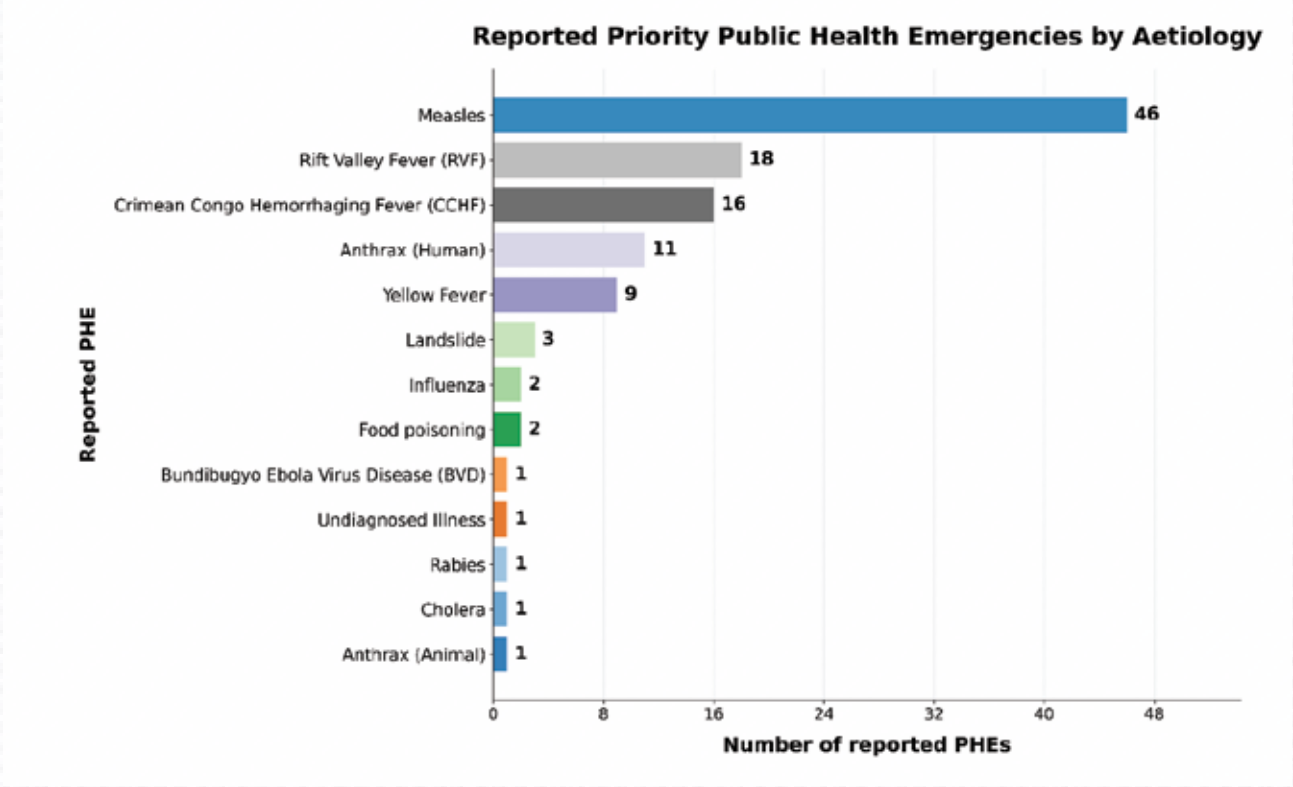


Table 38: Cases of public health emergencies diagnosed in FY 25/26

Public Health Emergency	Confirmed Cases	Population affected	Deaths	CFR (%)
Anthrax (Animal)	2	0	0	0%
Anthrax (Human)	42	0	9	21%
Bundibugyo Ebola Virus Disease (BVD)	20	0	3	15%
Cholera	6	0	0	0%
Crimean Congo Hemorrhagic Fever (CCHF)	18	0	7	39%
Food poisoning	0	0	1	-
Influenza	35	0	0	0%
Landslide	0	12,100	35	-
Measles	210	0	94	45%
Rabies	0	0	1	-
Rift Valley Fever (RVF)	24	0	13	54%
Undiagnosed Illness	0	0	4	-
Yellow Fever	24	0	0	0%
Over all	**381**	**12,100**	**167**	-

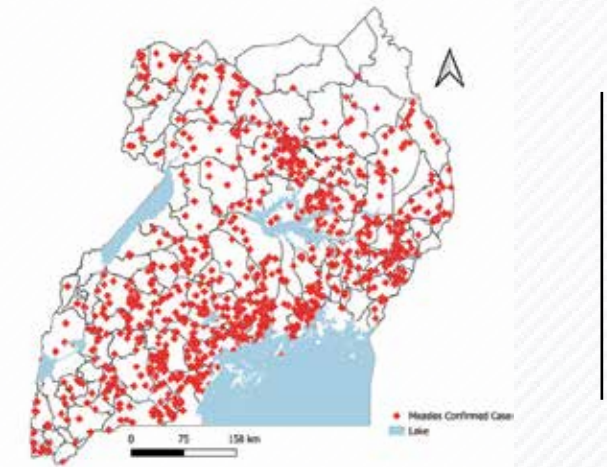
Note: CFR = Case Fatality Rate; calculated where confirmed cases > 0.

Between July 2025 and June 2026, Uganda recorded 112 public health emergencies, with 381 confirmed cases and 167 deaths (CFR = 43.8% (167/381)). Rift Valley Fever (CFR = 54%), Measles (45%), Crimean-Congo Hemorrhagic Fever (39%), and anthrax (20%) showed the highest fatality rates. Additionally, landslides affected 12,100 individuals, resulting in 34 fatalities (an event-specific mortality rate of 2.8 deaths per 1,000 population).

Measles Outbreaks

Figure x demonstrates that measles outbreaks were geographically widespread across Uganda, with affected districts distributed across several regions rather than being confined to one part of the country. Out of the 146 districts represented on the map, 66 districts reported measles outbreaks, indicating that approximately 45% of the mapped districts were affected. 100% of the 146 districts investigated at least one measles case during the FY2025/2026. 89% (130/146) districts reported at least one confirmed measles case during the period. 66/130 districts reporting confirmed case were declared Measles outbreaks i.e. reported at least 3 confirmed cases within 30 days, or 3/5 samples sent to Lab were confirmed positive

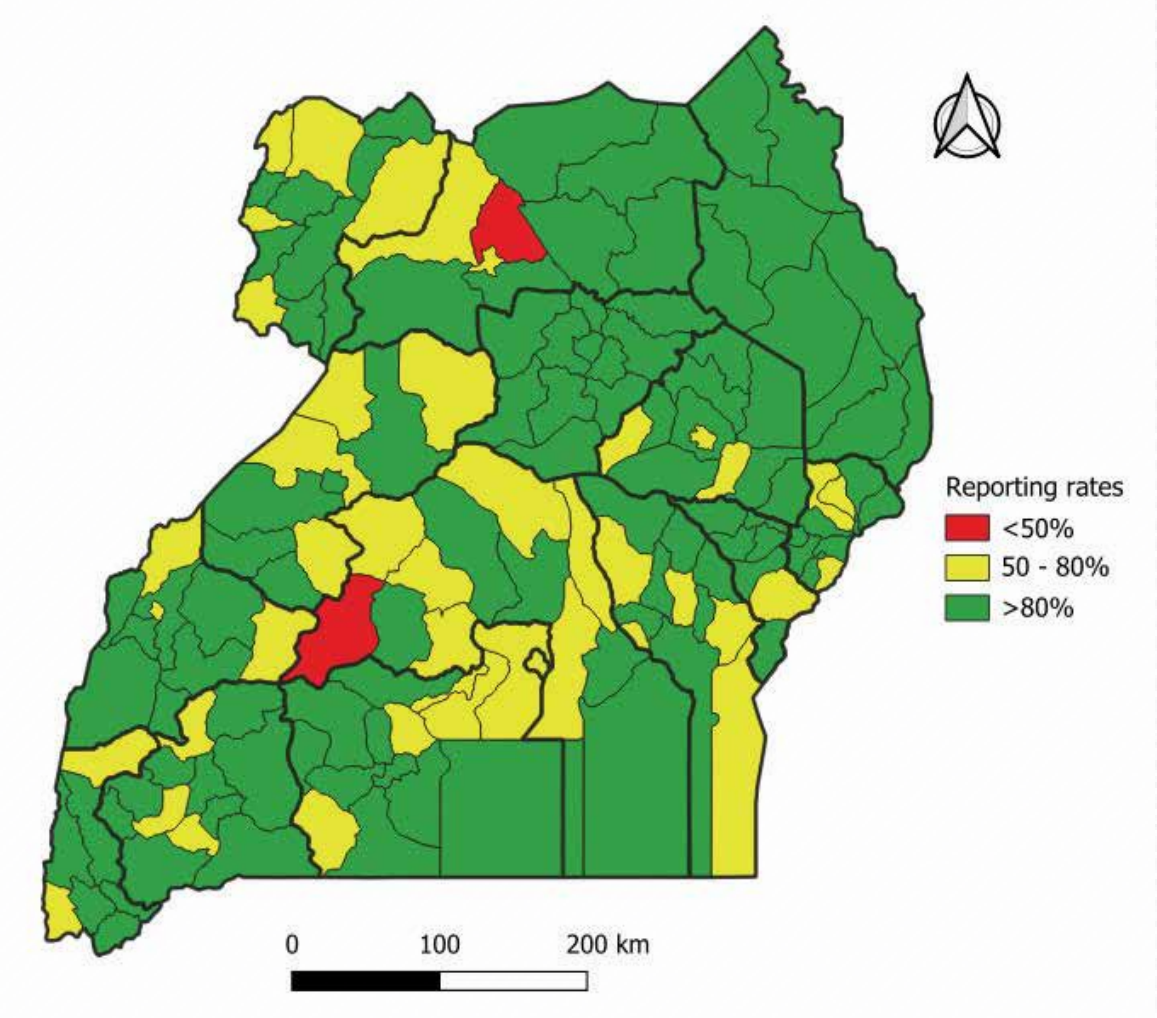
FIGURE 51: DISTRIBUTION OF CONFIRMED MEASLES CASES IN FY 25/26



Weekly surveillance reporting Rates by districts

The National average Weekly Surveillance reporting rates FY: 2025/2026 was 86.4% compared to 75.9% in FY: 2024/2025. 69.9% (102/146) of the districts met the National reporting rate target of 80%, while 30.1% (44/146) were below the National target. Mubende district had the lowest reporting rate of 39.2%, followed by Gulu 43.5%, Namayingo 50.6%, Kyegegwa 53.8%, Mukono 55.8%, and Tororo 55.2%.

FIGURE 52: REPORTING RATE CATEGORIES PER DISTRICT



2.4.4 Communicable disease

Malaria

Through the Malaria reduction and elimination strategic plan, the country deployed interventions to reduce the burden of malaria and progress has been observed.

Malaria remains a challenge in public health in the country since the conditions are favorable for the survival of the mosquitoes that transmit it. Despite the progress made, ninety-five percent of the country is still malaria endemic and the entire population is at risk of getting malaria. Large proportions of OPD and IPD attendances are due to malaria.

In FY 2025/2026, the incidence of malaria reduced from 261 per 1,000 persons for the FY 2024/2025 to 223 cases in FY 2025/2026, contributing 18.2 percent to OPD attendance. Malaria test positivity was 33.1%. Malaria fatality rate reduced from 04% in FY 2024/25 to 0.3% in FY2025/26 this surpassed the target of 0.9%. The overall reduction in the incidence of malaria was due to mass ITN distribution, indoor residual spraying, reduced stock out of malaria commodities and scaled up Integrated Malaria risk Communication.

Table 39: MALARIA INCIDENCE AND MORTALITY BY REGION IN FY 2025/26

Region	Confirmed malaria cases (HF and Community)	Cases per 1000 population	TPR	Case as % of OPD	Case as % of IPD	Confirmed malaria deaths	Case fatality rate	Malaria deaths as % of total deaths	Mal death per 100,000 popn
Acholi	1,536,519	693	48.2%	36.5%	22.1%	242	0.4%	8.8%	10.9
Ankole	420,010	109	25.5%	9.9%	7.3%	40	0.2%	1.9%	1.0
Bugisu	332,359	141	28.1%	14.3%	13.8%	100	0.3%	4.2%	4.2
Bukedi	567,786	222	26.9%	18.2%	19.4%	70	0.1%	7.1%	2.7
Bunyoro	616,553	201	41.8%	26.5%	19.6%	250	0.5%	13.0%	8.1
Busoga	1,473,904	311	33.1%	25.5%	17.8%	150	0.2%	6.6%	3.2
Kampala	142,880	76	11.1%	3.6%	2.7%	94	1.4%	1.2%	5.0
Karamoja	595,372	375	40.0%	29.6%	35.0%	234	0.5%	17.4%	14.7
Kigezi	56,147	30	12.4%	2.6%	2.8%	8	0.1%	0.8%	0.4
Lango	1,045,261	380	40.8%	29.6%	20.0%	158	0.3%	11.9%	5.7
N. Buganda	1,087,457	207	34.2%	18.8%	18.5%	254	0.3%	9.4%	4.8
S. Buganda	845,792	121	29.3%	10.8%	14.3%	150	0.2%	4.7%	2.1
Teso	1,027,999	389	26.3%	29.9%	24.0%	112	0.2%	7.3%	4.2
Tooro	574,123	156	31.5%	16.5%	14.0%	114	0.2%	5.3%	3.1
West Nile	751,934	182	21.4%	13.2%	11.8%	153	0.4%	5.7%	3.7
National	**11,074,096**	**223**	**31.6%**	**18.2%**	**15.6%**	**2,129**	**0.3%**	**5.9%**	**4.3**

FIGURE 53: REGIONAL VARIATION IN THE INCIDENCE OF MALARIA IN THE LAST TWO FINANCIAL YEARS

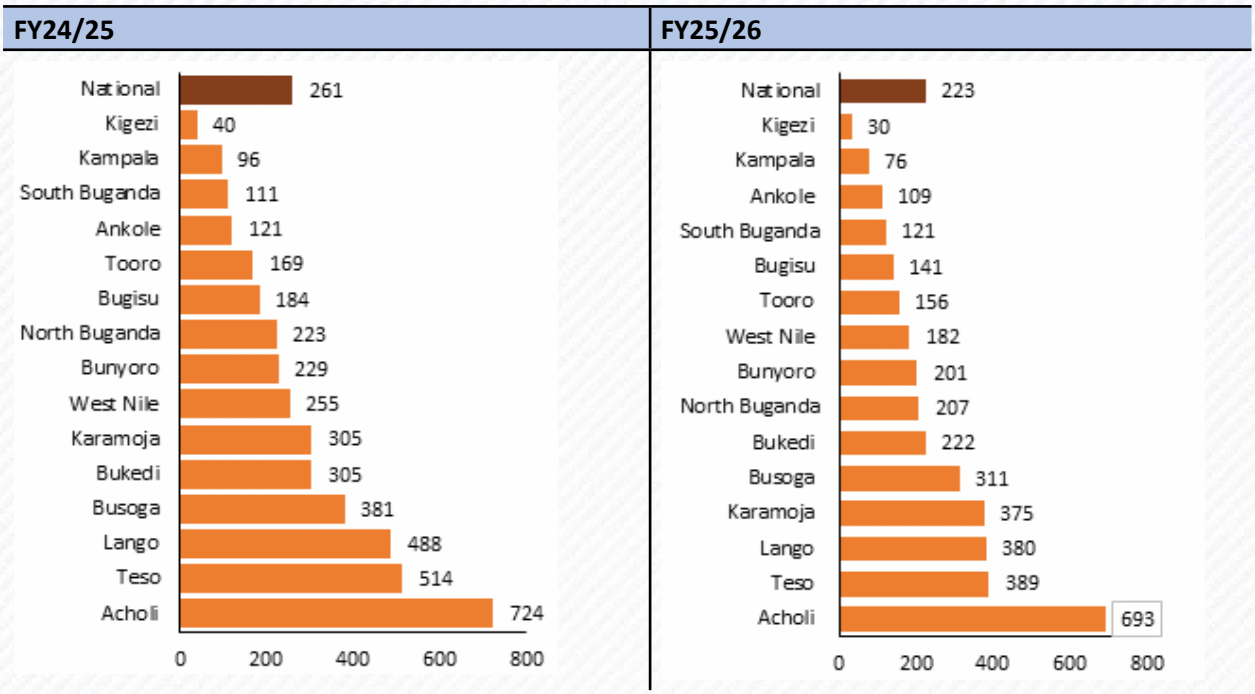
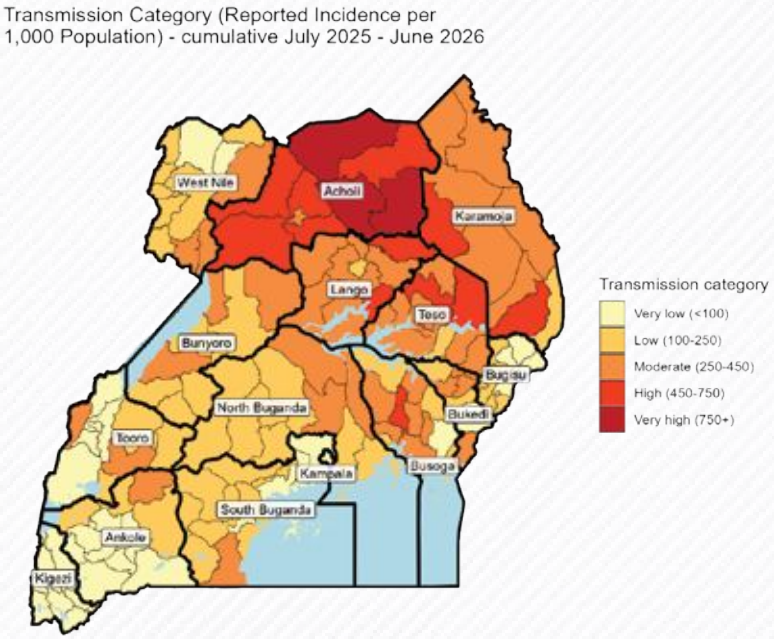


FIGURE 54: INCIDENCE OF MALARIA BY 2025/26



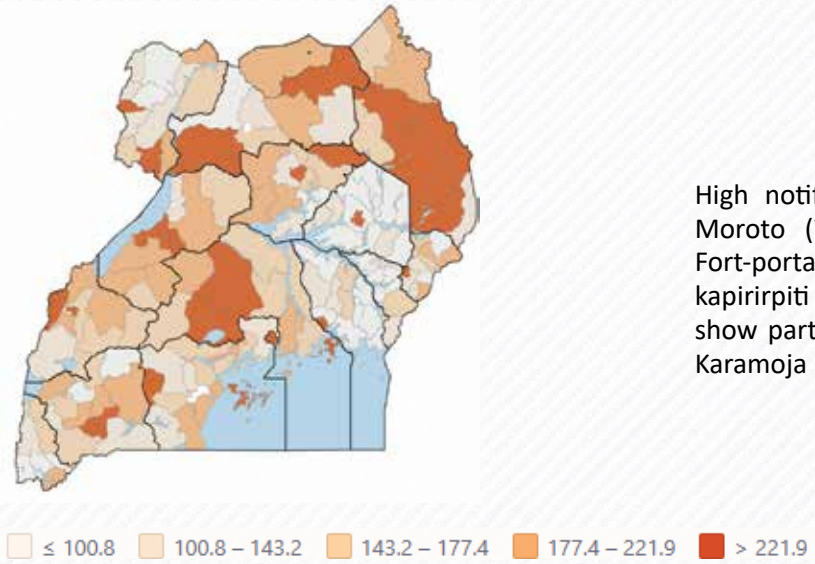
The percentage of suspected malaria cases tested for malaria decreased from 96% (in FY 2024/25) to 94% (in FY 2025/26) falling short of the set target of 95%. Of those tested, 9,286,765 were positive. Ninety-nine (99%) of the confirmed malaria cases received treatment in FY 2025/26. The improvement in treatment rates is attributable to the reduction in commodity stock outs, however the stock out of mRDTs explains the slight reduction in the testing rate.

The TB Case Notification

The TB case notification for FY 2025/26 was 177/100,000, an increase in Case notification Rate (CNR) from FY24/25 (173/100,000). Despite this improvement, an estimated 7% of TB cases (n=6,159) were not notified during FY 2025/26, with important gaps in case detection observed across several regions, including Bukedi (24%), Bunyoro and Busoga (19%), Teso (20%), and West Nile and Ankole (12%). Paediatric TB detection remains a particular concern, with children accounting for only 9% of notified cases against the targeted 15%.

To close these gaps, the Program is implementing a multi-pronged case-finding approach that combines systematic facility-based screening, data-driven community outreach, and targeted screening of populations at increased risk of TB. Facility-based integrated TB screening is being strengthened across all service delivery entry points, with particular emphasis on chronic care clinics and other high-volume points of contact, to ensure that TB is routinely considered and screened for alongside other conditions. At community level, electronic case-based surveillance system(eCBSS) and other community-based data are being used to identify and map geographic and population hotspots, enabling more focused deployment of CAST+, mobile TB clinics, portable digital X-ray and AI-supported screening. These approaches are complemented by targeted screening of vulnerable and high-risk populations, including people living with HIV, household contacts, children, people with diabetes and other chronic conditions, prisoners, refugees, and populations in underserved and high-burden settings.

FIGURE 55 MAP SHOWING TB CASE NOTIFICATION RATE PER 100,000 POPULATION BY LOCAL GOVERNMENT 2025/26



High notification rates were reported in Moroto (727 per 100,000), Jinja (500), Fort-portal (488), Kalangala (429), and Nakapirirpiti (415) per 100,000. The maps show particularly high notification rates in Karamoja region

Access to mWRDs for incident TB cases

Nationally, access to molecular WHO-recommended diagnostics (mWRDs) for incident TB cases has steadily improved, rising from 83% IN FY24/25 to 86.1% FY 2025/26. This improvement reflects MOH efforts to ensure consistent availability of diagnostic supplies, including GeneXpert and Truenat cartridges, reduce equipment downtime, and strengthen specimen referral and transportation form lower-level facilities. In FY2025/26 Bugisu, West Nile, Kampala, and Bukedi achieved optimal performance, while Acholi under performed. Moving forward, MOH will expand TB near point-of-care (NPOC) testing to lower-level facilities currently relying on sputum microscopy, and high-volume sites where GeneXpert capacity is overstretched, supported by revised diagnostic algorithms, SOPs, and strengthened specimen referral systems.

Table 40: Trends on Access to mWRDS for incident TB cases by sub region (Compare this with FY24/25 – FY25/26)

Region	FY2024/2025	FY2025/2026
Acholi	68%	66%
Ankole	80%	80%
Bugisu	96%	97%
Bukedi	94%	95%
Bunyoro	80%	81%
Busoga	82%	85%
Kampala	93%	94%
Karamoja	87%	93%

Region	FY2024/2025	FY2025/2026
Kigezi	85%	92%
Lango	80%	92%
North Buganda	82%	85%
South Buganda	80%	84%
Teso	88%	78%
Tooro	82%	77%
West Nile	93%	95%
Uganda	83%	86%

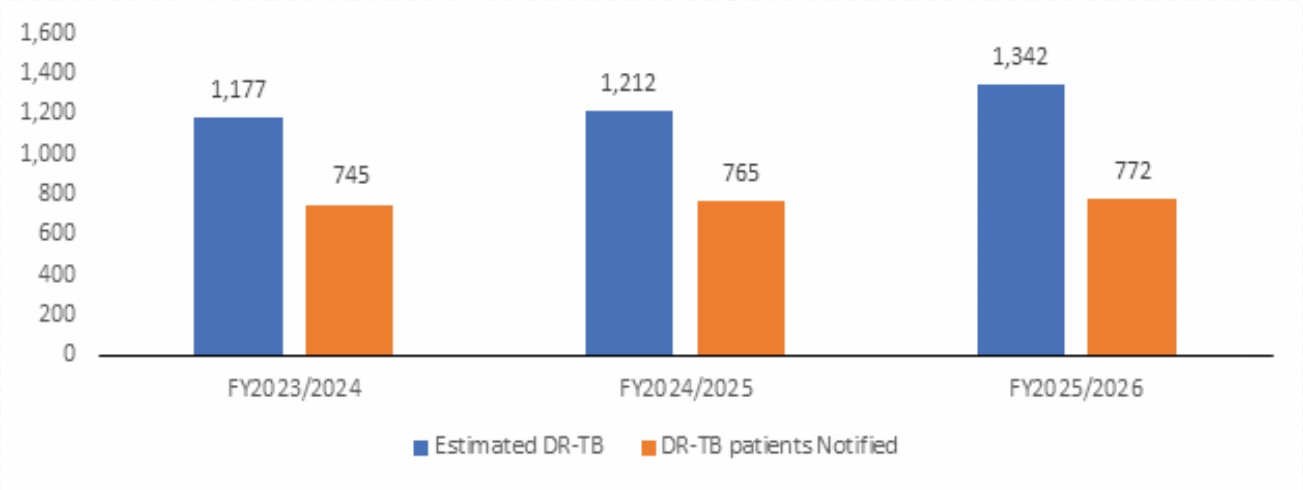
mWRDS: molecular WHO-recommended diagnostics

TB Treatment Outcomes

The program maintained a high TB treatment success rate 92.4% in FY 2025/2026 compared with 92.8% in FY 2024/25, despite being slightly below the National Strategic Plan (NSP) target of 93%. This progress is attributed to early case detection and prompt initiation of anti-TB treatment, and Digital Adherence Technologies (DATs) for treatment monitoring and follow up of both DR and DS TB patients, as well as strengthened differentiated care, with particular attention to PLHIV & other patients at increased risk of poor outcomes.

Programmatic Management of Drug-resistant Tuberculosis (DR-TB)

FIGURE 56: FIGURE HIGHLIGHTING DR-TB NOTIFICATION TREND AGAINST ANNUAL TARGETS FROM FY2020/2021-FY2025/26



There is an increase in absolute number of DR-TB cases identified annually (from 745 to 772) by 4%. Performance varied substantially across regions, the program is implementing several strategies, including an improved remote access to laboratory results and use of diagnostics tests from National TB Reference Laboratory (NTRL), improved linkage through weekly flagging of newly diagnosed patients to reduce pre-linkage losses; routine data cleaning and harmonization of key DRTB data sources (Lab expert, DHIS2, eCBSS) for improved reporting moving forward.

Table 41: Table DR-TB treatment outcomes for those that started 24 Months ago

DR TB Unit	Cohort Size	Died	Mortality%	Lost to follow up	LTFUP rate	Treatment Failure	Failure rate	Treatment completed	TSR
Arua RRH	62	14	23%	2	3%	1	2%	45	73%
Fort Portal RRH	31		0%		0%		0%	31	100%
Gulu RRH	20	4	20%	1	5%		0%	15	75%
Hoima RRH	38	2	5%	2	5%		0%	34	89%
Iganga GH	24	1	4%		0%		0%	23	96%
Jinja RRH	33	2	6%		0%		0%	31	94%
Kabale RRH	17	2	12%		0%		0%	15	88%
Kitgum GH	24	3	13%		0%		0%	21	88%
Lira RRH	72	5	7%	4	6%	1	1%	62	86%
Masaka RRH	14		0%	1	7%		0%	13	93%
Mbale RRH	48	1	2%	1	2%		0%	46	96%
Mbarara RRH	35	4	11%		0%	1	3%	30	86%
Moroto RRH	29	3	10%	1	3%		0%	25	86%
Mubende RRH	8		0%		0%		0%	8	100%
Mulago NRH	120	12	10%	9	8%	3	3%	96	80%
Murchision Bay Main GH	16		0%	3	19%		0%	13	81%
Soroti RRH	15	1	7%		0%		0%	14	93%
St. Kizito Matany GH	39	2	5%	5	13%		0%	32	82%
National	**645**	**56**	**9%**	**29**	**5%**	**6**	**0.9%**	**554**	**86%**

We registered a slight reduction in TSR at 86% for DR-TB patients enrolled in the 2023 cohort, compared to 89% for 2022 Cohort. Of 645 patients, 554 successfully completed treatment, while 56 (9%) died, 29 (5%) were lost to follow-up, and six experienced treatment failure. TSR was highest among children at 98%, and the patients receiving 9-11 months regimen (90%), but lower among patients on individualized regimen at 86%, those with HIV and DR-TB coinfection (85%), and malnourished patients (82%). High mortality contributed substantially to poor outcomes, particularly in Arua and Gulu. NTLP will strengthen early identification and integrated management of all comorbidities among DR-TB patients; including anticipated tuberculosis associated disability during the period of treatment.

Leprosy

New and relapse leprosy patients notified: Overall, there was a reduction in the number of leprosy cases notified to 178, FY 2025/26 compared to 280 in FY 2024/25, with more females (59%) being reported. There was also a decrease in the proportion of child leprosy cases, from 12% in FY 2024/25 to 4% in FY 2025/26 against the target of less than 3%. The program continues to verify and confirm leprosy patients (see Table 43).

Table 42: Number of new leprosy cases registered

Period /Region	July 2023 - June 2024	July 2024 - June 2025	July 2025 - June 2026
Acholi	6	2	4
Ankole	0	1	1
Bugisu	1	9	1
Bukedi	4	10	2
Bunyoro	10	2	11
Busoga	8	8	22
Kampala	0	0	0
Karamoja	7	1	5
Kigezi	0	0	0
Lango	14	17	6
North Buganda	3	2	8
South Buganda	8	5	6
Teso	7	10	13
Tooro	13	7	8
West Nile	257	206	91
Totals	338	280	178
No. Childhood Leprosy	47	34	8
% Childhood Leprosy	14%	12%	4%
No. Grade 2 Disability	63	49	47
%Grade 2 Disability	19%	17%	26%
% Index patients contact traced & given LPT	16%	64%	98%
Treatment Success Rate	94%	95%	85%

LPT: Leprosy Preventive Therapy

The number of districts reporting leprosy patients reduced from 46 in FY2024/25 to 28 in FY2025/26. The West Nile region has consistently reported the highest number of new leprosy cases, accounting for over 51% (91 cases) in the last FY 2025/26. However, a steady reduction in number of leprosy patients notified in West Nile has significantly reduced over the last 3 financial years form 257 in 2023/2024 to 91 in 2025/2026 FY. This is most likely due to continued leprosy case investigation and contact management including administration of leprosy post exposure prophylaxis continued Investigation and contact management as well as community sensitization and health promotion is recommended in order to realize that zero leprosy status.

Leprosy Case detection in children: The occurrence of new leprosy cases among children (aged <15 years) is an indicator of recent transmission A significant reduction in the proportion of child leprosy was observed from 14 percent (38 patients) to 4 percent (8 patients). Continued early case detection through active surveillance, provision of uninterrupted multi-drug therapy (MDT) to all diagnosed individuals as well as administration of leprosy post exposure prophylaxis to all eligible contacts is key to elimination of transmission of leprosy.

The treatment success rate decreased from 95% in FY 2024/25 to 85% FY2025/2026. A clinical audit to identify the root causes of the reduction in treatment success rate is recommended so as to implement targeted interventions to optimize patient adherence and care quality.

Grade 2 disability among new leprosy patients notified: During the financial year 47 leprosy patients notified had visible disability. This was a reduction from 49 that had been notified in the previous financial year. The concurrent rate per million of grade 2 disability was 0.9/1,000,000 population, a reduction from 0.98 /1,000,000 in the financial year 2024/2025. However, the proportion of Grade 2 disability increased from 18% to 26%. There is a need for continued capacity building to improve health workers' knowledge of early diagnosis and management of leprosy, and to strengthen contact surveillance as well address the high Grade 2 disability at 26% and provision of Single Dose Rifampicin (SDR) as leprosy post-exposure prophylaxis.

Diarrheal Conditions

In FY 2025/26, health facilities recorded 1,269,931 outpatient attendances for diarrhea diseases. Acute diarrhea accounted for the largest share, with 1,181,710 attendances (93.0%), followed by persistent diarrhea at 47,945 (3.8%) and dysentery at 40,276 (3.2%). Children under five accounted for 679,472 attendances (53.5%), while people aged five years and above accounted for 590,459 (46.5%). Acute diarrhea was the leading condition in both age groups.

Table 43: Diarrhoea diseases among OPD attendance in FY 2025/26

	Under 5 years			Above 5 Years			Overall Total	
	Male	Female	Total	Male	Female	Total	N	%
Acute Diarrhoea	319,565	324,744	644,309	233,195	304,206	537,401	1,181,710	93
Persistent Diarrhoea	10,637	11,540	22,177	11,337	14,431	25,768	47,945	3.8
Dysentery	6,325	6,661	12,986	10,557	16,733	27,290	40,276	3.2
Total							**1,269,931**	**100**

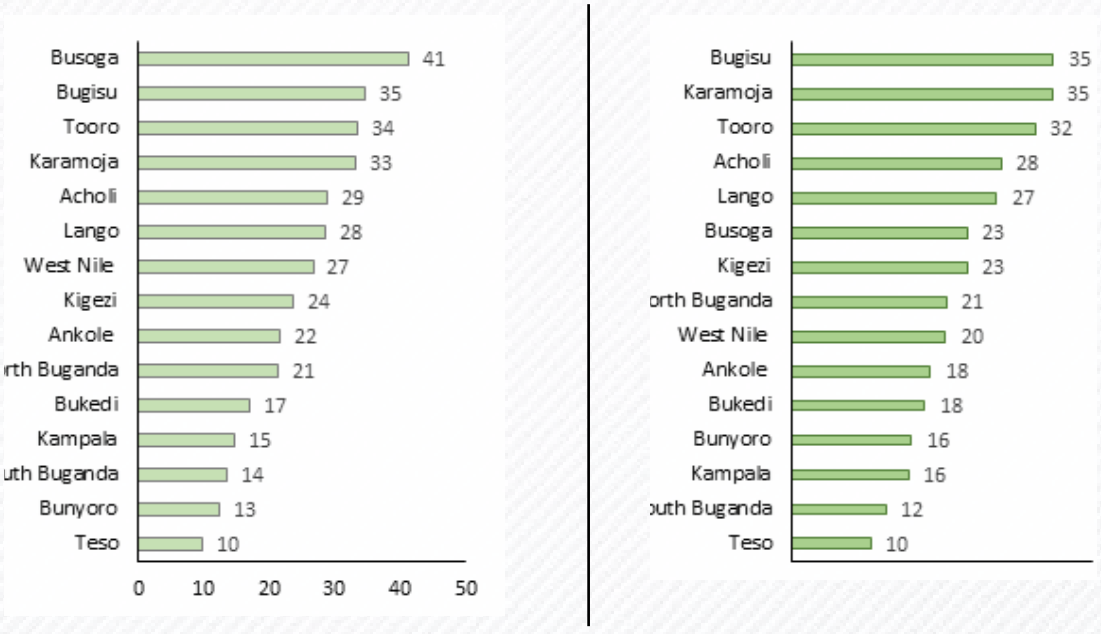
Pneumonia

Pneumonia cases reduced by 3% from 1,057,454 cases in FY 2024/2025 to 1,022,534 cases in FY 2025/26. In FY 2025/2026, children under five accounted for 501,517 cases (49.0%), while persons above five years accounted for 521,017 cases (51.0%). The burden was therefore almost equally distributed between the two age groups.

Table 44: Pneumonia cases at OPD

	Under 5years		Total <5 years	Above 5 Years		Total > 5 years	Overall Total	%
	Male	Female		Male	Female			
Pneumonia	227,537	233,746	461,283	189,693	293,144	482,837	944,120	92
Severe pneumonia	20,590	19,644	40,234	17,006	21,174	38,180	78,414	8
Total							**1,022,534**	**100**

FIGURE 57 REGIONAL VARIATION FOR OPD ATTENDANCE DUE TO PNEUMONIA



Pneumonia-related outpatient department (OPD) attendance varied across regions in FY 2025/26, ranging from 10 attendances per 1,000 population in Teso to 35 in both Bugisu and Karamoja. Tooro recorded 32 attendances per 1,000 population, followed by Acholi (28) and Lango (27). South Buganda (12), Bunyoro (16) and Kampala (16) were among the regions with the lowest rates.

Compared with FY 2024/25, rates declined in eight regions, increased in four and remained unchanged in three. Busoga registered the largest decline, from 41 to 23 attendances per 1,000 population, followed by West Nile, from 27 to 20.

Hepatitis

In FY 2025/26 149,778 pregnant women attending ANC 1 were tested for Hepatitis B. Test positivity rate for those test was 2.1% with 31.9% of those found positive initiated on treatment.

Table 45: Hepatitis B in pregnant women by region, FY 2025/26

Region	Pregnant women tested	Tested positive	Positive and started treatment	% positive	% started treatment
North Buganda	20,386	741	210	3.6%	28.3%
Busoga	13,791	395	37	2.9%	9.4%
Karamoja	4,831	246	185	5.1%	75.2%
Tooro	11,849	227	23	1.9%	10.1%
Ankole	15,317	212	169	1.4%	79.7%
Acholi	7,703	205	48	2.7%	23.4%
West Nile	7,860	187	97	2.4%	51.9%
Bunyoro	11,344	184	34	1.6%	18.5%
Bukedi	7,030	175	59	2.5%	33.7%
Kigezi	9,654	162	12	1.7%	7.4%
South Buganda	14,184	109	24	0.8%	22.0%
Lango	8,657	99	35	1.1%	35.4%
Teso	5,601	83	13	1.5%	15.7%
Bugisu	10,455	58	36	0.6%	62.1%
Kampala	1,116	15	6	1.3%	40.0%
National	**149,778**	**3,098**	**988**	**2.1%**	**31.9%**

Table 46: Hepatitis B testing and treatment cascade

Indicator (Hepatitis B, FY 2025/26)	Result	Interpretation
Clients tested	2,771,521	Large volume; 78% from Teso
Tested positive	12,324 (0.44%)	1.9% excluding Teso
Enrolled into care	3,526 (28.6% of positives)	Main cascade loss point
Not enrolled	4,122 (33.4% of positives)	Linkage failure
No recorded outcome	4,676 (37.9% of positives)	Tracking and data gap
Viral load assessed	2,119 (60.1% of enrolled)	Monitoring gap
Pregnant women positive who started treatment (Q4)	988 of 3,098 (31.9%)	Wide regional variation

The table above shows the Hepatitis B testing and treatment cascade. The cascade shows that enrolment into care is the principal loss point. Of 12,324 positives, only 3,526 (28.6%) were enrolled. Another 4,122 (33.4%) were recorded as not enrolled, and 4,676 (37.9%) have no recorded disposition or outcome. In practice this means that for about two-thirds of people diagnosed, the health system either did not link them to care or did not record what happened.

Among those enrolled, 2,119 (60.1%) had a viral load assessment, so roughly four in ten enrolled patients have not been properly monitored. The reported number on effective treatment (2,494) is higher than the number assessed (2,119), which is not possible and points to a recording or reporting error. Viral suppression results should be treated with caution until the data are verified.

Adult (All sexes) positivity was highest in Karamoja, Acholi and westnile (see Figure x below)

FIGURE 58: POSITIVITY BY REGION (% OF THOSE TESTED)

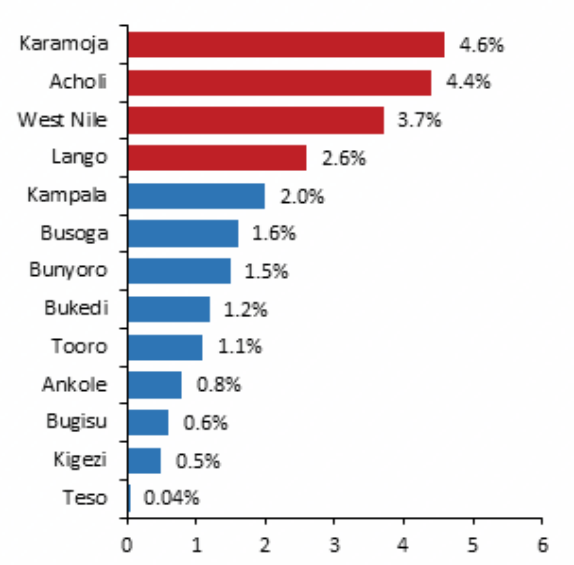
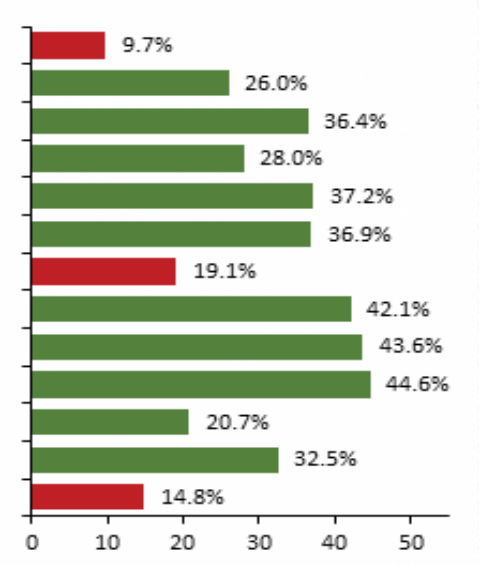


FIGURE 59: ENROLLED INTO CARE (% OF POSITIVES); NATIONAL 28.6%



According to the Population-based HIV Impact Assessment (UPHIA) surveys 2025, both Hepatitis B and C are most prevalent in Northern Uganda;

- **Hepatitis B (UPHIA 2016):** highest in Mid-North (4.6%), North-East (4.5%) and West Nile (3.8%); lowest in the South-West (0.8%) and Central 1 (1.6%).
- **Hepatitis C (UPHIA 2020):** highest in Karamoja (8.5%) and West Nile (both in the 8% and above category), followed by Teso (7.4%), Acholi (7.4%) and Lango (7.4%). Most other regions are between 3% and 4.4%, with Elgon and Bukedi lowest at 3.2%.

Uganda's viral hepatitis programme tested a very large number of people in FY 2025/26 (2.77 million for Hepatitis B), but the results show that finding cases is not the main problem. The main problem is what happens afterwards. Fewer than three in ten people diagnosed with Hepatitis B were enrolled into care, and for almost four in ten there is no recorded outcome at all.

2.4.5 Non communicable Diseases

Non-communicable diseases (NCDs) and their associated risk factors continued to contribute significantly to the burden of outpatient morbidity during FY 2025/26. Outpatient service utilization data indicate a 35.2% increase, from 2,387,377 attendances in FY 2024/25 to 3,227,292 in FY 2025/26, reflecting a growing demand for services related to Cardiovascular, Chronic Respiratory Diseases, Endocrine and Metabolic, Hematological / Blood Disorders, and Mental, Neurological and Substance Use Disorders. Alcohol consumption also remains an important modifiable risk factor, with alcohol per capita consumption among persons aged 15 years and above estimated at 12.1 litres of pure alcohol, while the alcohol abuse rate stood at 6.6%. These trends underscore the need to strengthen prevention and early detection of NCDs, and multi-sectoral action to address the underlying risk factors.

Table 47: Non- Communicable Conditions among OPD Attendance

Condition	Number of OPD Attendances
Cardio-Vascular	1,685,629
Endocrine and Metabolic	632,459
Chronic Respiratory Diseases	165,158
Mental, Neurological and Substance Use Disorders	718,350
Hematological / Blood Disorders	190,854

Cardio-Vascular Attendances at OPD

The outpatient burden of cardiovascular conditions and their associated complications increased substantially, rising from 1,164,406 attendances in FY 2024/25 to 1,685,629 in FY 2025/26, representing an overall increase of 44.7%. The rise is attributed to intensified awareness, screening, and early detection interventions, which have enhanced identification and linkage of individuals with cardiovascular conditions to appropriate care.

FIGURE 60: TRENDS IN CARDIO-VASCULAR OPD ATTENDANCES: FY22/23 – FY25/26

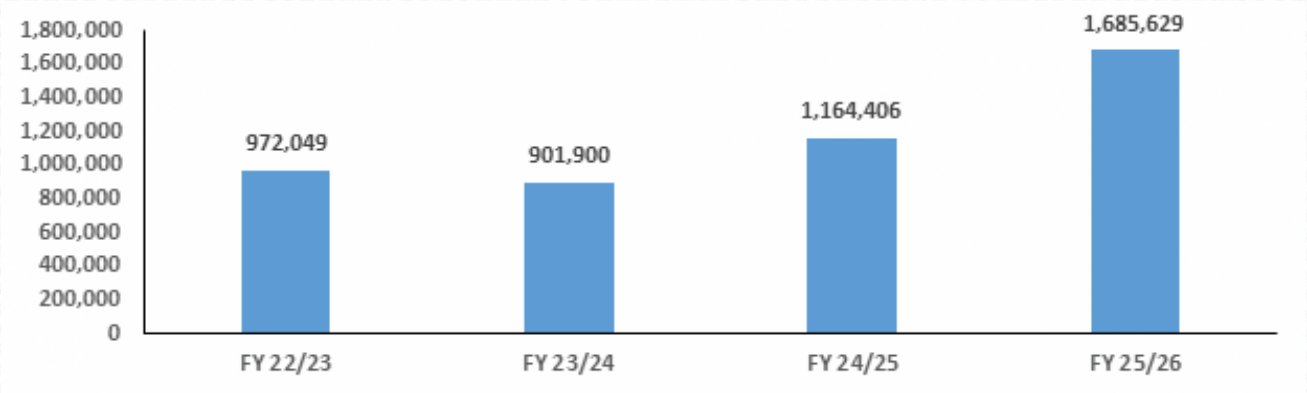


Table 48: Cardio-Vascular Conditions among OPD Attendances

No	Diagnosis	FY2024/25		FY2025/26	
		Number	%	Number	%
1	Hypertension	1,097,247	94	1,608,004	94
2	Stroke/Cerebrovascular Accident (CVA)	21,358	1.8	28,913	2
3	Heart failure	23,004	1.9	26,469	1.5
4	Rheumatic Heart Diseases	6,029	0.5	6,021	1.5
5	Ischemic Heart Diseases	3,964	0.5	3,936	0.2
6	Chronic Rheumatic heart Disease	3,265	0.3	3,382	0.2
7	Dilated Cardiomyopathy	2,164	0.2	2,438	0.1
8	Congenital Heart Diseases	2	0	1,818	0.1
9	Hypertensive heart Disease	398	0	419	0
10	Hypertensive Cardiomyopathy	369	0	287	0
11	Chronic Heart Diseases	6,226	0.5	214	0
12	Pulmonary Hypertension	158	0	121	0
13	Other Cardio-Vascular Diseases	222	0	3,607	0.2
	TOTAL	**1,164,406**	**100**	**1,685,629**	**100**

Hypertension remained the most frequently reported cardiovascular condition, with a 46.5% increase in OPD attendances between FY 2024/25 and FY 2025/26, indicating a substantial and growing burden of hypertension-related morbidity. Stroke and heart failure also demonstrated increasing trends, with OPD attendances rising by 35.4% and 15.1%, respectively.

Endocrine and Metabolic attendances at OPD

The burden of endocrine and metabolic conditions in outpatient services increased substantially, rising from 445,548 attendances in FY 2024/25 to 632,459 in FY 2025/26, representing an overall increase of 42.0%. This upward trend indicates a growing demand for diabetes mellitus services further attributed to by increase in public awareness and screening of diabetes mellitus.

FIGURE 61: TRENDS IN ENDOCRINE AND METABOLIC OPD ATTENDANCES: FY22/23 – FY25/26

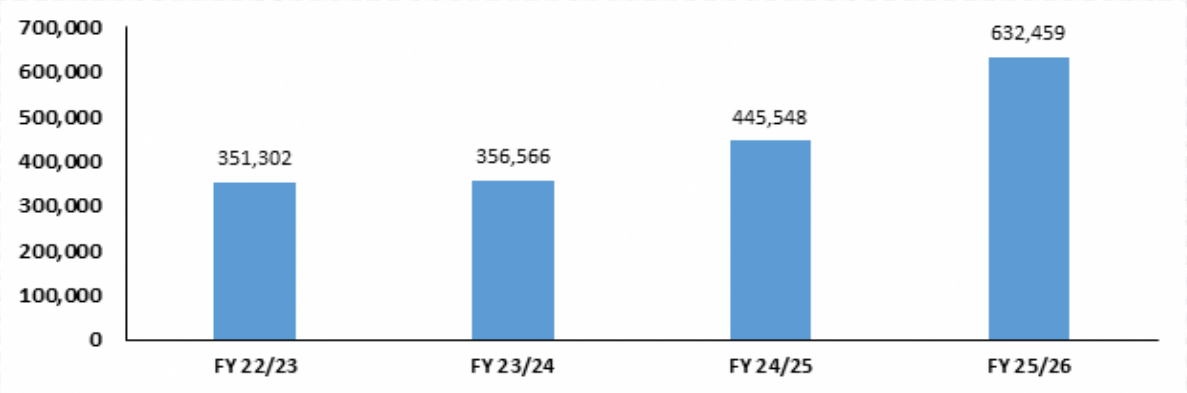


Table 49: Endocrine and Metabolic OPD Attendances

	Diagnosis	FY 24/25		FY 25/26	
		N	%	N	%
1	Diabetes mellitus	419,440	94	596,906	94
2	Thyroid Disease	9,771	2	9,281	1.5
3	Diabetes in Pregnancy	28	0	2,404	0.4
4	Other Endocrine and Metabolic Diseases	16,309	4	23,868	3.8
	TOTAL	**445,548**	**100**	**632,459**	**100**

Diabetes mellitus remained the predominant endocrine and metabolic condition, reporting a 42.3% increase between FY 2024/25 and FY 2025/26. In contrast, thyroid disease reported a 5% decline. Overall, the increase in OPD attendances for endocrine and metabolic conditions was largely driven by the rising burden of diabetes mellitus.

Chronic Respiratory Diseases at OPD

The burden of respiratory conditions at OPD reported a 2.9% increment from 160,411 attendances in FY 2024/25 to 165,132 in FY 2025/26. While the increment represents a modest rise in reported utilization of respiratory health services, the overall volume of respiratory-related OPD attendances remains substantial, indicating that respiratory conditions continue to contribute significantly to the demand for outpatient services.

FIGURE 62: TRENDS IN CHRONIC RESPIRATORY DISEASES

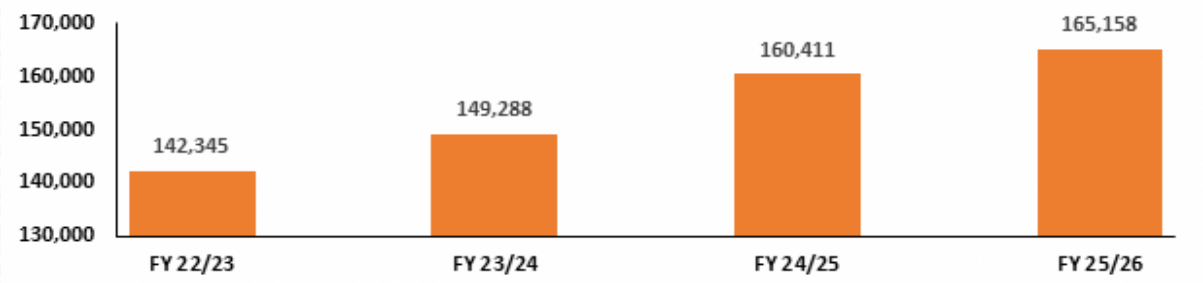


Table 50: Chronic Respiratory Diseases among OPD

No	Diagnosis	FY 24/25		FY 25/26	
		Cases	%	Cases	%
1	Asthma	134,614	84	143,334	87
2	Chronic Obstructive Pulmonary Disease (COPD)	25,797	16	21,824	13
	Total	**160,411**	**100**	**165,158**	**100**

From table above, Asthma increased by 6.5% whereas COPD declined by 15.4%. The increase in Chronic respiratory diseases at OPD was largely attributed to increase in Asthma cases.

Mental, Neurologic and Substance Use Disorders cases at OPD

The country recorded a 5.2% increase in mental health OPD attendances, rising from 682,996 in FY 2024/25 to 718,350 in FY 2025/26. This increase is attributed to intensified interventions targeting the improvement of health workers' capacity to identify, diagnose and manage mental health conditions, alongside growing demand for and utilization of mental health services.

FIGURE 63 TRENDS IN MENTAL HEALTH OPD ATTENDANCES: FY22/23 – FY25/26

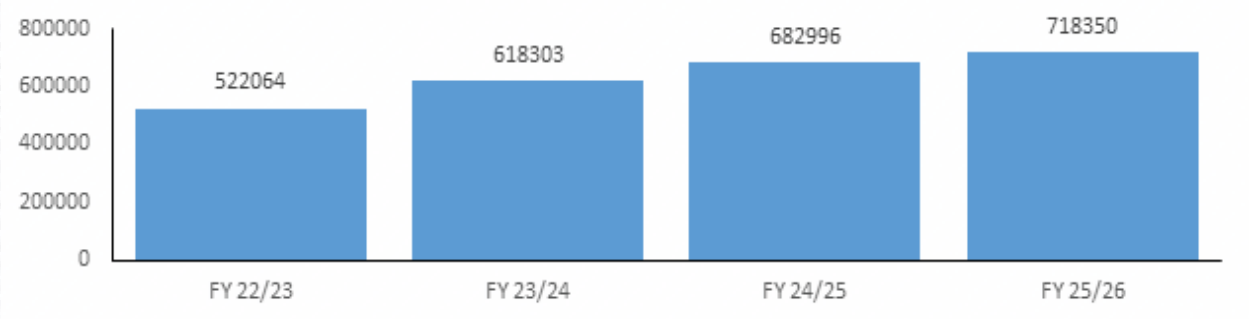


Table 49 reveals a mental health landscape increasingly dominated by epilepsy and mood disorders, with declining presentations of traumarelated, HIVrelated, and dementiarelated conditions, pointing to evolving epidemiological, social, and healthsystem dynamics.

Table 51: Mental Health Conditions among OPD Attendances

No	Diagnosis	FY 2024/25		FY 2025/26	
		N	%	N	%
1	Epilepsy	300,733	44	379,886	53
2	Bipolar disorder	73,871	11	91,629	13
3	Major Depressive Disorder	1,194	0	57,531	8
4	Schizophrenia	32,296	4.7	48,268	7
5	Anxiety Disorders	68,592	10	43,607	6
6	Alcohol Use Disorders	14,356	2	20,998	3
7	Brief Psychotic Disorder	48	0	10,265	1
8	Other substance (Drug) use Disorder	10,563	1.5	8,593	1.2
9	Post - Traumatic Stress Disorder	11,625	1.7	2,997	0.4
10	HIV related psychosis	11,228	1.6	2,560	0.4
11	Other forms of Dementia	3,956	0.6	2,185	0.3
12	Alzheimer's disease	828	0.1	2,139	0.3
13	Autism spectrum disorders	1,771	0.3	1,766	0.2
14	Intellectual disability	2,345	0.3	1,438	0.2
15	Alcohol Intoxication	12	0	1,342	0.2
16	Unipolar Depressive Disorder	99,609	15	836	0.1
17	Dementia due to stroke (Diabetes, Hypertension)	2,529	0	685	0.1
18	Attempted Suicide/Self-harm	2	0	669	0.1
19	Delirium	9,425	1	632	0.1
20	Tobacco Use Disorders	0		584	0.1
21	Alcohol related Dementia	944	0	395	0.1
22	HIV related dementia	588	0	242	0
23	Other Mental Disorders	36,481	5	39,103	5
	Total	**682,996**	**100**	**718,350**	**100**

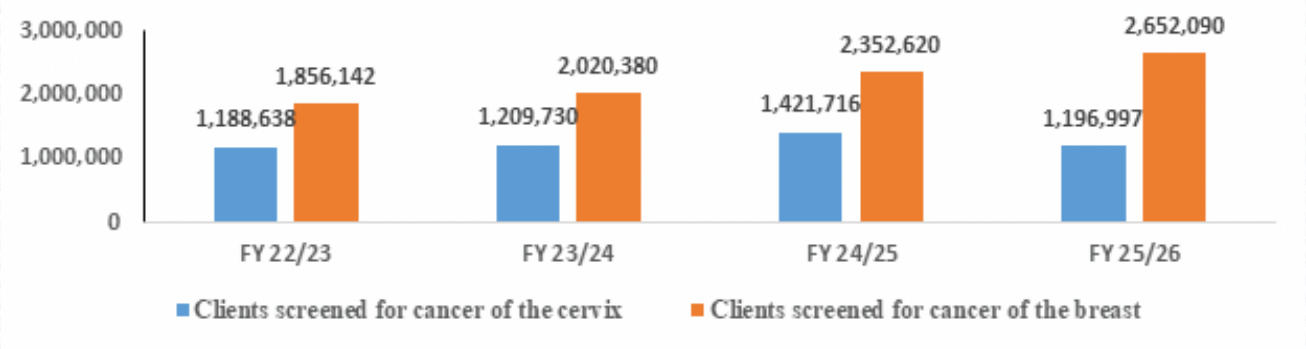
Epilepsy remained the most frequently reported mental health diagnosis in outpatient services, with a 26.3% increase between FY 2024/25 and FY 2025/26. Attendances for bipolar disorder, schizophrenia and Major Depression also increased by 24.0%, 49.5% and 95%, respectively, indicating a growing demand for services for mental health conditions.

Tobacco Use Disorders accounted for 0.1% of total mental health OPD attendances, while alcohol use disorders and other substance use disorders increased by 46.3% and 1.4%, respectively, highlighting the continued need to strengthen identification, treatment and prevention of substance use disorders within mental health services.

Cervical Cancer and Breast Cancer screening at OPD

Breast Cancer reported the highest number of clients screened from FY 2024/25 (2,352,620) to FY 2025/26 (2,652,090) representing a 12.7% increase. Cervical cancer reported 15.8% decrease between FY 2024/25 and FY 2025/26.

FIGURE 64 CANCER CERVIX AND CANCER BREAST SCREENING AT OPD: FY25/26

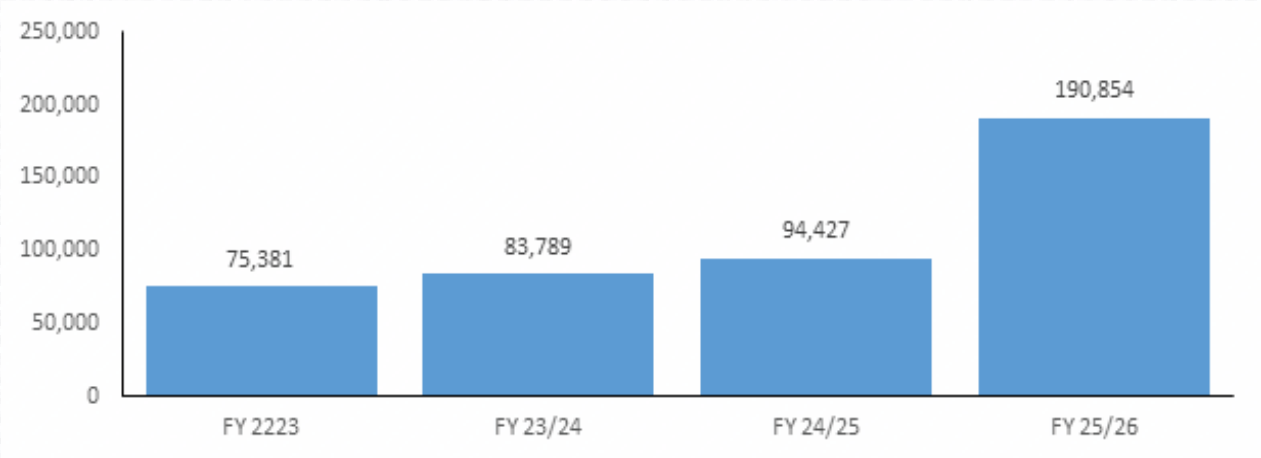


The increase in the number of clients screened for breast cancer is largely attributed to intensified implementation of clinical breast examination as an established approach for early detection of breast abnormalities. Conversely, the decline in cervical cancer screening uptake is largely attributed to funding constraints during FY 2025/26, which limited the scale and coverage of cervical cancer screening services.

Hematological / Blood Disorders

Sickle cell disease was the only hematological disorder reported through outpatient (OPD) services during FY 2025/26. The reported OPD burden reflects the continued demand for diagnosis, treatment, follow-up, and management of sickle cell disease within the health system. Strengthening newborn screening, continuity of care, availability of essential medicines, and access to comprehensive sickle cell services remain critical to improving health outcomes.

FIGURE 65 TREND OF SICKLE CELL



Sickle cell disease outpatient attendances increased by 102% between FY 2024/25 and FY 2025/26, reflecting a substantial rise in the number of clients accessing services. During FY 2025/26, attendances showed an upward trend, peaking in April 2026 at 20,825 attendances. The increase is supported by the introduction of new rapid diagnostic test (RDT) kits, which improved access to screening and facilitated early detection.

Regional Variations of the leading NCD Conditions

Table 50 highlights a dual burden: urbandriven metabolic diseases and regionally concentrated genetic and neurological conditions, underscoring the need for differentiated, regionspecific interventions.

Table 52: Regional variations of the leading NCD conditions: FY25/26

No	Diagnosis	Hypertension rate / 100,000	Diabetes rate /100,000	Asthma rate /100,000	Epilepsy rate /100,000	Sickle Cell Disease rate / 100,000
1	Ankole	4627	2,199	403	850	25
2	South Buganda	3239	1,144	228	541	193
3	Kampala	10846	5,268	1,223	1,415	1653
4	North Buganda	3587	1,244	238	752	641
5	Busoga	3391	1,195	196	877	623
6	Kigezi	6554	1,854	558	1,028	23
7	Tooro	3508	1,102	244	712	370
8	West Nile	2523	975	470	1,036	131
9	Bugisu	3,171	972	293	686	210
10	Bunyoro	2,627	769	182	930	167
11	Bukedi	2,783	1,071	242	952	588
12	Lango	2,194	560	158	723	693
13	Acholi	2,214	706	288	1,324	644
14	Teso	2,873	1,287	282	832	692
15	Karamoja	317	78	121	181	58
	National	**3503**	**1300**	**312**	**828**	**416**

The regional NCD profile shows clear concentration of metabolic diseases in urban and highdensity areas, with Kampala recording exceptionally high rates of hypertension (10,846/100,000) and diabetes (5,268/100,000), far above national averages. Several western regions such as Kigezi and Ankole also show elevated hypertension, suggesting lifestyle and demographic influences.

Epilepsy rates are highest in Acholi, West Nile, and Kigezi, pointing to persistent neurological burdens, while sickle cell disease is heavily clustered in Kampala, Lango, Teso, Acholi, and North Buganda, reflecting strong genetic patterns. In contrast, Karamoja consistently reports the lowest rates across all conditions, likely due to demographic structure and limited diagnostic coverage.

2.4.6 Malnutrition

In FY2025/26, 50.6% of children under five attending OPD were assessed for nutritional status. We observe regional variation in screening levels. Karamoja recorded the highest assessment coverage (73.4%), while South Buganda (20.3%), North Buganda (29.6%) and Kampala (30.0%) had the lowest. Karamoja also recorded the highest levels of MAM (6.4%) and SAM (6.0%).

Cure rates for both Outpatient Therapeutic Care (OTC) and Supplementary Care (SC) were 73%, below the target of above 75%. National mortality rates were 8% for Inpatient Therapeutic Care (ITC), 2% for OTC and 0% for SC. ITC mortality was highest in Kampala (16%), North Buganda (14%), and Kigezi and West Nile (11% each).

Table 53: Malnutrition detection, Identification and Outcome

Region	Nutrition Assessment status		% Of assessed diagnosed			% of identified enrolled into treatment		Treatment outcomes		Mortality due to malnutrition		
	As-sessed	U5 Assessed (%)	MAM (%)	SAM (%)	Under-weight (%)	SAM (%)	MAM (%)	Cure Rate - OTC (%)	Cure Rate - SC (%)	Mortality rate In-patient Therapeu-tic Care (ITC)	Mortality rate Outpatient Therapeutic Care (OTC)	Mortality rate in Supplementary Care (SC)
NATIONAL	**4,537,918**	**50.6%**	**1.7%**	**2.0%**	**1.3%**	**66.0%**	**44.0%**	**73%**	**73%**	**8%**	**2%**	**0%**
Acholi	410,698	62.1%	1.2%	1.2%	0.5%	101.0%	29.0%	76%	76%	7%	5%	0%
Ankole	306,801	66.0%	1.9%	1.5%	1.2%	62.0%	52.0%	77%	77%	3%	0%	0%
Bugisu	266,064	64.7%	1.0%	1.1%	1.1%	47.0%	26.0%	67%	67%	5%	2%	2%
Bukedi	333,227	56.1%	1.1%	1.1%	0.6%	47.0%	37.0%	69%	69%	5%	1%	1%
Bunyoro	167,811	43.0%	1.7%	2.3%	1.5%	87.0%	63.0%	69%	69%	4%	7%	0%
Busoga	534,929	55.5%	1.2%	1.5%	1.0%	57.0%	18.0%	63%	63%	6%	7%	0%
Kampala	173,282	30.0%	0.6%	1.3%	0.9%	92.0%	56.0%	45%	45%	16%	2%	0%
Karamoja	346,611	73.4%	6.4%	6.0%	1.5%	75.0%	56.0%	75%	75%	4%	0%	0%
Kigezi	192,350	64.9%	0.7%	0.9%	0.9%	65.0%	21.0%	60%	60%	11%	0%	1%
Lango	270,698	67.4%	0.6%	1.1%	1.1%	85.0%	21.0%	81%	81%	10%	1%	1%
N. Buganda	303,445	29.6%	1.6%	2.3%	2.8%	49.0%	19.0%	68%	68%	14%	1%	1%
S. Buganda	199,959	20.3%	1.3%	2.2%	1.8%	34.0%	32.0%	65%	65%	9%	3%	0%
Teso	248,786	50.6%	0.7%	1.7%	0.8%	26.0%	24.0%	85%	85%	1%	2%	0%
Tooro	327,850	60.9%	2.0%	3.2%	1.6%	62.0%	39.0%	72%	72%	5%	1%	0%
West Nile	455,407	65.9%	2.1%	1.6%	1.7%	81.0%	68.0%	82%	82%	11%	0%	0%

KEY	Cure rate				Death rate		Death rate
Cure rate sphere standards	>75%		<75%	Death Sphere stan-dards	<10		>10
ITC	Acceptable		Alarm-ing	ITC	Acceptable		Alarming
OTC	Acceptable		Alarm-ing	OTC	Acceptable		Alarming
SFC	>50		<50	SFC	<3		>3
	Acceptable		Alarm-ing	Acceptable		Alarming	

2.4.7 Injuries

The reported OPD attendances due to all types of injuries accounted for 25.3% increase during FY 2025/26 compared to FY 2024/25. Trauma due to other causes accounted for majority of all injuries (66.8%), followed by Road Traffic injuries (RTIs) at 19.2% and Injuries due to Gender-Based Violence (GBV) at 7.3%. Injuries due to GBV significantly decreased by 18.5% compared to FY 2024/25 across all age groups.

Table 54: Causes Of Injuries Among Opd Attendances In FY 2025/26

Type of Injury	Total FY 2024/25	FY 2025/26							
		Under 5 years			Above 5 years			Overall	
		Male	Female	Total	Male	Female	Total	N	%
Road Traffic Injuries - Motor Vehicle	26,693	550	564	1,114	17,543	11,471	29,014	30,128	3.7%
Road Traffic Injuries - Motor Cycle	87,040	2,021	1,837	3,858	52,086	29,896	81,982	85,840	10.6%
Road Traffic Injuries - Bicycles	8,382	305	257	562	4,474	2,680	7,154	7,716	1.0%
Road Traffic Injuries - Pedes-trians	-	305	227	532	2,245	2,094	4,339	4,871	0.6%
Road Traffic Injuries - Others	33,322	1,572	1,222	2,794	14,104	9,576	23,680	26,474	3.3%
Injuries due to GBV	71,841	324	436	760	20,383	37,401	57,784	58,544	7.3%
Animal bites - Domestic	23,989	1,441	1,209	2,650	15,494	13,452	28,946	31,596	3.9%
Animal bites - Wild	1,773	102	88	190	1,148	1,053	2,201	2,391	0.3%
Snake bites	9,853	333	235	568	4,232	5,310	9,542	10,110	1.3%
Insect bites	10,578	770	749	1,519	4,402	4,790	9,192	10,711	1.3%
Injuries (Trauma due to other causes)	370,940	18,615	17,244	35,859	285,918	217,338	503,256	539,115	66.8%
Total	**644,411**	**26,338**	**24,068**	**50,406**	**422,029**	**335,061**	**757,090**	**807,496**	**100.0%**

Table 55: Sites of Injuries among OPD attendances in FY 2025/26

Type of Injury	Under 5 years	Under 5 years	Total < 5 years	Above 5 years	Above 5 years	Total > 5 years	Overall Total	%
	Male	Female		Male	Female			
Soft tissue injuries	28	18	46	568	684	1,252	1,298	0.2%
Chest trauma/Injury	-	-	-	121	129	250	250	0.0%
Ocular trauma and Burns	510	478	988	4,012	4,185	8,197	9,185	1.1%
Jaw injuries	204	235	439	4,063	3,203	7,266	7,705	1.0%
Other sites	25,596	23,337	48,933	413,265	326,860	740,125	789,058	97.7%
Total	**26,338**	**24,068**	**50,406**	**422,029**	**335,061**	**757,090**	**807,496**	**100.0%**

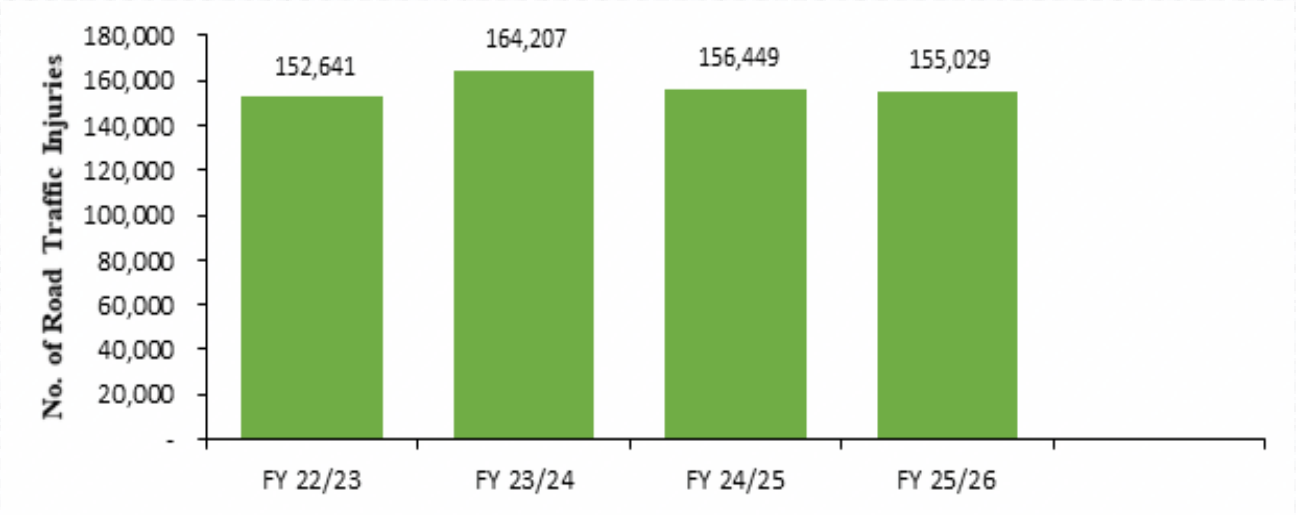
The number of road traffic injuries (RTIs) reported at health facilities decreased by 0.9% compared to FY 2024/25. This corresponds to an incidence of 337/ 100,000 population in FY 2025/26 compared to 341/ 100,000 population in FY 2024/25.

Table 56: Road Traffic Injuries by Road User Category and Age

Type of Injury	Under 5 years	Under 5 years	Total < 5 years	Above 5 years	Above 5 years	Total > 5 years	Overall Total	%
	Male	Female		Male	Female			
Road Traffic Injuries - Motor Vehicle	550	564	1,114	17,543	11,471	29,014	30,128	19.4%
Road Traffic Injuries - Motor Cycle	2,021	1,837	3,858	52,086	29,896	81,982	85,840	55.4%
Road Traffic Injuries - Bicycles	305	257	562	4,474	2,680	7,154	7,716	5.0%
Road Traffic Injuries - Pedestrians	305	227	532	2,245	2,094	4,339	4,871	3.1%
Road Traffic Injuries - Others	1,572	1,222	2,794	14,104	9,576	23,680	26,474	17.1%
Total	**4,753**	**4,107**	**8,860**	**90,452**	**55,717**	**146,169**	**155,029**	**100.0%**

The highest burden of Road Traffic Injuries (RTIs) among road users remained significantly high during FY2025/26. Motorcycles remained the leading contributor followed by Motor Vehicles, Other-RTIs, Bicycles, and Pedestrians. Overall, males accounted for 61.4% (95,205) of injuries. Children under 5 years sustained 5.7% of the total road traffic injuries. Pedestrian injuries had the highest under-5 proportion of any road-user category (10.9%), indicating that young children are disproportionately exposed to pedestrian-specific risk. These patterns align with WHO's global road safety evidence based on pedestrian vulnerability and support prioritizing safe system interventions.

FIGURE 66: TREND IN RTIS REPORTED AT HEALTH FACILITIES



RTIs managed at Health Facilities are more common in the urbanized areas of Kampala, Acholi, and Busoga regions. However, not all road traffic injuries are reported at the health facilities, suggesting that the actual burden may be higher than documented.

FIGURE 67: REGIONAL VARIATIONS OF RTIS PER 100,000 POPULATION

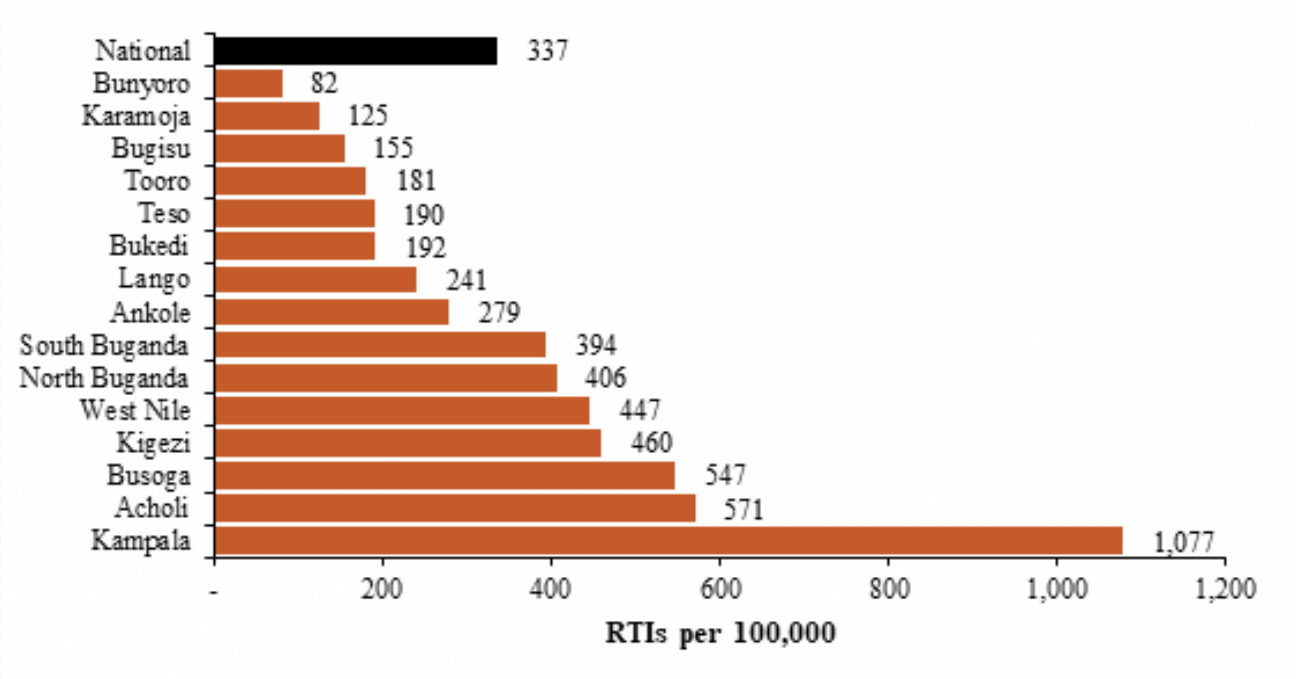


Table 57: RTIS by Financial Year and Region

	2022/23		2023/24		2024/25		2025/26	
Regions	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000
Ankole	2,974	287	10,749	299	10,416	509	11,684	571
Acholi	19,168	429	9,841	481	11,646	323	10,052	279
Bugisu	10,350	170	4,131	174	4,327	182	3,674	155
Bukedi	11,751	421	6,579	236	5,806	208	5,358	192
Bunyoro	8,780	149	6,098	139	5,107	117	3,578	82
Busoga	10,253	513	13,958	630	15,437	697	12,127	547
Kampala	15,167	1,402	27,246	1,452	16,948	904	20,210	1,077
Karamoja	11,373	205	3,571	246	2,848	196	1,823	125
Kigezi	4,507	314	5,675	319	6,338	356	8,194	460
Lango	4,037	176	5,311	207	4,901	191	6,179	241
North Buganda	4,734	498	16,914	558	16,334	349	19,022	406
South Buganda	26,294	237	21,724	269	22,859	362	24,890	394
Teso	6,531	192	5,988	243	6,570	267	4,690	190
Tooro	5,597	303	10,209	302	10,230	303	6,131	181
West Nile	15,109	389	16,213	416	16,682	428	17,417	447
Total	**156,625**	**341**	**164,207**	**357**	**156,449**	**341**	**155,029**	**337**

Table 58: Inpatient Deaths due to Injuries

Cause	FY 2022/23		FY 2023/24		FY 2024/25		FY 2025/26	
	Number	%	Number	%	Number	%	Number	%
Motorcycle	641	26.7%	932	29.4%	725	26.8%	876	29.2%
Motor Vehicle	566	23.6%	904	28.5%	688	25.5%	684	22.8%
Bicycles	31	1.3%	14	0.4%	5	0.2%	9	0.3%
Other-RTIs	324	13.5%	326	10.3%	423	15.7%	553	18.4%
Injuries - (Trauma due to other causes)	609	25.4%	744	23.4%	693	25.7%	712	23.7%
Snake bites	79	3.3%	93	2.9%	101	3.7%	78	2.6%
Animal bites - Domestic	74	3.1%	28	0.9%	23	0.9%	26	0.9%
Animal bites - Insects	24	1.0%	25	0.8%	29	1.1%	21	0.7%
Animal bites - Wild	21	0.9%	6	0.2%	4	0.1%	20	0.7%
Jaw injuries	30	1.3%	102	3.2%	10	0.4%	26	0.9%
TOTAL	**2,399**	**100%**	**3,174**	**100%**	**2,701**	**100%**	**3,002**	**100%**

Health facility inpatient deaths due to injuries increased by 11% from 2,701 in FY 2024/25 to 3,002 in FY 2025/26. There was a decrease in deaths due to motorcycle-related accidents, while deaths associated with motor vehicle injuries remained consistently high.

2.4.8 Neglected tropical Diseases

River Blindness

Onchocerciasis (River blindness) is one of the Neglected Tropical diseases targeted for elimination in Uganda. The disease is due to the bite of infected black flies breed in fast flowing rivers. The bites cause painful itching that results in skin depigmentation, Onchodermatitis, hanging groins and in the late stages lead to blindness. People living in areas near rivers with black flies were the most affected hence the name 'river blindness'.

In 2007, His Excellency the President of Uganda launched an elimination policy, since then baseline, mapping was completed, biannual treatments using Ivermectin was launched and in some foci vector elimination using Abate were implemented.

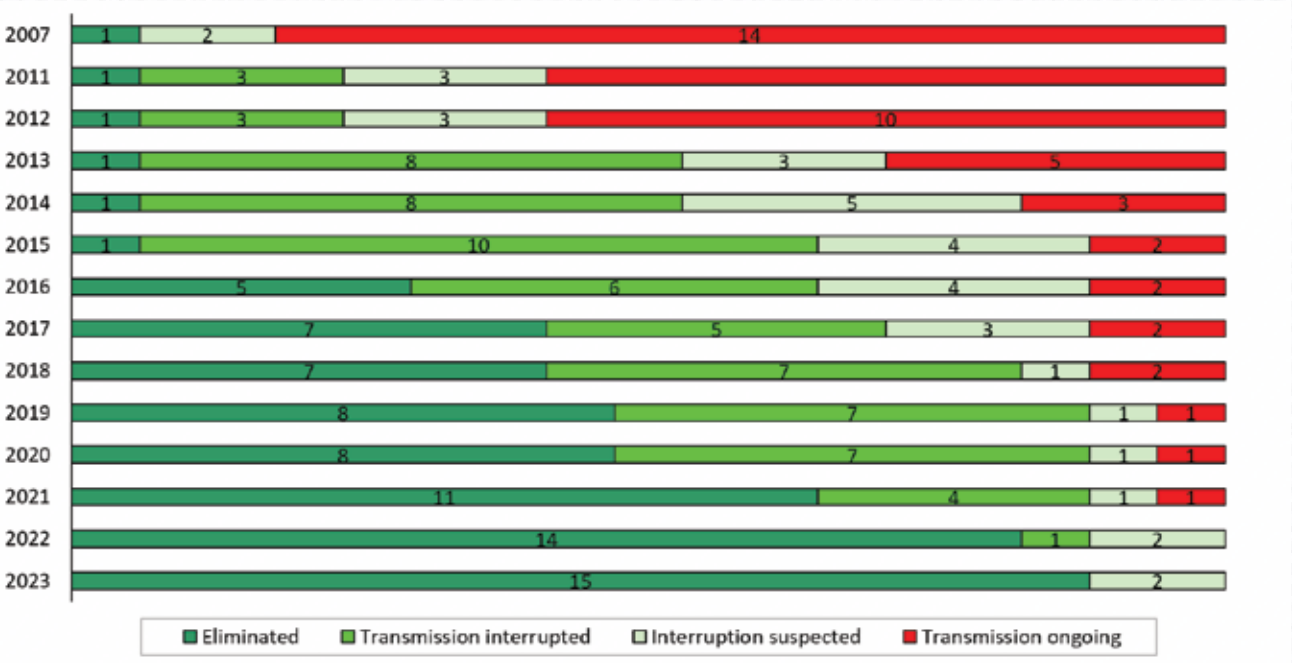
With support from partners including The Carter Center (TCC), the disease which was previously endemic in 17 foci of 51 districts across the country has been eliminated in 15 foci of Victoria Nile focus, Mpamba-Nkusi, Imaramagambo, Itwara, Elgon, Wambabya-Rwamarongo, Kashoya-Kitomi, Obongi, West Nile focus, Nyamugasani, Wadelai, Maracha-Terego, Bwindi, Budongo and Nyagak-Bondo focus. Over 6 million people are now protected and free from the painful bites and risk of Riverblindness transmission.

As a country and Ministry of Health, we remain with 5 districts of Lamwo, Kitgum, Amuru, Adjumani and Moyo districts in the upper Madi-Mid North where we still implement bi-annual treatments of Ivermectin due to the risk of cross border transmission from the neighbouring Republic of South Sudan. In October 2024 MDA round, a total of 138,442 people were treated in Lamwo, 27,795 people in Adjumani, 90,934 people in Kitgum, 94,101 people in Moyo, 101,170 people treated in Amuru and 132,416, people treated in Kasese with Ivermectin resulting in a total 584,858 people treated in the six mentioned districts. We have stopped MDA in Kasese district.

With support from The Carter Center, the Ministry of Health commenced Post-Elimination Surveillance (PES) activities in the month of February 2025 in the Elgon focus. This includes vector monitoring, epidemiological surveys and community sensitization to sustain the elimination gains.

Given the significant progress made in the Onchocerciasis elimination program, there is strong hope that the disease will be eliminated from the country by 2030. However, a decrease in donor funding could hinder the achievement of this goal.

FIGURE 68: THE TABLE BELOW SHOWS THE PROGRESS REGISTERED IN THE ELIMINATION OF RIVER BLINDNESS IN UGANDA



Trachoma

Trachoma is a disease of the eye and the leading infectious cause of blindness. Trachoma spreads through contact with discharge from the eyes or nose of an infected person. Contaminated hands, clothing, towels can spread the infection.

All the 52 endemic districts have stopped mass treatment. Moroto and Nabilatuk districts are currently undergoing impact assessments to evaluate the outcomes of the mass treatment programs conducted over the years.

The incorporation of trachoma infection testing as part of these impact assessments has enhanced decision-making processes regarding the cessation of mass treatments in affected districts, ensuring that interventions are both timely and effective.

Additionally, there has been notable improvement in inter-sectoral coordination and collaboration, particularly with the Water, Sanitation, and Hygiene (WASH) and Education sectors. These joint efforts have contributed significantly to the availability of safe water and improved sanitation in endemic communities and schools, which are key factors in reducing the spread of trachoma.

In 2024, a total of 876 clients from 12 districts, one city, and two refugee settlements received eyelid surgery as part of the surgery program to manage complications of repeated and untreated active trachoma infections. This has significantly reduced the surgery burden, with only an estimated 5,000 cases remaining to reach the elimination thresholds.

FIGURE 69: AN EYE WITH A COMPLICATION OF NOTE THE MANY UPPER EYE LASHES TOUCHING THE EYE BALL

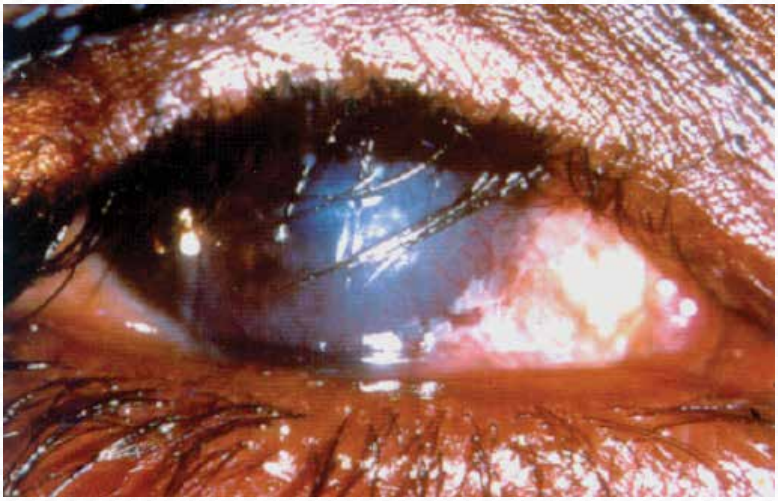
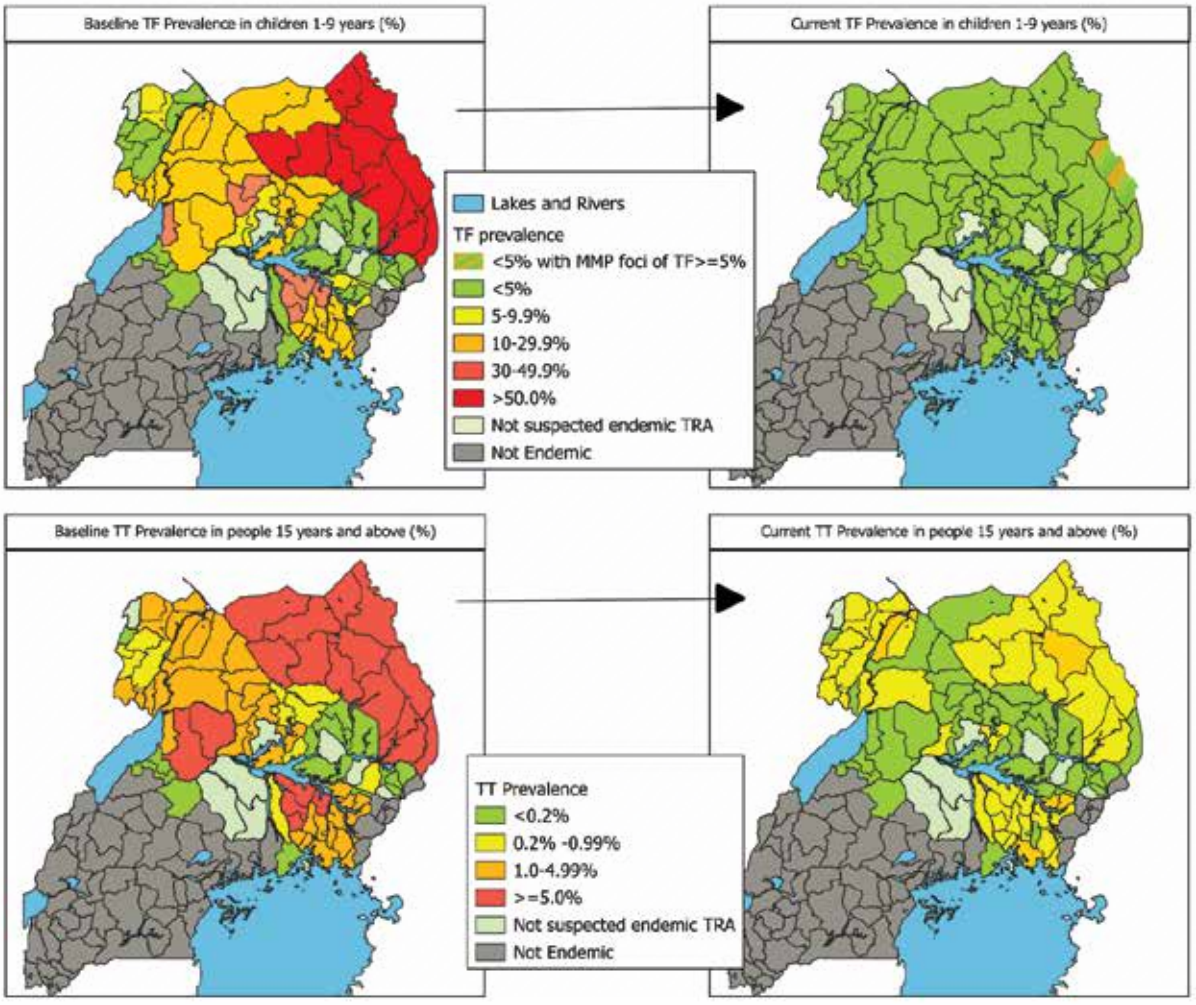


FIGURE 70: MAP SHOWING PREVALENCE OF ACTIVE TRACHOMA IN UGANDA: BASELINE VS. MOST RECENT (2025)

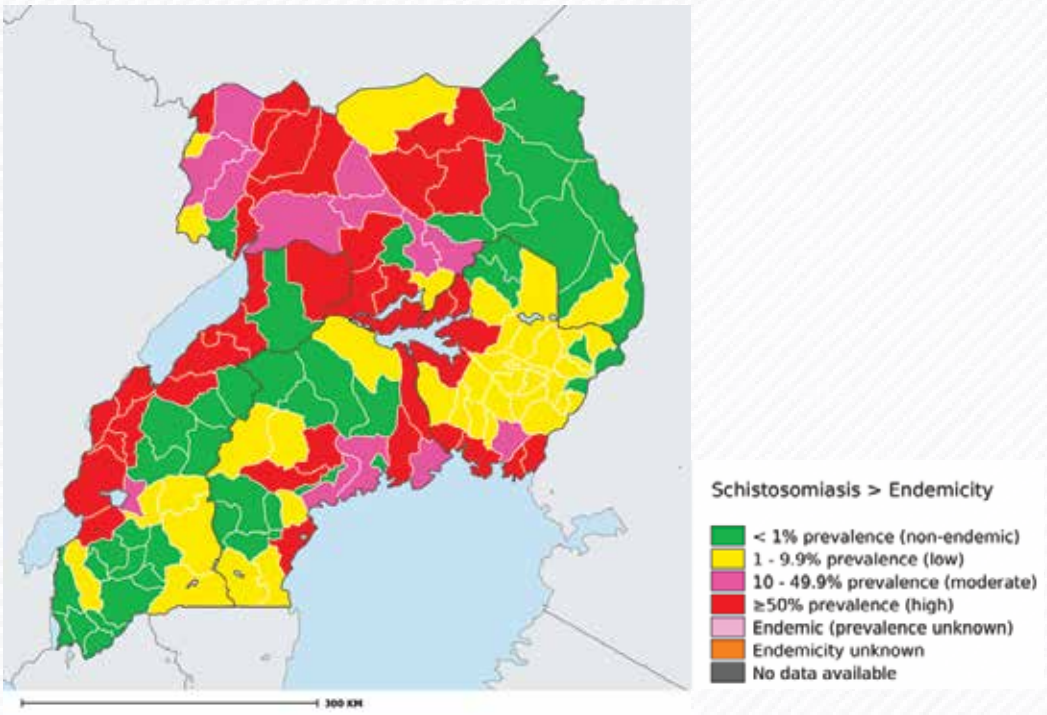


Bilharzia and Intestinal Worms

Bilharzia is present in 96 districts, while intestinal worms are widespread throughout the entire country. Annual Mass Drug Administration (MDA) is carried out in all endemic districts, targeting school-aged children (5-14 years) and high-risk adults. However, preschool children aged 2 to 4.9 years have been excluded from treatment due to the unavailability of suitable medication for them. Research indicates that Schistosomiasis affects over 40% of this age group.

In February 2025, Uganda will become the first country to pilot Pediatric Praziquantel targeting over 5,000 Preschool age children. This milestone is expected to help the country reach the WHO's goal of eliminating these diseases by 2030.

FIGURE 71: BILHARZIA ENDEMICITY ACROSS ALL DISTRICTS IN UGANDA.

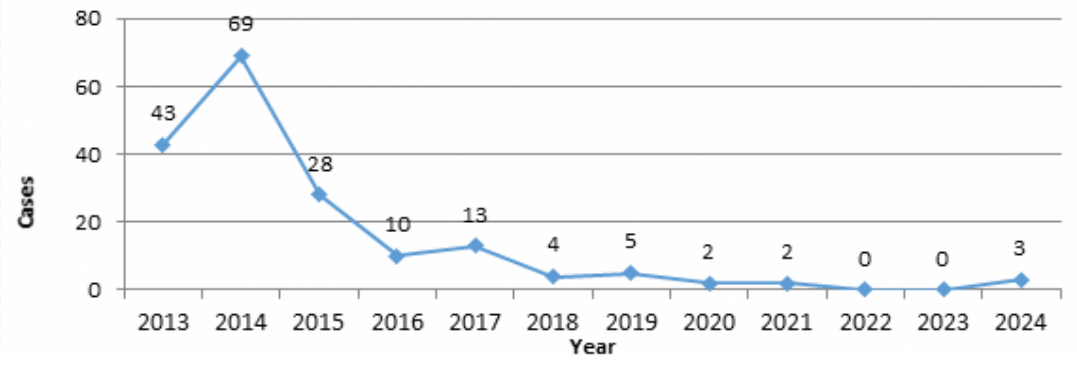


Sleeping Sickness

Sleeping sickness also known as Human African Trypanosomiasis (HAT) is mainly transmitted by of an infected tsetse fly and only occurs on the African continent. It is estimated that 10 million Ugandans are at risk and affect all age groups. The disease is endemic in 41 districts. The chronic form of sleeping sickness has been eliminated as a public health problem from the West Nile region and it is 4 years since a case was last reported

Fexinidazole, a new oral drug is now available for treatment of both the chronic gambiense and acute rhodesiense forms of sleeping sickness. This treatment is safe, easy-to-use, and effective. There are two forms of sleeping sickness: a) rhodesiense form which is acute and b) gambiense form that runs a chronic course with Uganda having both forms of the disease.

FIGURE 72 THE GRAPH BELOW SHOWS THE TREND IN CASES OF RHODESIENSE FORM OF SLEEPING SICKNESS REPORTED ACROSS THE COUNTRY.



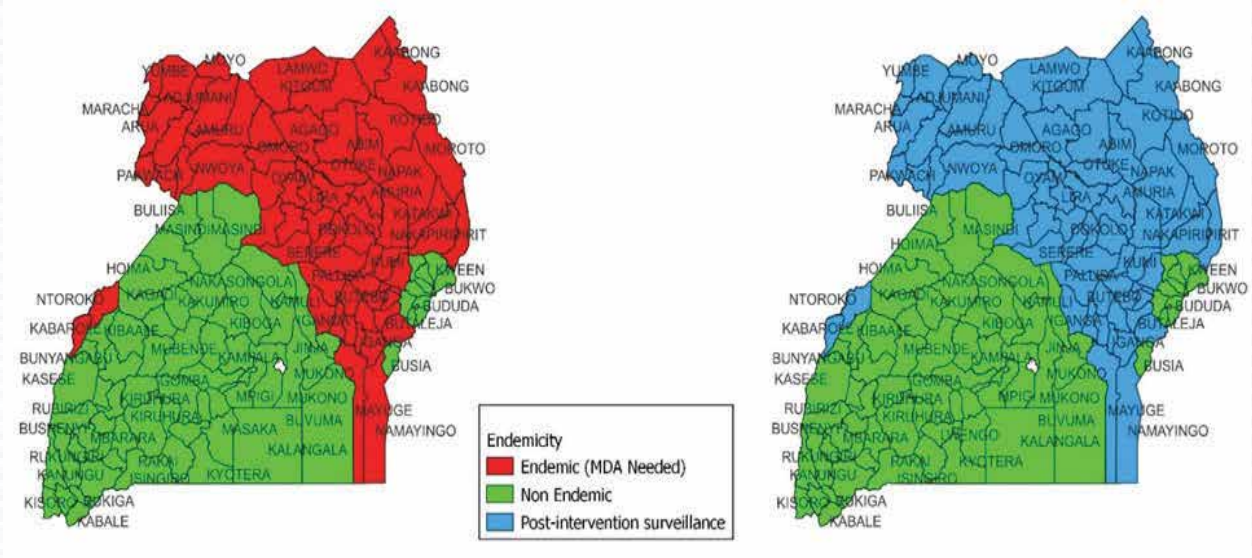
Lymphatic Filariasis (Elephantiasis)

Lymphatic Filariasis is parasitic neglected tropical disease transmitted by Anopheles mosquitoes in Uganda. Lymphatic Filaraisis infection could be asymptomatic, acute and chronic. When lymphatic filariasis develops into chronic conditions it leads to lymphoedema (tissue swelling) or elephantiasis (skin/tissue thickening) of limbs and hydrocele (scrotal swelling).

Elephantiasis transmission has been interrupted in 57 districts (out of 70) and mass treatment was stopped 5 years ago where a total of 16.4 million people benefited from the intervention

Hydrocele and elephantiasis management, a key component of Morbidity management and Disability Inclusion has been scaled up in up to 28 districts in the country as follows; Lango sub-region-9 districts, Teso subregion-11 districts, Acholi subregion- 8 districts to improve the quality of life of affected persons and increased productivity. The final elephantiasis transmission assessment surveys are to be carried out in the remaining 13 districts around the country.

FIGURE 73: LYMPHATIC FILARIASIS ENDEMICITY: BASELINE VS. MOST RECENT (2024)



Visceral Leishmaniasis (Kala-azar)

There are accelerated efforts to eliminate Visceral Leishmaniasis (VL) as a public health problem following the launch of the VL Eastern Africa Strategic framework 2023-2030. Active surveillance as a key strategy limits delays in diagnosis and reduces the risk of further transmission. Additionally, it has increased the number of cases identified and treated by endemic communities in all the 9 districts of the Karamoja sub region.

The program has made further strides in ensuring access to VL diagnostic and treatment services across most peripheral facilities and the recent development of Miltefosine, a new oral drug to be used in combination for treatment for VL and Post kala dermal leishmaniasis provides options to existing treatments that shorten the treatment duration.

Skin NTDs

Skin NTDs are largely distributed across all districts in Uganda such as Jiggers, Scabies and other ectoparasites, Mycetoma and other deep fungal mycoses, Buruli ulcer and cutaneous leishmaniasis.

The plan is to ensure integration of Skin NTDs. Integrating programs for skin NTDs creates an opportunity to address multiple conditions simultaneously, resulting in increased efficiency through sharing of resources and expanded programme coverage. Integrated approaches are also promoted in the WHO NTD Road map 2021–2030 to reduce morbidity, disability and the psychosocial impact of skin NTDs.

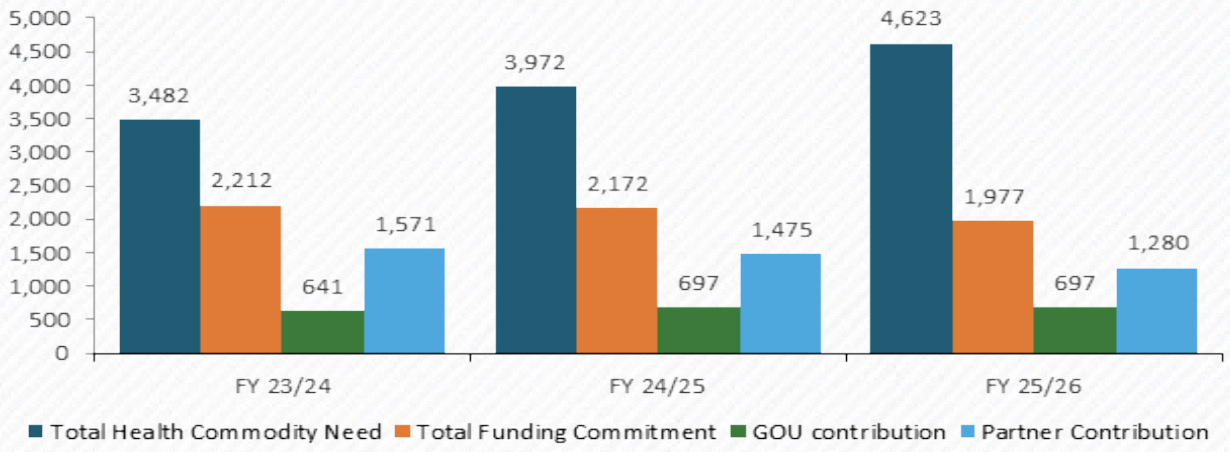
2.5 Essential Medicines and Health Supplies (EMHS)

2.4.1 Financing for Essential Medicines and Health Supplies

Over the last three financial years, there has been an increase in financing from Government for medicines and health products. This aims to address the growing resource gap created due to the declining donor support.

A defining feature of the FY2024/25 planning period was the Government's rapid response to mitigate the impact of disruptions in external financing following the United States Government Stop Work Order. Recognizing the potential risk to continuity of essential health services, the Government mobilized supplementary funding worth UGX 338.4 billion to sustain procurement of priority commodities across HIV, tuberculosis, malaria, reproductive health, laboratory services, nutrition and other essential programs. These timely interventions demonstrated the Government's growing commitment and capacity to protect health service delivery from external financing shocks while reinforcing the need for increased domestic financing to reduce vulnerability to future donor transitions.

FIGURE 74: PREVIOUS HEALTH COMMODITY FINANCING IN BILLIONS OF DOLLARS



National Funding Landscape for EMHS

The national quantification requirement estimates for EMHS is USD 1.17 billion for FY2026/27. The estimate increased from USD 1.03 billion in FY2025/26 and is projected to be USD 1.27 billion in FY2029/30. After accounting for projected carry-over stock, the total procurement requirement for FY2026/27 is estimated at USD 1.02 billion and is projected to increase to USD 1.20 billion by FY2029/30.

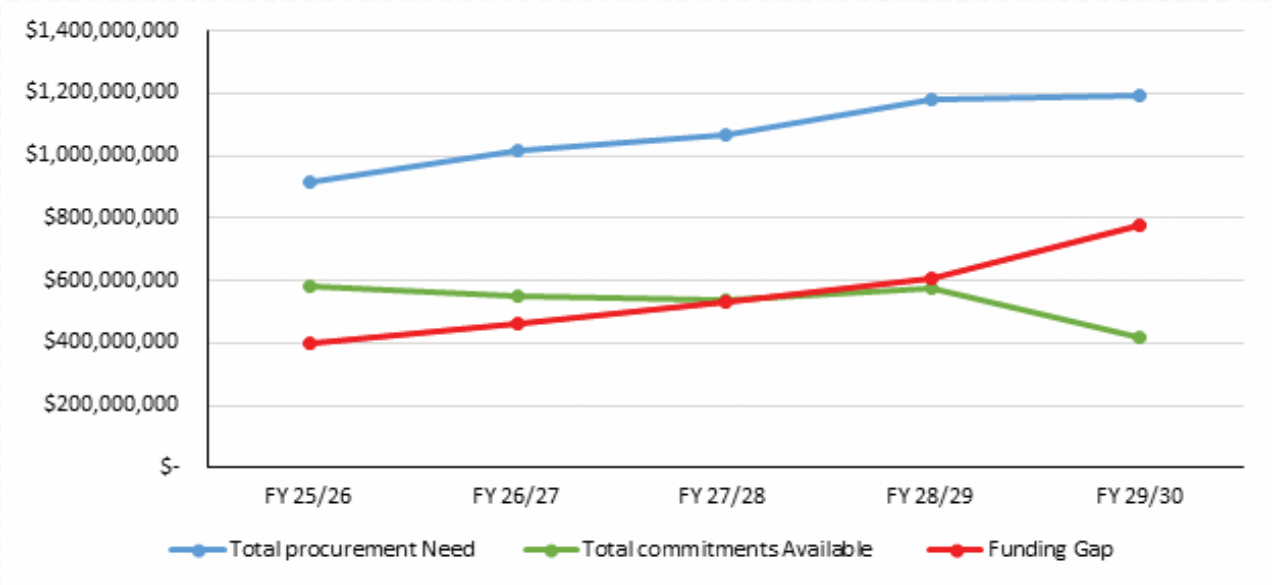
Projected carry-over stock provides an important contribution to meeting the quantified requirements, with an estimated value of USD 151.0 million in FY2026/27. Available financing commitments, however, amount to approximately USD 553.2 million, resulting in a funding gap of USD 463.6 million, equivalent to 39.7% of the FY2026/27 total commodity requirement.

Across the planning period, procurement requirements increased while available commitments did not increase at the same rate. The resulting funding gap is projected to increase from USD 396.6 million in FY2025/26 to USD 778.9 million in FY2029/30. The widening gap indicates increasing pressure on the resources available to finance the projected national EMHS requirements.

Table 59: National Funding Landscape for All EMHS

National Funding Landscape for All EMHS (USD)					
	FY 25/26	**FY 26/27**	**FY 27/28**	**FY 28/29**	**FY 29/30**
Total Commodity Need	1,029,993,412	1,167,888,360	1,178,831,805	1,273,542,341	1,270,902,594
Projected Carry Over stock	107,051,731	151,042,040	116,567,265	99,449,129	79,665,979
Total procurement Need	**918,518,930**	**1,016,846,319**	**1,069,149,466**	**1,182,300,826**	**1,196,074,352**
Total commitment Available	**584,748,336**	**553,223,778**	**540,366,100**	**575,761,592**	**417,164,195**
Funding Gap	**396,635,520**	**463,622,361**	**528,783,365**	**606,539,234**	**778,910,157**

FIGURE 75: TREND ANALYSIS FOR PROCUREMENT NEED, COMMITMENTS AND FUNDING GAPS (FY25/26 – FY29/30)



Commodity Requirement and Funding Gap Analysis by Commodity Category

The FY2026/27 commodity requirement is concentrated across a few high-value commodity categories. Laboratory Diagnostics represents the largest requirement at USD 214.8 million, followed by Assistive Devices (USD 186.8 million), ARV Medicines (USD 163.1 million), Credit Line EMHS (USD 157.3 million), Vaccines and Associated Supplies (USD 115.8 million), Malaria Commodities (USD 106.4 million), and RMNACH Commodities (USD 66.6 million).

These seven categories collectively account for approximately 82% of the total FY2026/27 commodity requirement, indicating a high concentration of the overall financing requirement within a relatively small number of commodity portfolios.

The financing position varies considerably across categories. ARV Medicines and Condoms are fully covered through projected carry-over stock and available financing commitments. Malaria commodities also have relatively high financing coverage, with a funding gap of 13.8% of the category requirement, while Laboratory Diagnostics has a gap of 15.5%.

In contrast, several commodity categories have substantial financing gaps. Assistive Devices and NTD commodities have no financing commitments reflected in the quantification, resulting in 100% funding gaps. Other categories with high funding gaps include PHE commodities (97.0%), Oxygen commodities (96.6%), Humanitarian Response commodities (93.6%), Nutrition commodities (86.3%), and RMNACH commodities (75.6%).

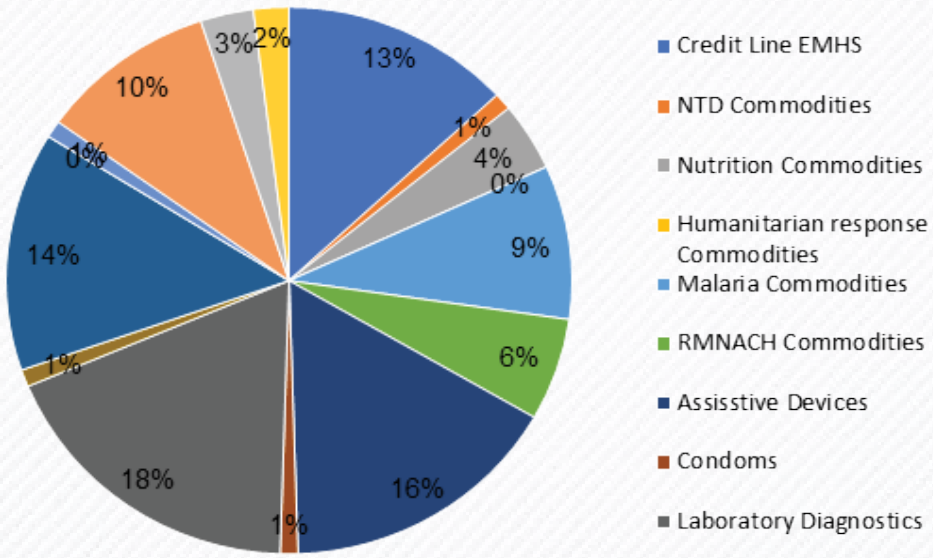
At the aggregate level, USD 463.6 million, or 39.7% of the FY2026/27 commodity requirement, remains unfunded after accounting for projected carry-over stock and financing commitments. The distribution of the gap across commodity categories indicates that both high-value portfolios and smaller but highly underfunded programs will require attention during financing and procurement planning.

The quantification also identifies apparent financing balances above the quantified requirement for STI/OI Medicines and TB Management Commodities. These should be reviewed during the final financing reconciliation and procurement planning process to confirm their applicability to the quantified requirements.

Table 60: Procurement Need per Commodity Category (USD) - FY26/27

Summary per commodity category for FY 26/27(USD)						
Commodity Category	**Total Commodity Need**	**Projected Carry over**	**Commitments Available**	**Total Available Funds**	**Funding Gap**	**%age Funding Gap**
Credit Line EMHS	157,331,697	-	117,048,855	117,048,855	40,282,842	25.6%
NTD Commodities	16,261,871.37	-	-	-	$16,261,871.37	100.0%
Nutrition Commodities	47,188,784	-	6,480,177	6,480,177	40,708,607	86.3%
Humanitarian response Commodities	2,724,605	-	175,000	175,000	2,549,605	93.6%
Malaria Commodities		25,881,942	65,830,148	91,712,090	14,678,107	13.8%
RMNACH Commodities	66,610,591	-	16,285,000	16,285,000	50,325,591	75.6%
Assistive Devices	186,840,345	-	-	-	186,840,345	100.0%
Condoms	7,996,824	6,571,040	1,425,603	7,996,643	-	0.0%
Laboratory Diagnostics	214,772,198	32,061,853	149,404,325	181,466,178	33,306,020	15.5%
HIV Prevention Commodities	13,748,312.00	3,889,315	8,177,707	12,067,022	1,681,290	12.2%
ARV Medicines	163,118,921	82,637,890	80,481,031	163,118,921	-	0.0%
STI/OI Medicines	3,780,277	-	3,941,069	3,941,069	(160,792)	-4.3%
TB management commodities	8,610,957.57	-	33,264,152	33,264,152	(24,653,194)	-286.3%
Vaccines and Associate Supplies	115,782,585	-	68,874,804	68,874,804	46,907,781	40.5%
Oxygen commodities	34,353,280	-	1,169,241	1,169,241	33,184,039	96.6%
PHE	22,376,915	-	666,667	666,667	21,710,249	97.0%
Total	**1,167,888,360**	**151,042,040**	**553,223,778**	**704,265,818**	**463,622,361**	**39.7%**

FIGURE 76: DISTRIBUTION OF COMMODITY REQUIREMENTS BY CATEGORY



Financing Commitments by Funding Source

The FY2026/27 financing commitments reported across funding sources amount to approximately USD 556.4 million. The Government of Uganda (GOU) is the largest individual financing source, contributing USD 268.5 million, equivalent to 48.3% of reported commitments.

The Global Fund contributes USD 115.5 million (20.8%), while the United States Government (USG) contributes USD 110.7 million (19.9%). Together, GOU, the Global Fund and USG account for approximately 89% of reported FY2026/27 financing commitments. GAVI contributes a further USD 51.5 million (9.3%), while the remaining financing partners collectively account for a relatively small proportion of total commitments.

Compared with FY2025/26, GOU commitments increased from USD 223.3 million to USD 268.5 million, while USG commitments increased from USD 87.0 million to USD 110.7 million. Global Fund commitments decreased from USD 209.8 million to USD 115.5 million over the same period. UNFPA commitments also decline from USD 8.3 million to USD 4.8 million, while GAVI commitments increase slightly from USD 50.0 million to USD 51.5 million.

The financing profile therefore shows a significant contribution from domestic resources alongside continued reliance on major external financing partners. The changes between FY2025/26 and FY2026/27 also indicate a changing composition of the financing envelope, particularly the reduction in Global Fund commitments and the increase in GOU and USG commitments.

Table 61: Funding commitments for FY 25/26 and FY 26/27 disaggregated per source of funding.

Summary of Funding per Agency (USD)			
Funding Agency	**FY25/26**	**FY26/27**	**%age Commitment FY 26/27**
GOU	223,262,838	268,506,122	48.3%
USG	87,044,502	110,678,139	19.9%
GF	209,797,319	115,548,682	20.8%
UNICEF	2,894,238	2,894,238	0.5%
WHO	681,901	681,901	0.1%
Others	1,155,951	1,155,951	0.2%
UNFPA	8,266,276	4,769,731	0.9%
Give Well	260,973	260,308	0.0%
Gates Foundation	440,134	440,134	0.1%
LDS Church	331,325		0.0%
CHAI	82,500		0.0%
EVIDENCE ACTION	125,000		0.0%
Vision spring	2,500		0.0%
GAVI	50,007,924	51,500,020	9.3%
Total	**534,345,457**	**556,435,226**	**100.0%**

2.4.2 EMHS Credit Line at Joint Medical Stores (JMS)

Over the past four financial years, the allocation and utilization of PHC funds under the EMHS credit line have consistently demonstrated high levels of efficiency and accountability, with utilization rates maintained between 99% and 100%. Since FY 2021/22, the EMHS credit line allocation for the PNFP sector has registered considerable 41.6% growth demonstrating the GOU commitment towards improving health service delivery needs and attainment of universal health coverage. The number of health facilities has remained relatively stable with minimal fluctuations due to accreditation-related changes affecting the number of eligible facilities.

Table 62: Fund Allocation and utilizations comparison across previous Financial Years

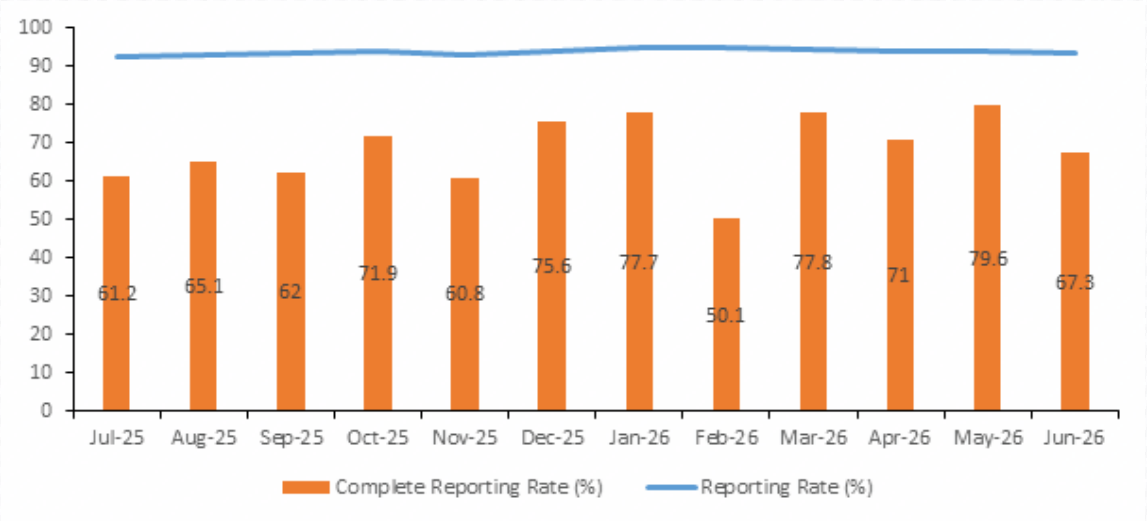
Financial Year	Total Funds Received (UGX)	Total Utilized (UGX)	Utilization %	Facilities Served
2021-2022	13,790,170,081	13,682,304,239	99%	556
2022-2023	13,681,273,223	13,638,120,137	100%	548
2023-2024	13,617,414,644	13,605,013,995	100%	552
2024-2025	19,406,429,993	19,373,653,164	100%	553
2025-2026	19,403,430,002	19,394,301,225.97	100%	557

2.4.3 Essential Medicines Reporting

The Medicines' stock status reporting performance for FY 2025/26 shows a marked recovery in overall reporting consistency compared to FY 2024/25, with the general Reporting Rate remaining stable and above to the national target of 90% throughout the entire year, hoovering narrowly between roughly 92% and 95% across all twelve months (Jul-25–Jun-26). This suggests health facilities largely restored their monthly submission discipline following the previous year's disruptions.

However, the Complete Reporting Rate — reflecting the share of facilities submitting fully accurate and complete stock status data — remained persistently below the 90% target all year, never once meeting the benchmark. Performance ranged from a low of 50.1% in February 2026 to a high of 79.6% in May 2026, with most months clustering between 60% and 78%. Relative strengths were seen in May (79.6%), March (77.8%), and January (77.7%), while July (61.2%), November (60.8%), and especially February (50.1%) stood out as the weakest points in the reporting cycle. This calls to strengthening facility-level data-entry capacity and quality-assurance checks to close the completeness gap.

FIGURE 77: MONTHLY MEDICINE STOCK STATUS REPORTING RATES AND COMPLETENESS OF REPORTING IN FY 2025/26



2.4.4 Average Availability of EMHS

Health facility level: Overall availability has been volatile and remains far below the 95% target — falling sharply from 81% (FY20/21) to as low as 58% (FY22/23), before partially recovering to 64% in FY2025/26. TB (71%) and RMNCAH (76%) commodities are performing best and show the clearest recovery trend, while EMHS (57%), ARVs (62%), and especially LAB (54%) remain the weakest baskets — LAB has never recovered from its FY22/23–24/25 decline.

Central warehouse level (NMS/JMS): Performance is stronger and closer to target, reaching 85% overall in FY2025/26 against an 80% target — the best result in the six-year series. TB (98%) and ARVs (84%) are especially strong, while LAB (77%) and RMNCAH (83%) trail slightly behind but still exceed target.

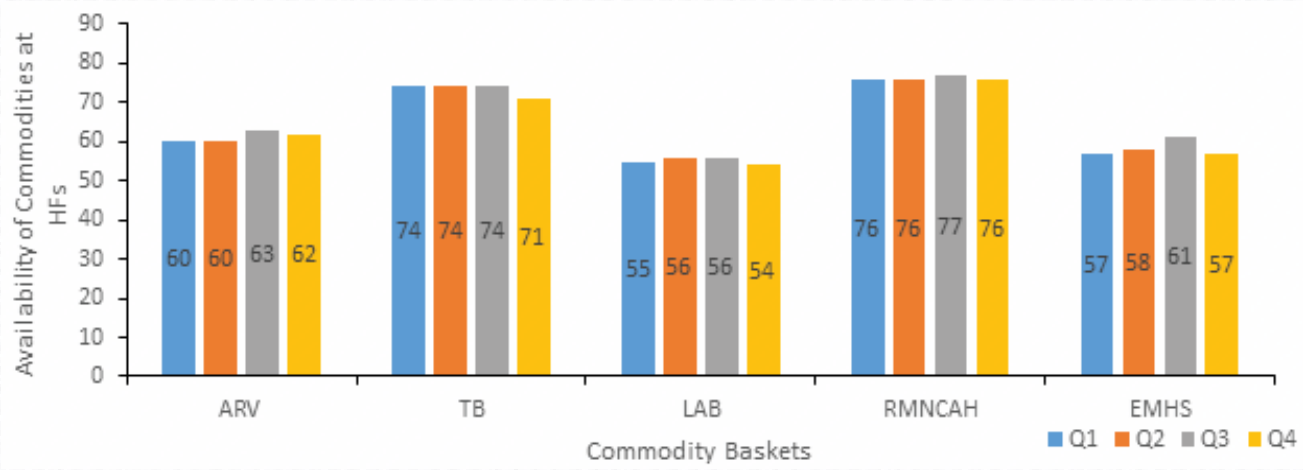
Central warehouse stock availability has improved substantially and now exceeds target, but this is not translating into facility-level gains — the persistent 20+ percentage-point gap between warehouse and facility availability (85% vs. 64%) points to downstream distribution, last-mile logistics, or facility-level stock management as the binding constraint, rather than upstream procurement or central supply.

Table 63: Availability for the 50 Commodities at Health Facilities/Central Level Warehouses in FY 2025/26

Indicator	Disaggre-gation	Q4 FY2020/21	Q4 FY2021/22	Q4 FY2022/23	Q4 FY2023/24	Q4 FY2024/25	Target FY2025/26	Q4 FY2025/26
Percentage availability of a basket of 50 commodities based on all reporting facilities in the previous quarter	EMHS	81	72	47	58	53	95	57
	ARVs	79	81	45	43	59	95	62
	TB	85	84	69	74	75	95	71
	LAB	78	72	73	79	50	95	54
	RMNCAH	83	80	57	67	72	95	76
	Overall	**81**	**78**	**58**	**64**	**62**	**95**	**64**
Percentage availability of supplies for a basket of 50 Commodities and health supplies at Central Level Warehouses (NMS and JMS).	EMHS	69	57	97	84	59	80	84
	ARVs	63	61	75	61	92	80	84
	TB	67	67	83	75	84	80	98
	LAB	52	63	78	77	61	80	77
	RMNCAH	55	66	79	55	89	80	83
	Overall	**61**	**63**	**82**	**70**	**77**	**80**	**85**

Availability varied notably by commodity basket. RMNCAH (~76%) and TB (~73%) commodities performed best and most consistently across quarters. LAB commodities were weakest, averaging only ~55% all year. ARV and EMHS trailed in the low-to-mid 60s and high 50s respectively. Nearly every basket dipped in Q4, suggesting a possible systemic or seasonal disruption late in the fiscal year. Overall, RMNCAH and TB are approaching central-warehouse-level availability, while LAB and EMHS remain priority areas for improvement.

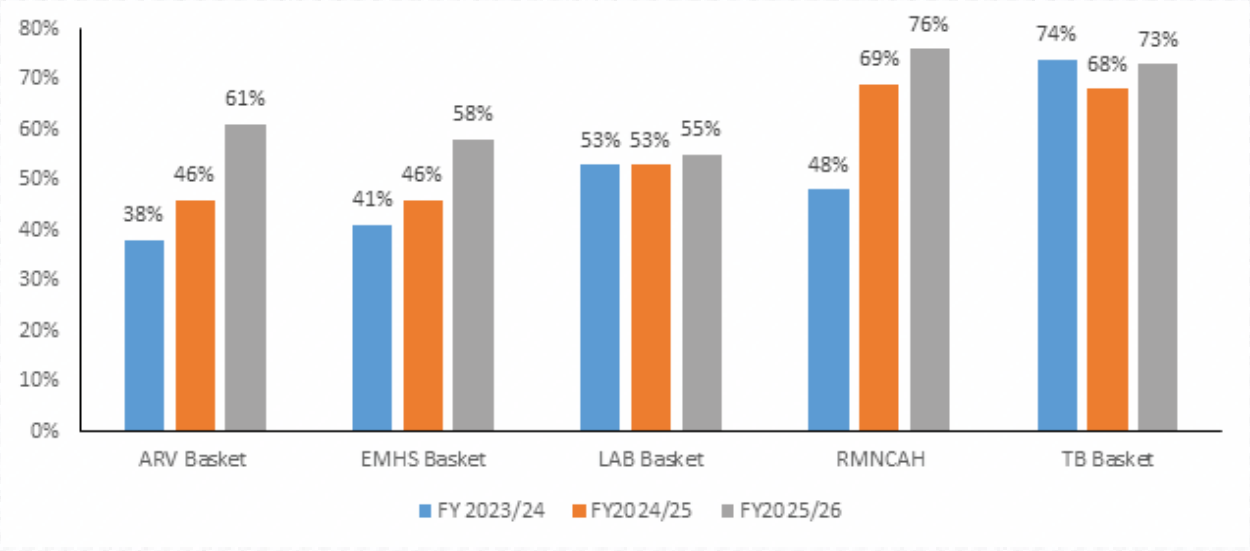
FIGURE 78: AVERAGE AVAILABILITY OF A BASKET OF 50 COMMODITIES PER QUARTER IN FY 2025/26



Commodity Basket Performance Across Three Financial Years

The figures below present the performance of the five commodity baskets across FY 2023/24, FY 2024/25 and FY 2025/26. Overall, there has been increase in average availability with FY 2025/26 seeing the highest increase.

FIGURE 79: AVERAGE AVAILABILITY OF THE FIVE COMMODITY BASKETS ACROSS THREE FINANCIAL YEARS



2.4.5 Activities of Medicines and Therapeutic Committees

The Medicine and Therapeutics Committee (MTC) is one of the standing committees in health facilities responsible for managing medicines and health technologies. The aim of establishing MTC is to promote the availability, accessibility, and accountability of safe, effective, efficacious, quality, and cost-effective medicines and health technologies within the health facilities. By June 2025 268 public hospitals and health centers IVs had MTC and its subcommittees functional. They include 6 National Referral Hospitals and National Institutes, 17 Regional Referral Hospitals, 48 General Hospitals, and 197 Health Centre IVs. In the private sector, we have 5 PNFP facilities affiliated to UPMB, 44%(n=34) PNFP affiliated to UCMB and a number of private for-profit facilities including Nakasero and Kampala Hospital.

During FY2025/26, support focused on sustaining regular MTC meetings, strengthening committee participation, and expanding the functionality of technical subcommittees, particularly those responsible for supply chain management, antimicrobial stewardship, and pharmacovigilance.

Anti-microbial stewardship

Antimicrobial stewardship (AMS) is a coherent set of action which promotes the responsible use of antimicrobial. The AMS Subcommittee of the MTC focused on optimizing antimicrobial use and promoting stewardship within health facility. They develop interventions and implement interventions that promote rational antimicrobial prescribing, promote stewardship, and provide the foundation for evidence-based antimicrobial interventions.

Monitoring antimicrobial use

Outpatient department

In the outpatient department, we use drug indicator survey to monitor antimicrobial use in the OPD. In FY2025/2026 an improvement in antimicrobial use in outpatient with adherence to the Uganda Clinical guideline improving by 5.1% to 61.8%, in the FY2025/26. Most prescribers are avoiding use of injection in OPD and increasingly use biomarker like CBC to inform prescription

Table 64: performance of critical indicators used to assess prescription practices in OPD

	FY 2024/25	FY2025/26	National Target
Adherence to Uganda Clinical guideline	56.7%	61.8%	100%
Antibiotic prevalence	63.4%	65.8%	-
average number of antibiotics per prescription	1.6	1.5	1
Antimicrobial prescribe by Generic name	79.7%	74.4%	100%
Prescription guided by Biomarker	6.9%	7.5%	5%
Injectable antibiotics in OPD	7%	7%	15%

Inpatients department

In inpatient settings, the Point Prevalence Survey is used to monitor antimicrobial use. Overall, there was an improvement in the rational use of antimicrobials. More effort is required to encourage the prescribers to continue to use the Uganda clinical guideline. We are optimistic that with the next revision of the UCG and strengthened stewardship, we shall see an improvement in the use of the standard treatment guideline.

Antimicrobial prescribing continues to rely predominantly on clinical assessment rather than microbiological or biomarker evidence. Strengthening diagnostic stewardship, access to laboratory services, specimen collection practices, and the use of laboratory results in treatment decisions should therefore remain a priority for antimicrobial stewardship implementation.

Table 65: Performance of critical indicators used to assess prescription practices in the inpatients

	FY 2024/25	FY2025/26	National Target
Adherence to Uganda Clinical guideline	34.3%	41.2%	100%
Antibiotic prevalence	84.7%	82.7%%	-
average number of antibiotics per prescription	1.7	1.6	1
Antimicrobial prescribe by Generic name	67.6%	83.6%	100%
Prescription guided by Biomarker	6.9%	7.5%	5%
proportion of patients from whom culture samples were taken	2.4%	3.2%	-
proportion of culture and sensitivity results that guided prescribed antibiotics guided	1.4%	1.9%	100%
Community-acquired infections	46.1%	44.7%	-
Surgical prophylaxis	12.9%	17.9%	-
Medical prophylaxis	12.8%	20.5%	-
hospital-acquired infections	7.2%	4.1%	-

Overall, the July 2025–June 2026 period demonstrates that antimicrobial stewardship implementation is generating measurable improvements in prescribing quality, particularly in guideline adherence, generic prescribing in inpatient settings, and reduction in the number of antibiotics used per patient or prescription. The department has also noted increased number of request and use of culture and sensitivity results to inform antimicrobials use within the hospital. Currently more than 90% of the referral hospitals have antibiogram to guide antimicrobial use while they wait for culture and sensitivity results. The results are also being used to guide institutional medicines lists and procurement planning for Essential Medicine and Health supplies.

However, the continued high prevalence of antibiotic use, low utilization of microbiological diagnostics, limited culture-guided prescribing, regional disparities in guideline adherence, and declining generic prescribing in outpatient care remain important challenges.

The findings support a shift towards sustained, facility-based antimicrobial stewardship implementation as a continuous process rather than a one-off activity. Priority actions should include routine prescription audits and feedback, strengthening of facility AMS/MTC structures, use of national treatment guidelines at the point of prescribing, targeted interventions in regions and facilities with poor guideline adherence, strengthening diagnostic stewardship and microbiology.

Table 66: Number of facilities monitoring use of antimicrobial use at OPD using Drug indicator and inpatients using Point Prevalent survey

	OPD		Inpatient	
Level	**2025**	**2026**	**2025**	**2026**
Health Centre IV	5	183	0	50
General Hospital	55	41	56	6
Regional Referral Hospital	16	14	16	5
National Referral Hospital	8	2	5	0
Specialized Hospital	3	0	2	0

Adherence to Uganda Clinical guideline

The department has noted an improvement rational use of medicines measured as adherence to Uganda clinical guideline. There was an 8% increase in adherence to UCG from 43.9% in FY 2024/25, to 51.9% in FY 2025/26. This was mainly attributed to continue mentorship and supervision championed by the medicine and therapeutic committee within the health facility. Percentage of prescribed antibiotics adhering to treatment guidelines across the 15 regions.

FIGURE 80: ADHERENCE TO THE UGANDA CLINICAL GUIDELINE BY REGION, 2024/2025 VS 2025/2026

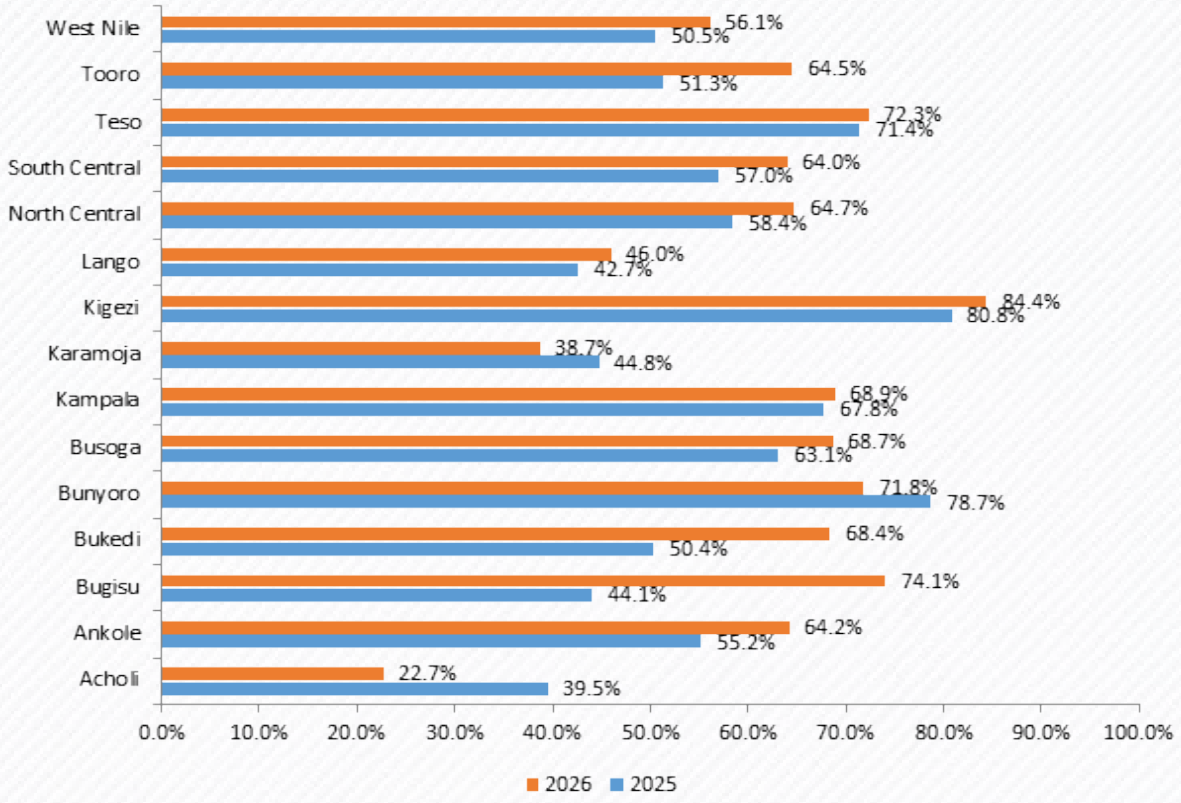
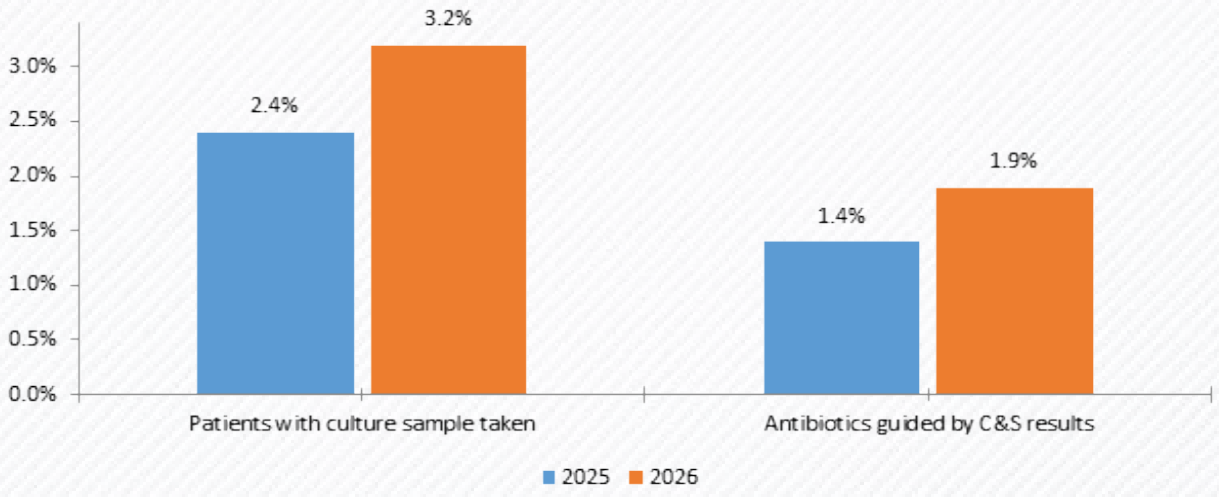


FIGURE 81: INPATIENT DIAGNOSTIC STEWARDSHIP PERFORMANCE, 2025–2026: COMPARISON OF MICROBIOLOGY AND CULTURE-GUIDED ANTIBIOTIC PRESCRIBING INDICATORS FROM THE POINT PREVALENCE SURVEY



Drug quality and safety monitoring

Pharmacovigilance

Overall, the total number of safety reports for ADR/AEFI increased from 4,499 reports in FY 2024/25 to 4,722 reports in FY 2025/26, representing an increase of 223 reports (approximately 5%). The sustained increase demonstrates the contribution of continued collaboration between DPNM, NDA, NMS health facilities, healthcare workers and other stakeholders in strengthening the national pharmacovigilance system.

Table 67: Reporting adverse drug reactions (ADRs), adverse events following immunization (AEFIs) by region

Region	FY 2024/25	FY 2025/26
Central	2,655	2,675
Southwest	351	579
Western	169	396
West Nile	256	310
Northern	146	305
Eastern	611	294
Southeast	311	163
Total	**4,499**	**4,722**

Regional reporting patterns demonstrate continued participation in pharmacovigilance activities across the country. The Central Region remained the highest contributor, with reports increasing slightly from 2,655 to 2,675. Significant improvements were observed in the Southwest Region, where reporting increased from 351 to 579 reports, as well as in the Western Region, which increased from 169 to 396 reports.

Reporting from the Northern Region more than doubled, increasing from 146 to 305 reports, while the West Nile Region increased from 256 to 310 reports. These improvements demonstrate the positive contribution of continued sensitization, mentorship and support to health facilities. However, reporting declined in the Eastern Region, from 611 to 294 reports, and in the Southeast Region, from 311 to 163 reports, highlighting the need for targeted follow-up and intensified support in these regions.

The regional variations further demonstrate the importance of sustained collaboration between DPNM, NDA, regional structures and health facilities to ensure that pharmacovigilance reporting is strengthened consistently across all regions.

Table 68: Reporting of ADR /AEFI by Level of Care

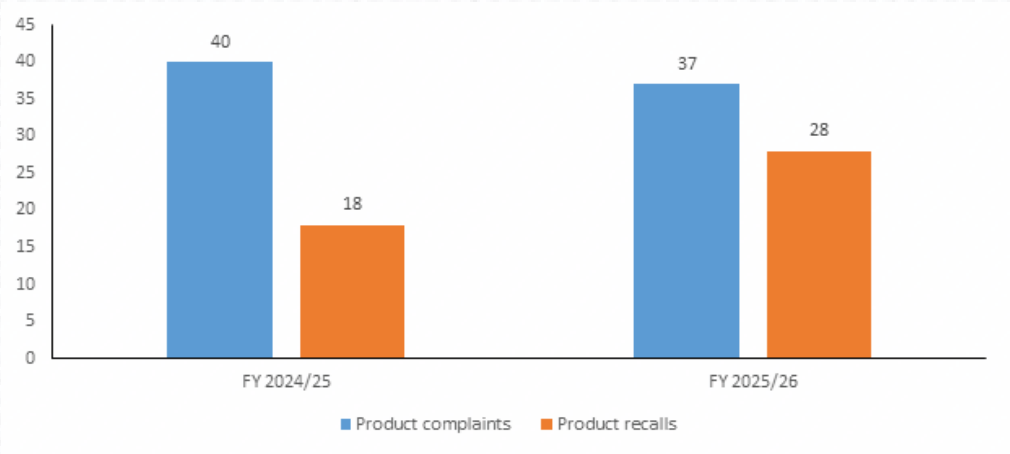
Level of Care	FY 2024/25	FY 2025/26
Health Centre II	30	97
Health Centre III	221	893
Health Centre IV	259	477
General Hospital	1,506	1,424
Regional Referral Hospital	1,499	719
National Referral Hospital	138	511
Heart Institute	100	14
Private Facilities	557	450
Direct Patient Reports	198	189
Military Hospitals	0	8
Total	**4,499**	**4,722**

The increase in pharmacovigilance reporting demonstrates sustained progress in strengthening medicine safety monitoring in Uganda. Of particular importance was the increased participation of lower-level health facilities, especially Health Centre IIs, IIIs and IVs, indicating improved penetration of pharmacovigilance activities within the health system.

Drug and device quality monitoring

The National Drug Authority and Health Product Authority received 37 products complaints in the FY 2025/26. Of the 37 complaints in FY 2025/26, 25/37 were on medicines and 12/37 were on medical devices. There were 28/37 complaints that led to product recalls from the market in FY 2025/26.

FIGURE 82: MONITORING QUALITY OF DRUG AND HEALTH PRODUCTS



The most common source of complaint was quality issues at 70% (n=26). The product recalled included medicines and devices. Some of the quality issues include Bupivacaine heavy, Ampicillin /cloxacillin, calcium gluconate injection and cannular among others.

FIGURE 83: CLASSIFICATION OF COMPLAINT FOR DRUG AND HEALTH PRODUCTS

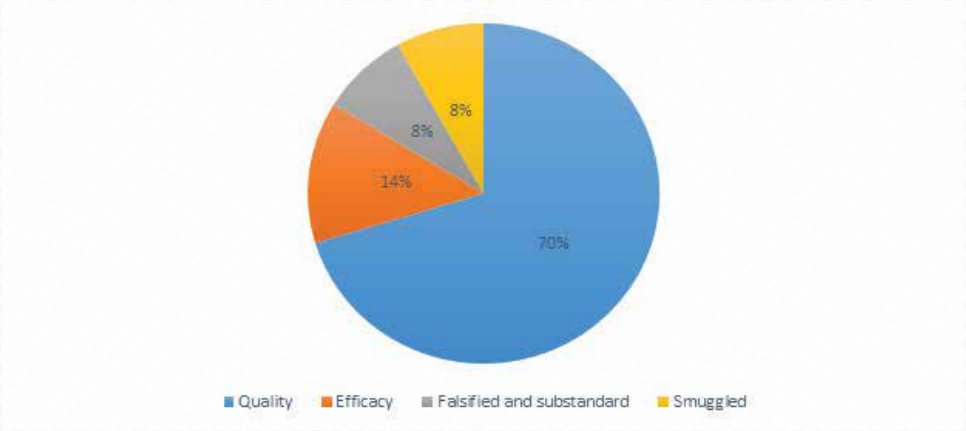
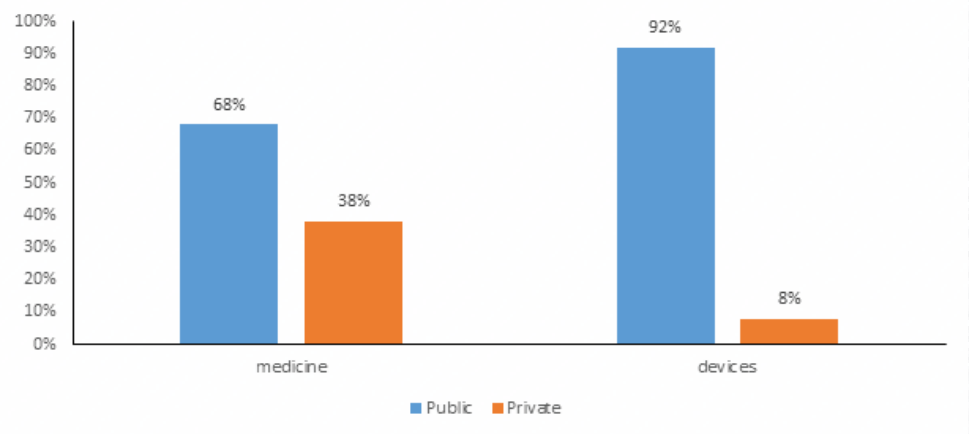


FIGURE 84 COMPLAINT BY OWNERSHIP



The Department of Pharmaceuticals and Natural Medicines, through the Division of Quality Assurance, has continued to provide important support for the strengthening of drug safety monitoring through collaboration with the National Drug Authority and other stakeholders. Continued investment in mentorship, supportive supervision, integration of pharmacovigilance into routine health systems, strengthening of Medicines and Therapeutics Committees, improvement of data quality and targeted support to low-reporting regions and sectors will be critical to sustaining and further improving medicine safety monitoring in Uganda.

Supply chain activities

Across all four quarters, MTC Supply Chain Subcommittees led activities to improve EMHS availability, optimize quantification and procurement planning. These interventions strengthened data-driven quantification, procurement planning, improved budget control, and reinforced transparent, evidence-based selection of medicines. The activities included the following;

Needs Assessment: Using historical consumption data and local disease burden, subcommittees determined health facility EMHS requirements for FY2026/27, with 100% MTC involvement in review and approval.

Quantification and Procurement Planning

Draft procurement plans were prepared from approved Institutional Medicines Lists (IMLs) and prioritized using VEN and ABC analysis. By start of Q3, all (286/286) health facilities had completed their EMHS procurement plans that were subjected to a quality assessment with the details as per the EMHS Procurement Planning Quality Assessment report, attached as an appendix to this report.

Following the Government of Uganda's allocation of an additional UGX121 billion to support the EMHS budget for public health facilities in FY2026/27, the P-Rs supported health facilities to revise their procurement plans in Q4 to reflect new allocations and to plan for selected commodities that would be funded outside the facility budget. Priority areas that were documented in MTC discussions included theatre supplies, Non-Communicable Diseases management, maternal and child health services, general OPD/IPD supplies, and IPC supplies.

IML Development, Adoption and Utilization

Institutional Medicines Lists are essential for promoting evidence-based medicines selection and aligning procurement planning with facility service needs and the national Essential Medicines and Health Supplies List of Uganda. At the beginning of FY2025/26, only 11.9% of supported health facilities had developed IMLs. During Quarter One, the Pharmacist-Regions (P-Rs) focused on creating awareness of the importance of IMLs, while in Quarter Two they provided targeted technical support through the MTC Supply Chain Subcommittees to facilitate IML development and review. As a result, the proportion of health facilities with approved IMLs increased substantially to 81.8% by the end of Q2 and further to 98.6% in Q3. By the end of Quarter Four, IML coverage had reached 99.3% (284/286**)**, demonstrating near-universal adoption across the supported health facilities. The progressive increase throughout the financial year reflects the effectiveness of coordinated technical support, MTC-led implementation, and the integration of IMLs into procurement planning processes.

Going forward, focus will continue in the areas of strengthening the development, periodic review, approval, and utilization of IMLs through continuous mentorship and capacity building to sustain rational medicines selection and evidence-based procurement practices.

2.5 Laboratory Services

The National Health Laboratory and Diagnostic Services (NHLDS) provides national stewardship for a resilient, integrated, quality-assured and sustainable laboratory and diagnostic system that ensures equitable access to timely and accurate diagnostic services across all levels of care in Uganda. Its core functions include leading and coordinating the national tiered laboratory and diagnostic network; developing, harmonising and supporting the implementation of policies, standards, guidelines, referral systems and quality assurance mechanisms; and providing specialized diagnostics, reference testing, surveillance, outbreak investigation and technical support to national disease control programmes.

These reference services are delivered through the Central Public Health Laboratories (CPHL), National Microbiology Reference Laboratory (NMRL), Central Emergency Response and Surveillance Laboratory (CERSL), National Equipment Calibration Laboratory (NEC-L), National Tuberculosis Reference Laboratory (NTRL) and mobile laboratory platforms. NHLDS also maintains laboratory readiness for epidemic-prone diseases, antimicrobial resistance threats and other public health emergencies through surveillance, surge testing and field investigation support. It promotes research, innovation and evidence generation, while strengthening governance, financing, human resources, infrastructure, equipment management, supply chains, digital systems, biosafety, biosecurity, strategic partnerships and accountability to sustain reliable diagnostic services.

2.5.1 Implementation of the National Test Menu: HC II to RRH Levels

Laboratory services are provided in 1,751 government owned health facilities at HC III (1,471), HC IV (207), GH (57) and 16 RRHs[1]. The National Test Menu specifies the minimum laboratory tests that should be available at each level of health facility, from HC III to RRH. These tests help health workers diagnose illnesses, make treatment decisions and monitor patients' response to treatment. The menu also guides planning and resource allocation by defining the tests, testing methods, equipment and supplies required at each level.

The proportion of health facilities providing the minimum required laboratory tests increased from 85% in FY2024/25 to 92% in FY2025/26. All RRHs provided the minimum required tests, while improvements were recorded across all other health facility levels, with the largest increase at HC III level. Across facility levels, provision was highest for parasitology and serology tests, while stool microscopy remained low. Reported gaps in the provision of required tests may reflect incomplete or inaccurate reporting, shortages of testing materials and supplies, non-functioning equipment, or limited staff skills to perform certain tests. A targeted data quality assessment will verify the reported results and identify the underlying causes of these gaps to guide corrective action.

Table 69: % of health facilities providing minimum required test categories by Health Region and Health Level

Health Region	HC III		HC IV		Hospital		RRH	
	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26
National	66%	85%	95%	99%	78%	84%	100%	100%
Acholi	66%	78%	100%	100%	78%	50%	100%	100%
Ankole	76%	92%	100%	100%	71%	33%	100%	100%
Bugisu	70%	88%	100%	100%	71%	100%	100%	100%
Bukedi	60%	86%	100%	100%	55%	100%	NA	NA
Bunyoro	46%	59%	81%	100%	78%	50%	100%	100%
Busoga	78%	90%	95%	100%	67%	100%	100%	100%
Kampala	77%	100%	100%	100%	92%	90%	NA	NA
Karamoja	53%	51%	100%	100%	100%	100%	100%	100%
Kigezi	81%	87%	100%	100%	89%	100%	100%	100%
Lango	55%	84%	100%	91%	50%	100%	100%	100%
North Buganda	76%	92%	97%	100%	83%	100%	100%	100%

1 National Health Facility Master List (2025)

Health Region	HC III		HC IV		Hospital		RRH	
	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26
South Buganda	65%	86%	93%	96%	93%	100%	100%	100%
Teso	54%	87%	80%	100%	91%	100%	100%	100%
Tooro	61%	83%	95%	94%	67%	50%	100%	100%
West Nile	69%	91%	93%	100%	64%	100%	100%	100%

2.5.2: Reference Services

For two consecutive years, the central public health laboratories (CPHL) have maintained its effectiveness by maintaining the 4-Day targeted Turnaround Time (TAT) for the over 1.5M routine sample tests including, HIV VL, EID, SCD, Hep.B VL samples, collected from over 2,200 facilities. The NMRL and CERSL released all (100%) outbreak sample results within the respective targeted TATs, with notable confirmation of the index case of Bundibugyo ebolavirus within five hours of sample receipt of receipt. In addition, CERSL performs disease surveillance Wastewater-based and environmental surveillance in 11 sites to provide early warning, and outbreak detection.

Table 70: Reference Laboratories Test Volumes, and Sample Results Release TAT / % sample results released within the targeted TAT.

Reference Lab	Sample Categories	FY24/25			FY25/26		
		Number of originating health facilities	Sample Volumes Tested	Lab TAT / the %age of sample results released within targeted TAT	Number of originating health facilities	Sample Volumes Tested	Lab TAT / the %age of sample results released within targeted TAT
CPHL	Routine - *HIV VL, EID, HBV, Sickle Cell Disease, Hep. B VL, and Hepatitis C.*	2,351	1,719,069	4 Days	2,288	1,567,021	4 Days
NMRL	Routine Samples	86	4,680	73%	94	5,210	77%
	Isolates			-			-
	Outbreaks			100%			100%
CERSL	Emergency Outbreak	-	43,987	12Hrs	-	29,748	12Hrs
	Ebola Confirmation			6Hrs			6Hrs
	VHF Alerts			6Hrs			18Hrs
	Routine			6hrs			6hrs
NTRL	Routine - *Microscopy, GeneXpert MTB/Rif Ultra & XDR, LJ Culture, MGIT Culture, LPA, LJ DST, MGIT ,7H11 DST and WG Sequencing.*	195	12,390		163	13,058	

2.5.3: Point of Care (POC) and Multi-Disease Testing

Point-of-care (POC) testing brings diagnostic services closer to patients by enabling selected tests to be performed at nearby health facilities using platforms such as m-PIMA™ and GeneXpert. Previously, samples for these tests referred to central laboratories in Kampala, with results expected within 14 days.

The number of facilities providing decentralised testing increased by 18%, from 195 in FY2024/25 to 230 in FY2025/26. Over the same period, the proportion of HIV-exposed infants accessing early infant diagnosis (EID) testing at POC sites increased by 41%, while the turnaround time for EID results improved from 7 days to 1 day, enabling earlier treatment decisions. Multi-disease testing further expands diagnostic access by using the GeneXpert equipment to support several diagnostic services, including TB, HIV VL, EID, and hepatitis B. Machine utilisation at multi-disease testing sites increased by 17% between the two reporting years.

NHLDS is to continue to expand the coverage of POC sites, while strategizing to close the data connectivity challenges to enable accurate, timely data exchange. This decline in Viral Load testing for HIV Positive Pregnant and Breast Feeding women was partly attributed to funding constraints that resulted in the loss of key personnel supporting HIV service delivery, including peer mothers, linkage facilitators, and seconded clinical staff, thereby affecting linkage, follow-up, and continuity of care.

Table 71: Outcomes of the Decentralization of Laboratories Services

Region	Key Performance Indicators								
	Sample Results Release TAT (Days)		% of HIV EID lab tests performed at point of care (POC) sites		% of pregnant and breastfeeding women accessing HIV VL test at decentralized point		Equipment utilization rate among multi-disease testing sites		
	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26	
National	7	1	25%	66%	74%	58%	77%	94%	
ACHOLI	7	2	23%	79%	72%	45%	57%	88%	
ANKOLE	7	1	22%	64%	83%	41%	47%	97%	
BUGISU	1	1	42%	89%	78%	54%	97%	104%	
BUNYORO	2	1	21%	71%	82%	66%	89%	110%	
BUSOGA	7	2	24%	56%	54%	32%	74%	69%	
KAMPALA	7	1	13%	48%	71%	53%	73%	84%	
KARAMOJA	6	1	51%	90%	76%	50%	110%	114%	
KIGEZI	1	1	24%	88%	85%	86%	77%	107%	
LANGO	2	1	55%	81%	79%	47%	76%	102%	
N. BUGANDA	9	3	25%	63%	77%	66%	78%	97%	
S. BUGANDA	6	1	17%	55%	74%	49%	85%	126%	
TESO	9	2	17%	69%	93%	40%	67%	50%	
TOORO	8	1	24%	66%	81%	68%	73%	92%	
WEST NILE	7	1	61%	94%	58%	54%	96%	79%	

2.5.4: National Sample and Results Transport Network (NSRTN) through the hub system

The integrated NSRTN through the hub system provides a structured, cost-effective connection between local health facilities, regional hubs, and national reference laboratories to transport specimens and return test results, linking over 2,300 health facilities through 100 laboratory hubs to regional and national reference laboratories with over 200 operational motorcycles and 23 vehicles operating on regional and trunk routes.

During FY2025/26, against a 7-Day targeted TAT, the NSRTN maintained its effective operations delivering the routine samples samples within a 6-Day TAT, an achievement registered across 10 of the 16 regions originating regions, and the lab test results are downloaded within the 3-Day targeted TAT. All in all, Overall, health facilities accessed results within a median TAT of 13 days, meeting the national target of 14 days. The networks also support movement of non-samples, e.g., commodities, equipment, EQA panels, etc.

Table 72: Outcomes of the NSRTN services

Region	Sample Receipt at Reference lab TAT		Sample Results Download by originating lab TAT		Overall Sample Results Access (Collection-Sample Results) TAT	
	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26
National	6	6	3	3	13	13
Acholi	8	8	4	5	16	17
Ankole	7	7	4	5	15	16
Bugisu	7	8	2	3	13	15
Bukedi	7	8	1	3	12	15
Bunyoro	8	7	2	4	14	15
Busoga	7	7	3	3	14	14
Kampala	2	2	1	2	7	8
Karamoja	7	8	3	4	14	16
Kigezi	7	6	4	5	15	15
Lango	7	7	3	4	14	15
North Buganda	6	6	2	2	12	12
South Buganda	7	6	3	4	14	14
Teso	8	8	6	7	18	19
Tooro	9	8	2	2	15	14
West Nile	6	7	3	4	13	15

2.5.5: Antimicrobial Resistance (AMR) Surveillance

Antimicrobial Resistance Surveillance in Uganda: 2025 Findings and Implications for Clinical Practice

Antimicrobial resistance (AMR) occurs when microorganisms develop the ability to survive exposure to medicines that would ordinarily kill them or inhibit their growth. Surveillance is essential for monitoring resistance trends, detecting emerging threats, guiding empirical antibiotic treatment, informing antimicrobial stewardship interventions and supporting national policy decisions. Uganda implements both active and passive AMR surveillance, with passive surveillance forming the mainstay of the national AMR surveillance system. Passive surveillance relies on routine patient samples submitted to clinical laboratories for bacterial culture and antimicrobial susceptibility testing. Uganda has a network of over 40 public and private laboratories with AMR surveillance capacity, of which 29 participated in national AMR surveillance reporting in 2025.

Key Findings: The 2025 National Syndromic Antibiogram demonstrated high levels of resistance to commonly used antibiotics among bacterial pathogens associated with bloodstream, urinary tract, wound and lower respiratory tract infections. Resistance was particularly pronounced among Gram-negative pathogens, notably *Escherichia coli* and *Klebsiella pneumoniae*. Ceftriaxone susceptibility ranged from 11% to 42% across the major clinical syndromes, while gentamicin susceptibility was particularly low among bloodstream *K. pneumoniae* isolates (19%). Nitrofurantoin retained relatively good activity against urinary *E. coli* isolates (81%), although susceptibility among other urinary pathogens was considerably lower. Carbapenems and amikacin generally demonstrated higher activity against common bacteria like Enterobacterales; however, meropenem resistance was observed among *Acinetobacter baumannii* isolates from wound specimens.

Clinical care implications

When we compare the susceptibility rates against standard guidance, using ≥90% (deep green) susceptibility as a desirable threshold for empirical treatment of severe or life-threatening infections and 80–89%(light green) as an acceptable range for less severe infections. Where no suitable antibiotic achieved 80% susceptibility, the agent with the highest susceptibility may be considered. Commonly used empirical antibiotic regimens, particularly third-generation cephalosporins like ceftriaxone and gentamicin-based combinations for severe Gram-negative infections may not be effective and requires verification with uindividual patient culture and susceptibility results.

Public Health Implications: There is need review national empirical treatment guidelines using syndrome-specific susceptibility data and procure antibiotic options for infections with multidrug resistant organisms like amikacin, meropenem, polymixin B, combinations like ceftazidime-avibactam, ampicillin-salbactam for cephalosporin and carbapenem resistant organisms. For Gram-positive organisms like *Staphyloccocus aureus* we need to include drugs like linezolid and vancomycin for scenarios where resistance to methicillin is identified. Lastly we need to increase access to routine culture and susceptibility testing, and institutionalise facility-level antibiograms to guide empirical antibiotic selection.

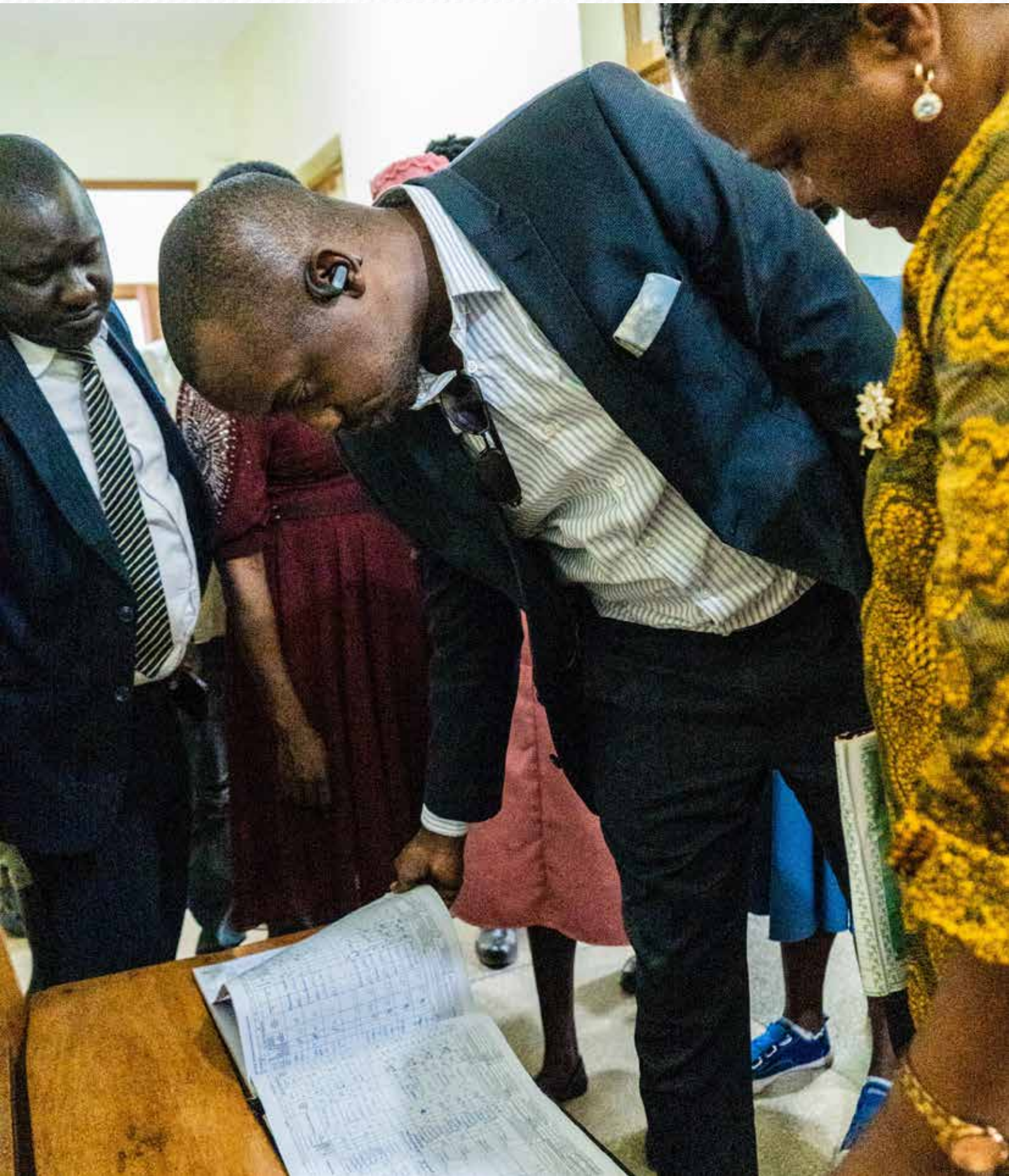


Table 73: National Syndromic Antibiogram, Uganda 2025

National Syndromic Antibiogram, Uganda 2025

Percentage of isolatessusceptible to each antibiotic(n susceptible/no. tested)

	Blood(BSI/Sepsis)					Wound samples(SSI/Wound					Urine(UTI)				Lower respiratory		
Pathogen	Staphylococcus aureus,n=150	Klebsiella pneumoniae,n=124	Escherichia coli,n=85	Pseudomonas spp, n=	Enterobacter spp,n=45	Staphylococcus aureus,n=915	Escherichia coli,n=774	Klebsiella pneumoniae,n=292	Proteus mirabilis,n=182	Pseudomonas aeruginosa,n=146	Escherichia coli,n=1763	Staphylococcus aureus,n=418	Klebsiella pneumoniae,n=418	Citrobacter freundii,n=224	Klebsiella pneumoniae,n=113	Streptococcus pneumoniae,n=34	Escherichia coli,n=33
Amikacin		92% (85)	85% (48)		91% (23)	87% (39)	79% (403)	88% (155)	63% (76)	85% (85)	84% (776)	90% (31)	86% (181)	85% (55)	99% (68)		96% (26)
Amoxicillin/ Clavulanic acid		20% (71)	39% (61)				36% (412)	36% (135)	65% (62)		57% (809)		39% (114)	10% (29)	51% (69)		48% (27)
Ampicillin		0% (46)	2% (61)				3% (429)	3% (116)	27% (84)		9% (919)		4% (150)	10% (68)	3% (68)		4% (25)
Ampicillin/ Sulbactam		3% (38)	18% (33)				10% (247)	11% (76)	34% (62)		18% (481)		11% (105)		27% (48)		17% (23)
Azithromycin	36% (36)					41% (188)					36% (22)	33% (49)					
Cefepime		21% (90)	12% (50)		39% (33)		20% (350)	34% (169)	44% (89)	70% (77)	42% (614)		44% (165)	68% (62)	34% (71)		22% (23)
Cefotaxime		6% (90)	14% (49)		48% (21)		14% (437)	24% (169)	44% (101)		29% (839)		38% (203)	38% (87)	31% (71)		15% (27)
Cefoxitin	42% (53)	84% (43)	42% (26)			38% (378)	63% (198)	81% (74)	75% (44)		76% (521)	33% (111)	78% (125)		86% (49)		
Ceftazidime		13% (104)	26% (70)		35% (40)		20% (582)	26% (213)	54% (131)	39% (117)	43% (1290)		39% (276)	44% (169)	32% (101)		17% (30)
Ceftriaxone		14% (104)	13% (69)		34% (29)		11% (593)	22% (240)	39% (137)		28% (1281)	43% (21)	42% (291)	28% (160)	30% (93)		20% (25)
Chloramphenicol	76% (80)	58% (26)	69% (32)			69% (466)	58% (341)	52% (105)	42% (89)		77% (160)	65% (80)	59% (37)		62% (29)		
Ciprofloxacin	76% (80)	59% (92)	28% (71)		57% (30)	48% (543)	22% (585)	40% (214)	52% (129)	70% (104)	36% (1239)	29% (206)	51% (227)	30% (173)	47% (93)		30% (30)
Clindamycin	76% (80)					70% (651)						75% (214)					
Colistin						52% (102)	17% (98)	40% (53)	30% (37)	83% (30)	46% (281)	80% (87)	50% (102)			88% (26)	
doxycycline						69% (137)	24% (79)	24% (21)			33% (90)	44% (32)					
ertapenem											87% (46)						
Erythromycin	31% (111)					32% (626)						14% (123)					
Gentamicin	59% (90)	19% (96)	55% (67)		28% (29)	62% (537)	48% (538)	51% (206)	50% (120)	66% (62)	54% (1110)	47% (165)	55% (216)	41% (127)	57% (92)		53% (30)
Imipenem		68% (28)	94% (35)				90% (311)	78% (88)	70% (60)	89% (63)	92% (637)		88% (106)	94% (87)	93% (29)		
Levofloxacin	66% (35)					75% (114)	29% (21)				17% (52)						
Linezolid	91% (58)					85% (346)						69% (128)				56% (25)	
Meropenem		86% (77)	92% (49)				94% (307)	95% (138)	92% (59)	87% (39)	98% (544)		96% (119)	97% (112)	91% (79)		100% (24)
Nitrofurantoin	93% (27)					90% (196)	74% (97)	28% (29)			81% (1238)	89% (214)	45% (219)	85% (167)			
Piperacillin/Tazobactam		61% (93)	52% (69)		46% (24)		57% (475)	57% (194)	90% (106)	67% (91)	75% (1040)		56% (207)	84% (149)	64% (92)		59% (27)
Tetracycline	43% (112)					48% (685)	17% (143)		4% (27)		20% (221)	35% (261)	46% (28)			81% (31)	
Trimethoprim/Sulfamethoxazole	33% (70)	10% (91)	8% (65)		28% (29)	49% (445)	13% (493)	20% (172)	29% (92)		29% (1005)	31% (77)	29% (164)	52% (111)	24% (86)		11% (28)
Vancomycin	81% (81)					76% (438)						64% (236)				12% (26)	

≥90% — To be used an empirical choice for severely sick patients

80-89% — Empirical choices for stable patients

>80% — Not good enough choices for empirical therapy.

2.5.6 National Genomics Surveillance

Genomic surveillance examines the genetic makeup of germs to understand how they change, spread and develop resistance to medicines. In the FY25/26 reporting period, the National Genomics Surveillance Programme (NGSP) continued to strengthen Uganda's capacity for pathogen surveillance, antimicrobial resistance (AMR) monitoring, and outbreak response to guide treatment and outbreak response.

HIV findings showed persistent resistance to non-nucleoside reverse transcriptase inhibitors (NNRTIs), a class of HIV medicines that includes efavirenz and nevirapine, while evidence of resistance to the dolutegravir drug class remained limited. Malaria genomic surveillance detected genetic mutations associated with emerging partial resistance to artemisinin, clustered in Northern and Western Uganda. Mutations associated with chloroquine resistance and resistance to antifolate medicines were also detected. High-level antifolate resistance mutations remained concentrated in Western Uganda, with increasing prevalence in Eastern Uganda, highlighting the need for continued monitoring of antimalarial medicine effectiveness. Tuberculosis sequencing identified resistance to both first- and second-line medicines, including multidrug-resistant and pre-extensively drug-resistant TB. Viral haemorrhagic fever sequencing identified circulating viruses and their genetic relationships to previous and regional outbreaks. Ebola genomic findings were shared with the Ministry of Health within two days to support outbreak investigations and response.

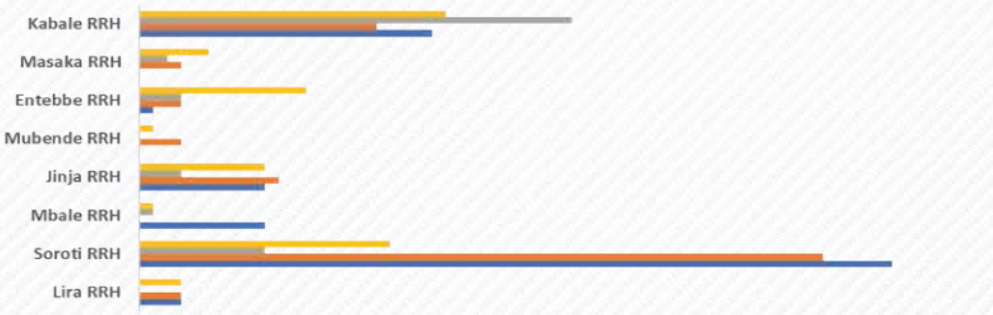
2.5.7 Anatomic pathology services

Anatomic pathology services comprise medical diagnostic tests and procedures used to examine cells, tissues, and organs to establish the nature, cause, and extent of disease and to guide appropriate patient management. These services are essential for the diagnosis and classification of cancers, as well as inflammatory, infectious, and other structural diseases. In the context of the rising cancer burden facing the country, strengthening anatomic pathology services is critical for promoting cancer screening, facilitating early and accurate diagnosis, and enabling timely referral of patients to specialised treatment care centres for appropriate care.

Anatomic pathology services have traditionally been centralised in teaching hospitals and a few national-level health facilities, requiring patients and specimens to be referred over long distances for diagnostic evaluation. This arrangement has often been associated with prolonged turnaround times (TAT), resulting in delays in diagnosis and initiation of appropriate patient care.

To address these challenges, the Ministry of Health has adopted a strategic approach to decentralising anatomic pathology services to regional referral hospitals in a phased manner. The first phase prioritises five facilities: Lira, Fort Portal, Arua, Masaka, and Moroto Regional Referral Hospitals. Currently, Lira and Fort Portal Regional Referral Hospitals are operational, providing on-site diagnostic pathology services. The remaining three facilities namely Arua, Masaka, and Moroto Regional Referral Hospitals are prioritised for activation during the current financial year, 2026/2027, to expand access to timely and quality pathology diagnostics closer to where patients receive care.

FIGURE 85: TRENDS IN CYTOLOGY SAMPLE REFERRAL FROM RRHS FY 2025/2026.



	Lira RRH	Soroti RRH	Mbale RRH	Jinja RRH	Mubende RRH	Entebbe RRH	Masaka RRH	Kabale RRH
Apr-Jun 26	3	18	1	9	1	12	5	22
Jan-Mar 26	0	9	1	3	0	3	2	31
Oct-Dec 25	3	49	0	10	3	3	3	17
Jul-Sept 25	3	54	9	9	0	1	0	21

FIGURE 86: TRENDS IN HISTOLOGY SAMPLE REFERRAL FROM RRHS IN NORTHEN AND EASTERN REGIONS FY2025/2026.

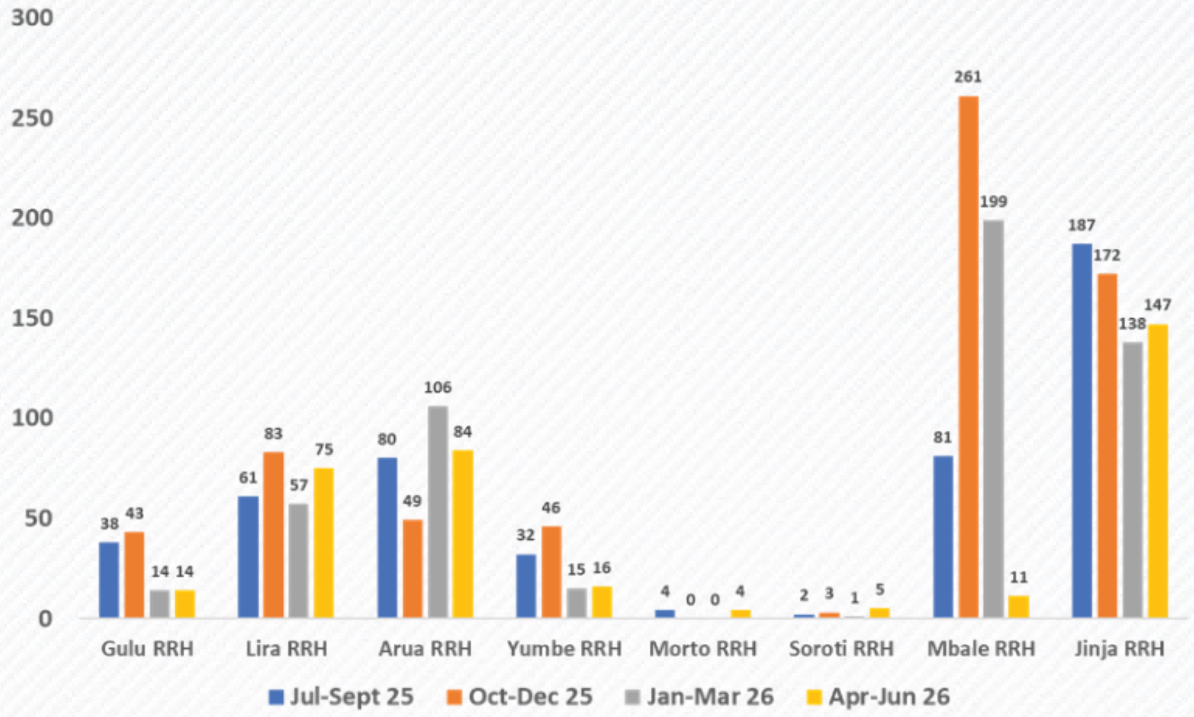


FIGURE 87: TRENDS IN HISTOLOGY SAMPLE REFERRAL FROM RRHS IN CENTRAL & WESTERN REGIONS, FY 2025/26

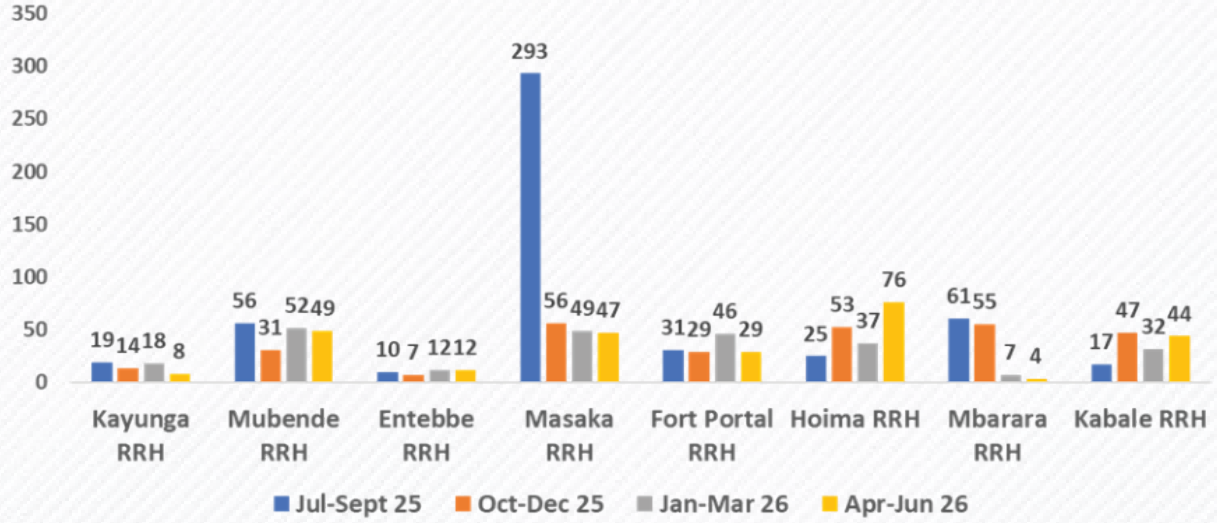
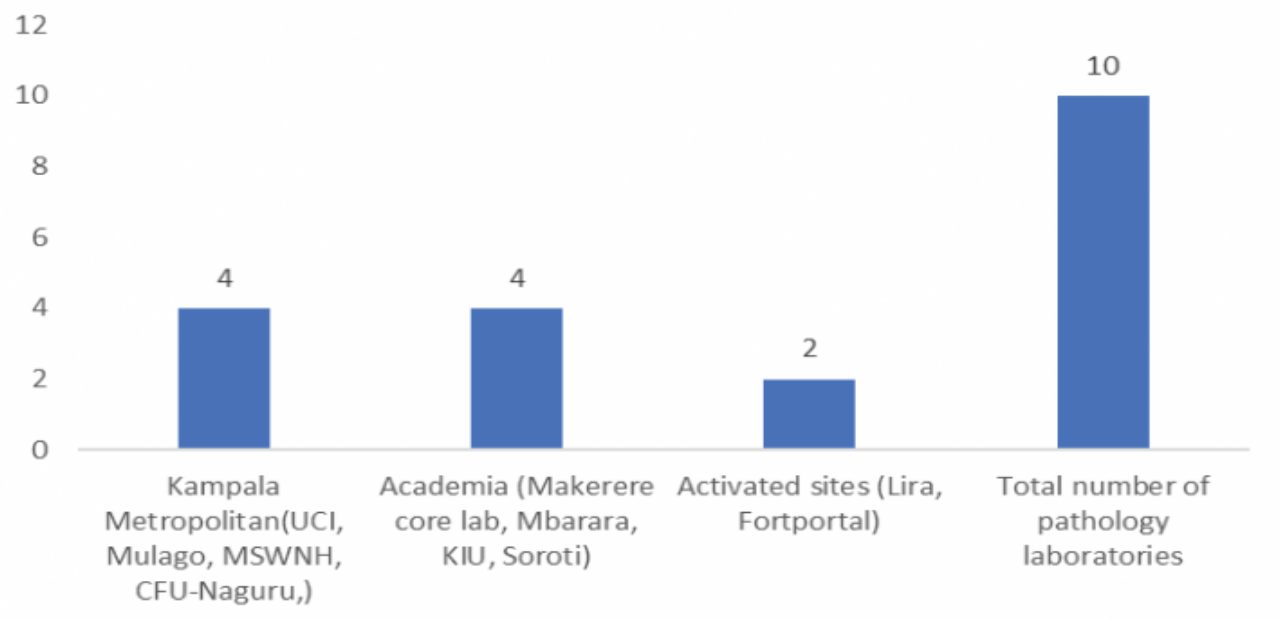


FIGURE 88: CURRENT COVERAGE OF ANATOMIC PATHOLOGY LABORATORIES IN PUBLIC FACILITIES INCLUDING THE TWO NEWLY ACTIVATED PATHOLOGY LABORATORIES.



2.5.8 Quality Management System (QMS)

Laboratory Accreditation to ISO

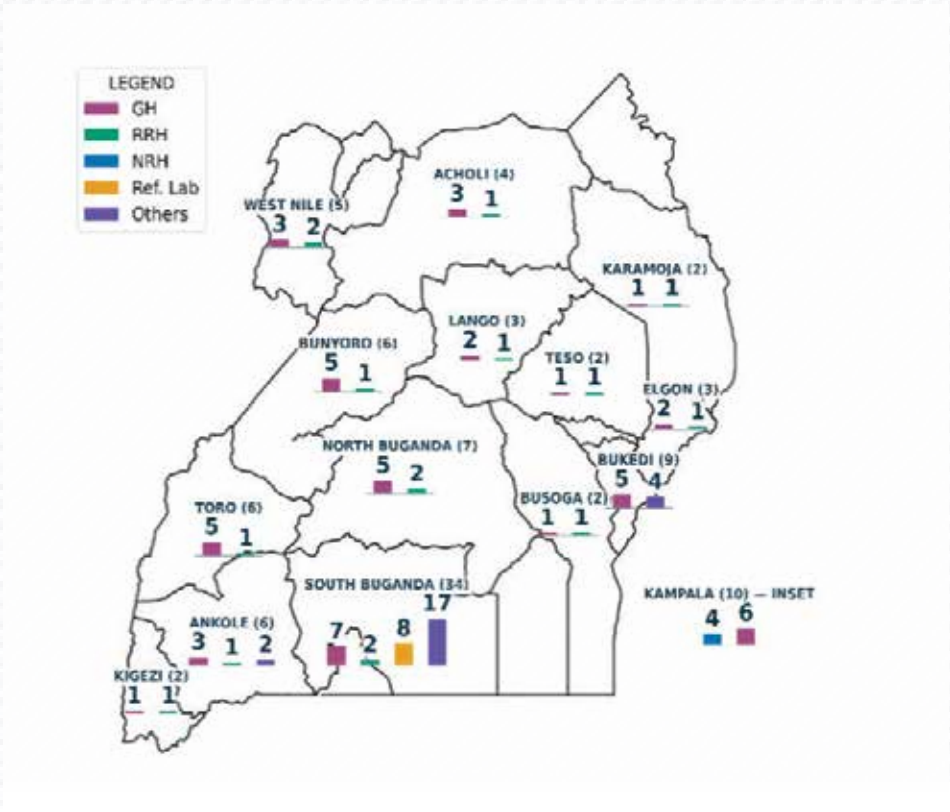
International accreditation recognises laboratories' competence to provide reliable and accurate testing services. It strengthens quality management systems and supports improved patient care and public health decision-making. By the end of FY2025/26, a cumulative total of 101 laboratories held accreditation from internationally recognised accreditation bodies. Notably, four National Referral Hospital laboratories and all 16 Regional Referral Hospital laboratories-maintained accreditation. Accreditation was also maintained beyond human health laboratories, including two wildlife/veterinary laboratories and the National Equipment Calibration Laboratory. Accredited laboratories were distributed across all health regions.

To expand accreditation coverage and sustain these achievements cost-effectively, the Ministry of Health, in collaboration with the Ministry of Trade, Industry and Cooperatives, advanced the establishment of the Uganda National Accreditation Service (UGANAS) during FY2025/26. Key achievements included finalising strategic documents, policies, procedures and regulations for the national accreditation system, and strengthening the technical capacity of QMS process auditors and assessors across various international conformity assessment standards.

Table 74: No. of Health Labs Maintaining Accreditation by Level and Ownership

Health level / Lab Category	GoU	PFP	PNFP	Total
NRH	4			4
RRH	16			16
GENERAL HOSPITAL	36	4	10	50
Medical Centre		1		1
Private Lab		9		9
Reference Lab	8			8
Research Lab	7	3	1	11
Vet Lab	2			2
Total	**73**	**17**	**11**	**101**

FIGURE 89: DISTRIBUTION OF ACCREDITED LABS ACROSS HEALTH REGIONS



External Quality Assessments (EQA)

External quality assessment (EQA) is a system designed to objectively assess the quality of test results obtained by a laboratory by means of an external agency (i.e EQA provider). It allows for comparison of the performance of a laboratory's testing to an outside source of a peer group of laboratories through proficiency testing (PT).

The EQA run under the National External Quality Assurance Programme (NEQAP) has three Proficiency Testing (PT) panel production laboratories and these include CPHL, UVRI and NTRL; and these laboratories are internationally accredited to ISO/IEC 17043 for PT providers.

During FY2025/26, the number of EQA schemes provided by CPHL increased from 12 to 18. NTRL continued to implement four schemes: Malaria PT, GeneXpert PT, TrueNat PT and TB LAM PT. UVRI continued to provide EQA for HIV serology, syphilis, CD4 and blood banks. Although CD4 is included in UVRI's EQA portfolio, this report is of CD4 scheme provided by CPHL.

The Hepatitis B and Malaria RDT schemes recorded the highest numbers of enrolled sites, covering approximately 80% and 60% of their respective testing sites. Approximately 330 sites were enrolled in the HIV EID/VL EQA schemes, representing nearly 100% of testing sites.

In the final EQA cycle of FY2024/25, 90% of schemes met the target of at least 80% of participating sites passing proficiency testing. However, only 9% of schemes met the response rate target. Comparing FY2025/26 with FY2024/25, the overall pass rate increased by 3%, while the response rate decreased by 4%.

Low response rates were attributed to reagent stock-outs, equipment downtime, delayed panel testing and late submission of results. Weak implementation of corrective actions and internal quality control also remained challenges to laboratory quality performance.

FIGURE 90: NO OF SITES ENROLLED ONTO NATIONAL EQA SCHEMES

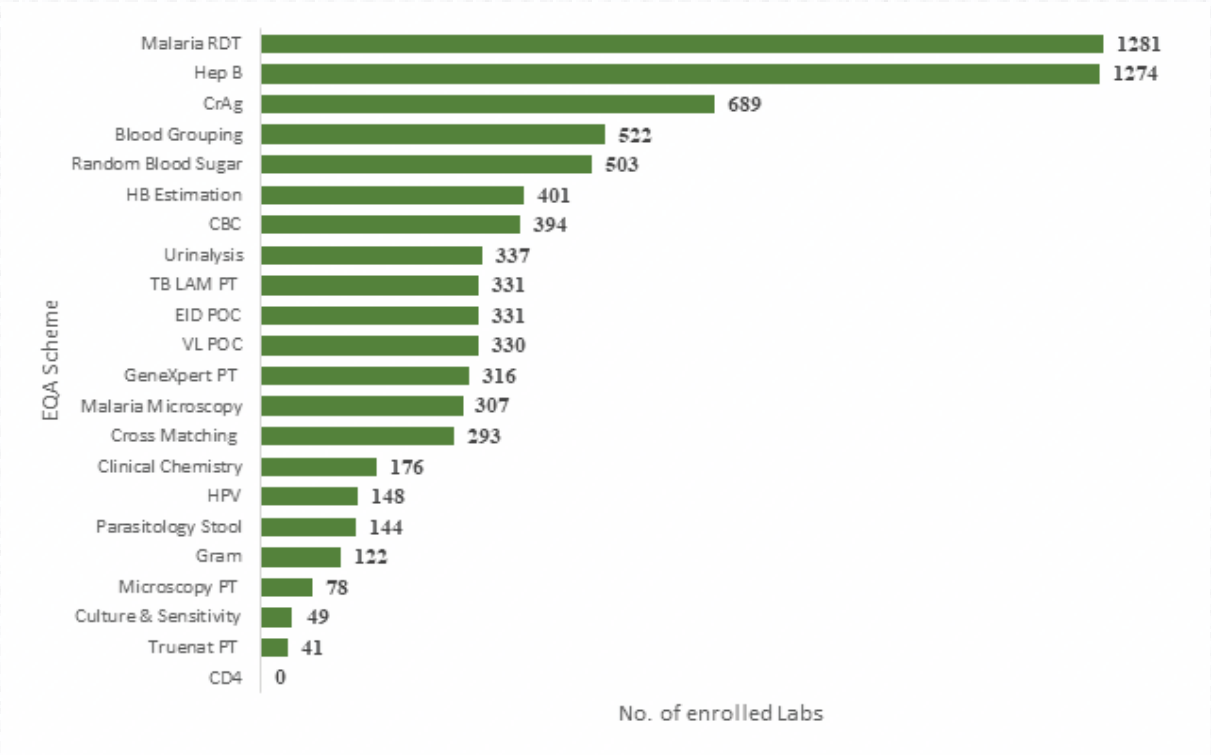


Table 75: No. of Internationally Accredited labs, and %age of sites Responding, and Passing the EQA schemes

Region	No. of labs maintaining, or attaining ISO accreditation		%age of labs that responded to the EQA		% of labs passing EQA	
	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26
National	95	102	71%	67%	92%	95%
Acholi	4	4	38%	57%	97%	95%
Ankole	6	6	54%	61%	91%	93%
Bugisu	3	3	67%	69%	91%	96%
Bukedi	6	9	80%	67%	92%	97%
Bunyoro	6	6	67%	70%	96%	96%
Busoga	2	2	66%	62%	87%	94%
Kampala	7	10	82%	66%	92%	94%
Karamoja	2	2	62%	71%	93%	98%
Kigezi	2	2	88%	76%	90%	93%
Lango	3	3	72%	72%	89%	94%
North Buganda	7	7	71%	70%	91%	95%
South Buganda	34	35	76%	69%	92%	95%
Teso	2	2	72%	63%	93%	95%
Tooro	6	6	82%	69%	94%	95%
West Nile	5	5	81%	65%	90%	96%

2.5.9 Biosafety Biosecurity

During FY2025/26, a national Biorisk Management (BRM) audit assessed compliance with biosafety and biosecurity standards in 109 One Health laboratories across 63 districts and all health regions. The audit covered 94 human health, seven animal health, and eight environmental health laboratories. Uganda's overall BRM score was 48.5%, corresponding to a High-Risk classification. Environmental laboratories recorded an average score of 21.7% (Very High Risk), veterinary laboratories 34.4% (High Risk), while human health laboratories scored 51.8% (Moderate Risk). Bukedi (78.4%), Kampala (65.1%), and North Central (64.7%) recorded the highest regional scores,

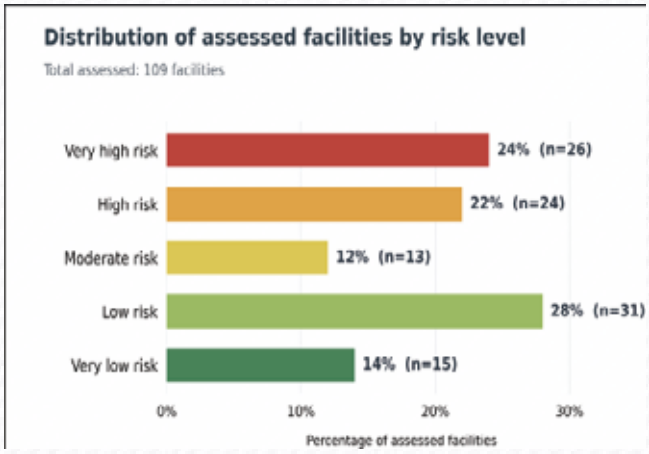
National referral, national reference, research, and accredited laboratories generally achieved Low-Risk classifications. In contrast, Health Centre III and private facilities recorded the lowest scores (19.1% and 26.6%, respectively), corresponding to Very High-Risk classifications. Government facilities were classified as Moderate Risk, while PNFP and private-for-profit facilities were classified as High Risk.

The highest-risk areas included staff health and safety, sanitation and staff facilities, laboratory operations, fire prevention and protection, incident and corrective action management, biosecurity, chemical safety, management responsibilities, BRM performance evaluation and continual improvement, and compressed and liquefied gas safety. Infrastructure-related areas generally performed better. No facility achieved a Very Low-Risk classification, highlighting the need for targeted corrective actions and capacity strengthening, particularly in higher-risk facilities and priority BRM areas.

FIGURE 91: BRM AUDIT SCORES BY HEALTH LEVEL



FIGURE 92: OVERALL BRM AUDIT SCORES



In addition, NHLDS-MoH conducted an assessment to determine Uganda's readiness and capacity to safely handle High Consequence Agents and Toxins (HCATs), specifically examining whether existing and potential laboratories had the required containment infrastructure, management and operational systems, maintenance, commissioning, and certification arrangements to safely handle HCATs. The findings were intended to identify critical gaps and guide investments and improvements needed to strengthen Uganda's preparedness for HCAT detection, diagnosis, containment, and response.

A total of 26 laboratories were assessed, including the National Bio Repository, National Reference Laboratories and research institutions, Regional Referral Hospitals, and General Hospitals. The overall average score was 51%, indicating sub-optimal capacity. Management and operational practices performed relatively better (54%), followed by containment design and construction (49%), while maintenance, commissioning, and certification was the weakest area (41%).

2.5.10 Laboratory Equipment Maintenance

Through the National Equipment Calibration Laboratory (NECL), NHLDS provides on-site and off-site laboratory equipment calibration, servicing, and maintenance to ensure the reliability of diagnostic results across all diseases. The programme also strengthens the technical capacity of Biomedical Engineers at the sixteen (16) regional equipment maintenance workshops to maintain and service laboratory equipment.

The NECL is internationally accredited to ISO/IEC 17025:2017 standards and has expanded its services to all health regions. During FY2025/26, the number of equipment serviced increased by 29%, while the number of facilities reached increased from 253 to 258. Biosafety cabinets certification has increased from 106 to 279. The most serviced equipment included thermometers, pipettes, and refrigerators, alongside timers, centrifuges, freezers, fridge-freezers, incubators, and analytical balances. Previously the certification of biosafety cabinets was outsourced, which was costly and not sustainable, but with this capacity, Uganda is now able to save about $700K annually.

Table 76: NEC Lab services

Region	No. of health facilities handled		Total no of equipment Handled		# of Bio safety Cabinets Calibrated	
	FY24/25	FY25/26	FY24/25	FY25/26	FY24/25	FY25/26
National	253	258	4,067	5,233	106	279
Acholi	8	15	90	202	4	15
Ankole	20	26	437	309	11	18
Bugisu	9	8	125	154	6	9
Bukedi	7	7	117	174	3	9
Bunyoro	16	16	260	123	7	21
Busoga	10	12	110	156	1	10
Kampala	29	56	1086	1534	7	71
Karamoja	3	10	78	169	5	12
Kigezi	6	8	73	91	4	9
Lango	13	8	144	161	4	9
North Buganda	17	25	388	452	14	31
South Buganda	20	25	508	559	15	25
Teso	13	12	200	200	4	15
Tooro	15	16	210	302	10	16
West Nile	15	14	241	647	11	9

2.5.11 Radiology and imaging services

Uganda's healthcare system depends critically on diagnostic imaging services to support the identification, management, and monitoring of communicable diseases, non-communicable conditions, trauma, and maternal health complications

There was an assessment and supervision of Implementation of the National Standards on Diagnostic Imaging and Therapeutic Radiology covering a total of 80 health facilities across the 16 health regions of Kampala, Ankole, Acholi, South Central, Busoga, North Central, Lango, WestNile, Kigezi and Tooro. The supervision targeted facilities at multiple levels of the health system from National Referral Hospitals and Regional Referral Hospitals to General Hospitals, Health Centre IVs, and Health Centre IIIs both Government, Private Not-For-Profit (PNFP), and Private facility ownership. The assessment included infrastructure readiness, equipment availability, staffing levels and practices, radiation safety, quality management systems, digital imaging capabilities, and commodity supply chains.

The finding is that Uganda's diagnostic imaging sector demonstrates a significant and systematic divide along lines of ownership type and geography. The Central region anchored by Kampala's tertiary hospitals concentrates the majority of advanced imaging capacity while the peripheral regions, face multi-dimensional

deficiencies that threaten equitable access to diagnostic services for Uganda's rural population.

Across the national sample, permanent building, radiation protective gear (86.8%) and running water (86.8%) emerged as the strongest infrastructure elements, suggesting that the most basic safety and hygiene requirements are broadly met. However, considerable gaps exist in patient comfort, space adequacy, and regulatory compliance. Patient waiting areas (65.8%), air conditioning (68.4%), and workload space adequacy (71.1%) were the three lowest-performing indicators. The 73.7% AEC licensing rate is particularly concerning, as facilities operating without current Atomic Energy Council licensing are in breach of Uganda's regulatory framework for ionising radiation.

Table 77: Summary findings of assessment and supervision of Implementation of the National Standards on Diagnostic Imaging and Therapeutic Radiology

Key Finding	Statistic / Observation
Total facilities assessed	80 across 16 regions
TLD Compliance	63.6% update monitoring
General Ultrasound availability	89.5% (72/80 facilities)
CT Scan availability	34.2% (27/80)
MRI availability	13.2%
Qualified supervision	52.6%
AEC Licensing	Govt 60.0% vs. PNFP 94.1%
Digital imaging (PACS)	Only 13% facilities have PACS — all in Central region
X-ray Film availability	Govt 44.4%
Quality Manual compliance	51.6% overall

Thermoluminescent dosimetry (TLD) provides the primary mechanism for monitoring occupational radiation exposure of imaging staff, however only 63.2% had up-to-date TLD readings at the time of assessment

Equipment and service availability across facilities

General ultrasound is widely available and functional at almost 85.6% of the facilities followed by plain X-ray (84.2%), however advanced imaging services comprising CT scanning (34.2%), MRI (13.2%), mammography (10.5%), and fluoroscopy (5.3%) are in the central and cities. SPECT and PET/CT are completely absent from all assessed facilities, confirming that nuclear medicine services are inaccessible at any level of the health system. The availability of equipment is shown in the table below

Table 78: Imaging modality availablity

Imaging Modality	% Availability
General Ultrasound	89.5%
Linear Probe (Ultrasound)	89.5%
Plain X-ray (Fixed/Mobile)	84.2%
Endocavitary Probe	65.8%
Echocardiography	36.8%
CT Scan	34.2%
Dental X-ray	26.3%
MRI	13.2%
Mammography	10.5%
Fluoroscopy	5.3%
SPECT	0%
PET/CT	0%

Staffing at the radiology units:

The dominant cadres are radiographers and imaging technologists, who perform the majority of examinations across all facility types. Consultant radiologists and medical physicists are extremely scarce: radiologists are present at primarily NRHs and 10/16 RRHs. The absence of radiologists at most facilities means that imaging is performed without formal image interpretation and supervision.

The availability of imaging equipment is a necessary but insufficient condition for safe and effective diagnostic services. Qualified, trained, and regularly supervised imaging personnel are essential to ensure that equipment is operated correctly, images are interpreted accurately, radiation protection protocols are followed, and patients receive appropriate clinical management.

Equipment absence drives 82% of all referrals, indicating that the primary barrier to imaging access is infrastructure, not willingness or clinical capacity. Addressing equipment gaps at the facility level would dramatically reduce out-referrals and improve patient outcomes.

Workload data among the facilities show ultrasound volume mean quarterly workload was 1,527 examinations (range: 240–6,000). For X-ray, mean of 738 examinations per quarter (range: 100–2,700). CT volumes of mean of 302 examinations per quarter (range: 0–900).

Teleradiology Utilisation and reporting

The finding that 77.3% of responding facilities store images on printed films and that no PACS exists outside Kampala places Uganda's radiology system at a significant technological disadvantage relative to regional peers and global standards. The digital imaging gap is not merely a technology problem: it is a care quality problem. Without digital archiving, there is no ability to compare current studies with prior images, no ability to share images with specialists for second opinions, and no ability to audit imaging quality over time.

2.6 Health Financing

2.6.1 Health Financing Landscape in Uganda

Health financing is a fundamental determinant of health system performance, equity, and sustainability. Over the past five financial years (FY 2021/22 to FY 2025/26), public funding for health in Uganda has grown steadily in nominal terms, reflecting Government commitment to prioritizing the sector. The approved health sub programme allocation increased by 11.9% (UGX 478.00 billion) from UGX 4,012.64 billion in FY 2024/25 to UGX 4,490.64 billion in 2025/26.

During the same financial year, there was a supplementary of UGX 513.75 billion (making the total health budget UGX 5,004.39 billion) from the Government of Uganda to fill the critical funding gaps resulting from the withdrawal of United States Government (USG). The bulk of the supplementary allocation UGX 427.51 billion (83.2%)—was directed to non-wage recurrent expenditure. Of this, UGX 385.53 billion (75.1%) went to National Medical Stores (NMS) for essential health commodities.

As a result, GoU's share of the approved on-budget health envelope reached 69.4%, the highest level in the last five years (Table X) Health's share of the national budget also rose, from 5.6% to 6.2% but it remains below the national UHC compact target of 9% by 2030

Table 79: Summary of the Resource by Category

UGX Bns	Approved Budget	Supplementary	Revised Budget	% share
Wage	1,318.52	36.38	1,354.9	**27.1%**
Non-Wage Recurrent	1,375.22	427.51	1,802.73	**36.0%**
GoU Development	426.08	49.86	475.94	**9.5%**
External	1,370.82	-	1,370.82	**27.4%**
Total	**4,490.64**	**513.75**	**5,004.39**	**100.0%**

The non-wage recurrent (36.0%) dominated the resource envelop. While the external on-budget funding was significant at 27.4%.

Five-Year Budgetary Trends and Macroeconomic Commitments

Table 80: Health Financing Trends (Last 5 FYs) _UGX BNs

FY	Total National Budget	Health budget (GoU)	Health Budget (External)	Total	Health Proportion (%)	External Contribution %	GoU Contribution %	Growth Trend
2021/22	44,779	1,988	1,342.87	3,331	7.4%	40.3%	59.7%	19.5%
2022/23	48,130	2,331	1,353.82	3,685	7.7%	36.7%	63.3%	10.6%
2023/24	52,737	2,493	1,556.66	4,050	7.7%	38.4%	61.6%	9.9%
2024/25	72,136	2,729	1,283.17	4,012	5.6%	32.0%	68.0%	-0.9%
2025/26	72,376	3,119	1,370.82	4,490	6.2%	30.6%	69.4%	11.8%

FIGURE 93: HEALTH AS % OF NATIONAL BUDGET

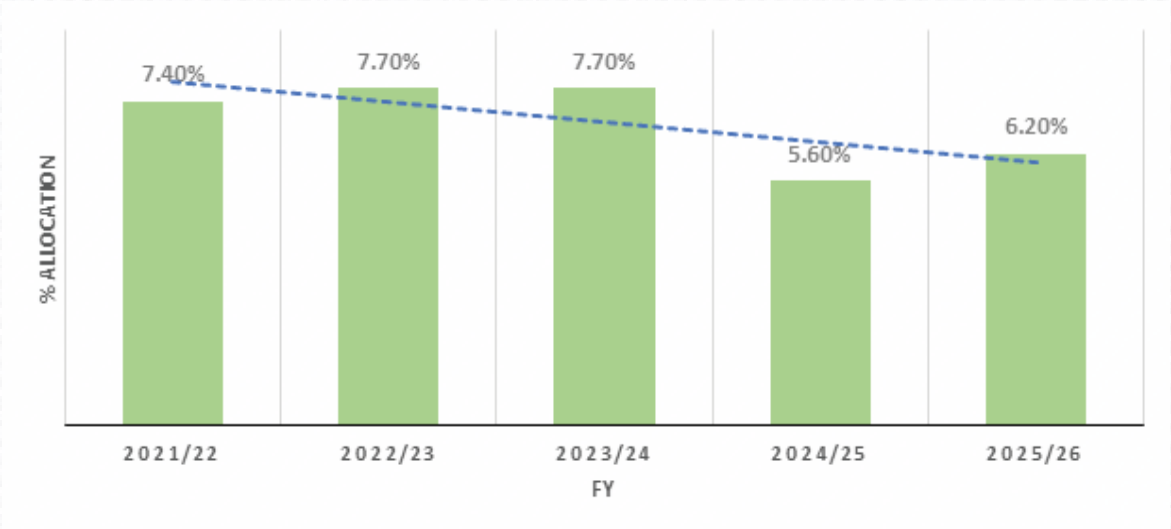


Figure X shows that the health budget has grown steadily in nominal terms, rising by about 50% from UGX 3,331 billion in FY 2021/22 to UGX 5,004.4 billion (revised budget) in FY 2025/26. Health's share of the national budget, however, has not kept pace after reaching 7.4–7.7% between FY 2021/22 and FY 2023/24. The share fell sharply to 5.6% in FY 2024/25. Sustaining recent gains will require protecting health's share of the national budget as overall spending grows.

2.6.2 Budget Performance for FY 2025/26

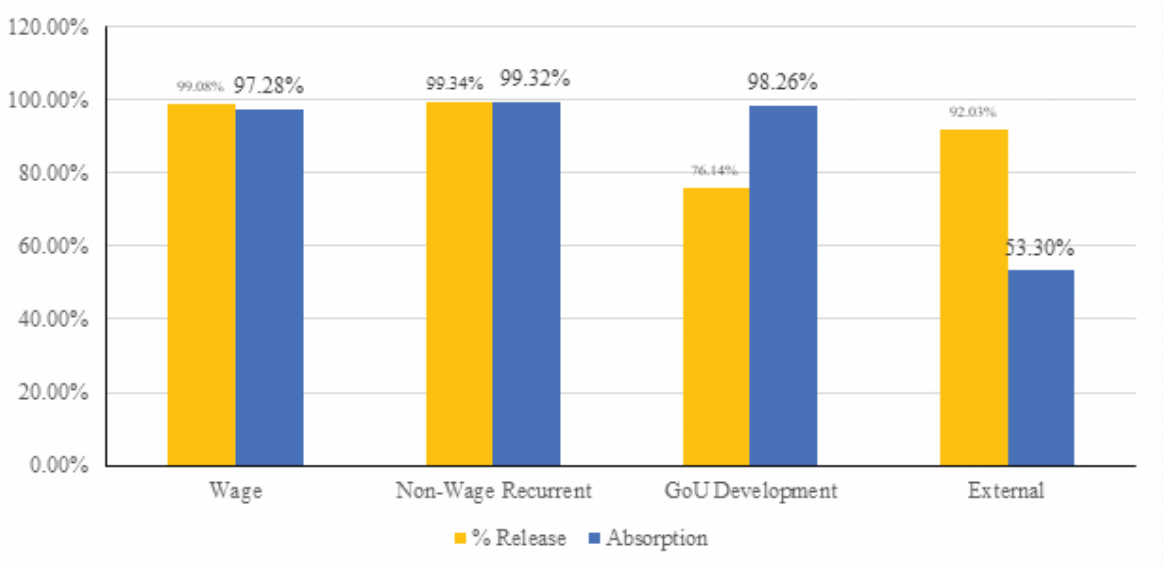
Budget performance evaluates the operational efficiency and level of execution of health sector institutions. In FY 2025/26, out of the revised budget envelope of UGX 5,004.39 billion, UGX 4,757.26 billion (95.1%) was released by Treasury, and UGX 4,113.16 billion was spent. This represents an overall budget absorption rate of 86.46% relative to releases, a marginal improvement from 86.2% in FY 2024/25. External funding was the worst performer with an absorption rate of 53.3% compared to last FY which was at 58% relative to the rest. This is attributed to the nature of the projects that involve long approval processes.

Table 81: Health sector budget performance for FY 2025/26 by Budget Category

UGX Bns	Approved Budget	Suppl.	Revised Budget	% Release	Absorption
Wage	1,318.52	36.38	1,354.9	99.08%	97.28%
Non-Wage Recurrent	1,375.22	427.51	1,802.73	99.34%	99.32%
GoU Development	426.08	49.86	475.94	76.14%	98.26%
External	1,370.82	-	1,370.82	92.03%	53.30%
Total	**4,490.64**	**513.75**	**5,004.39**	**95.06%**	**86.46%**

2.6.3 Health Budget Absorption

FIGURE 94: HEALTH BUDGET ABSORPTION BY CATEGORY



Of the revised budget of UGX 5,004.39 billion, 95.1% (UGX 4,757.26 billion) was released and 86.5% of releases (UGX 4,113.16 billion) were spent. Overall absorption improved marginally, from 86.2% in FY 2024/25 to 86.5% in FY 2025/26 with the highest non-wage recurrent (99.3%), GoU development (98.3%) and wage (97.3%) expenditure. External on-budget financing remained the weakest performing category. Of the 92.0% external budget, only 53.3% of releases were spent, down from 58% in FY 2024/25. Unspent external funds (about UGX 589 billion) therefore account for more than 90% of the sector's total unspent balance of UGX 644 billion. GoU development had the lowest release rate (76.1%),

Performance of Externally Funded Projects under the Sector for FY 2025/26

Table 82: Performance of Externally Funded Projects under vote 014

Project	Approved Budget	Suppl.	Revised Budget	Total Release	Total Expenditure	% Release	% Absorption
Karamoja Infrastructure Development Project (Phase II)							
GoU	2.461	-	2.461	2.461	2.432	100.00%	98.57%
External	14.589	-	14.589	14.589	13.761	100.00%	94.32%
Total	**17.051**	**-**	**17.051**	**17.051**	**16.187**	**100.00%**	**94.93%**
Rehabilitation and Construction of General Hospitals							
GoU	111.274	-	111.274	44.975	44.394	40.42%	98.71%
External	16.901	-	16.901	16.900	7.094	100.00%	41.97%
Total	**128.174**	**-**	**128.174**	**61.875**	**51.486**	**48.27%**	**83.21%**
Global Fund							
GoU	6.775	9.814	16.589	16.589	16.537	100.00%	99.68%
External	1,005.419	-	1,005,419	1,005,419	554.468	100.00%	55.15%
Total	**1,012.194**	**9.814**	**1,022.008**	**1,022.008**	**571.004**	**100.00%**	**55.87%**
Global Alliance for Vaccines							
GoU	27.393	-	27.393	27.393	27.393	100.00%	100.00%
External	166.808	-	166.808	166.808	40.821	100.00%	24.47%
Total	**194.201**	**-**	**194.201**	**194.201**	**68.214**	**100.00%**	**35.13%**
Uganda Covid19 Response Emergency Preparedness Projects							
External	**57.883**	-	57.883	57.883	56.333	**100.00%**	**97.32%**

Absorption under Ministry of Health projects was good especially Government of Uganda funding (counterpart) with all projects performing above 95%. However, the performance was poor under both GAVI and Global fund due to delays in procurement, seeking no objections and reprioritization of the budget under Global Fund where activities were scaled down. Together, these two partners account for about UGX 577 billion (98%) of the unspent external releases.

Table 83: Uganda Cancer Institute and Uganda Heart Institute Externally funded Projects

Vote	Project	Approved Budget	Release	Spent	Absorption
UCI	1345 - ADB Support to UCI	16.98	-	-	0%
UCI	1806 - Establishment of Regional Oncology and Diagnostic Center in Arua and Mbale	30.75	-	-	0%
UHI	Uganda Heart Institute Infrastructure development Project	61.49	44.91	44.91	73%

As seen in the table 6 above, there was no release to the ADB support project which is attributed to the delayed approval by Parliament of Uganda of the additional financing facility and signing of the financing agreement by MoFPED.

Additionally, establishment of Regional Oncology and Diagnostic Center in Arua and Mbale project had no release due to delayed pending appraisal processes for the project. However, the IsDB loan facility was declared effective on 19th May 2026 for implementation in FY 2026/27.

The Uganda Heart Institute Infrastructure development Project is ongoing with funding from BADEA, OPEC Fund, and SFD. A total of UGX 9.9bn, 11.5bn, and 23.5bn was released respectively by the mentioned funders for payment of certificates in FY 2025/26.

Table 84: Budget Outturn for FY 2025/26 by Vote and Category

Vote (Ugx Bns)	Total	Supplementary Budget	Revised	Release	Spent	% release	% spent
Ministry of Health	1,564.14	47.40	1,611.54	1,538.43	947.01	95.5%	61.60%
Uganda AIDS Commission	26.39	0.00	26.39	26.39	23.98	100.0%	90.80%
Uganda Cancer Institute	226.04	0.00	226.04	178.32	178.25	78.9%	100.00%
Uganda Heart Institute	118.73	40.50	159.23	56.50	56.44	35.5%	99.90%
National Medical Stores	717.60	385.53	1,103.13	1,103.14	1,103.13	100.0%	100.00%
KCCA	14.33	0.00	14.33	-	14.16	100.0%	98.85%
Health Service Commission	21.24	0.45	21.69	21.69	17.34	100.0%	80.00%
UBTS	44.81	0.00	44.81	42.34	36.69	94.5%	86.70%
Mulago Hospital Complex	138.06	0.00	138.06	134.69	132.48	97.6%	98.40%
Butabika Hospital	22.84	2.47	25.31	23.95	22.53	94.6%	94.10%
Arua Referral Hospital	17.99	2.74	20.73	20.73	17.77	100.0%	85.70%
Fort Portal Referral Hospital	15.19	2.48	17.67	14.49	11.95	85.4%	82.40%
Gulu Referral Hospital	16.94	2.47	19.41	19.41	16.91	100.0%	87.10%
Hoima Referral Hospital	14.29	2.05	16.34	16.28	13.54	100.0%	83.20%
Jinja Referral Hospital	22.38	2.02	24.40	22.29	21.08	91.7%	94.60%
Kabale Referral Hospital	13.72	2.05	15.77	13.72	12.89	87.0%	94.00%
Masaka Referral Hospital	14.63	2.05	16.67	14.63	13.00	87.7%	88.90%
Mbale Referral Hospital	21.19	2.05	23.23	23.23	21.37	100.0%	92.00%
Soroti Referral Hospital	11.88	2.29	14.17	14.17	12.36	100.0%	87.20%
Lira Referral Hospital	18.38	2.68	21.06	20.74	17.19	98.5%	82.90%
Mbarara Referral Hospital	20.76	0.00	20.76	20.75	20.27	100.0%	97.70%
Mubende Referral Hospital	14.45	2.05	16.49	14.45	14.44	87.6%	99.90%
Moroto Referral Hospital	12.48	0.25	12.73	12.52	11.88	98.4%	94.90%

Vote (Ugx Bns)	Total	Supplementary Budget	Revised	Release	Spent	% release	% spent
Naguru Referral Hospital	22.87	2.32	25.19	25.18	21.99	100.0%	87.30%
Kiruddu Referral Hospital	29.39	0.29	29.69	29.66	29.18	100.0%	98.30%
Kawempe Referral Hospital	27.06	0.00	27.06	27.06	26.55	100.0%	98.10%
Entebbe RRH	17.52	2.65	20.17	17.52	17.49	86.8	99.80%
Mulago Specialized Women and Neonatal Hospital	34.56	1.57	36.13	34.56	33.43	95.7%	96.70%
Kayunga Referral Hospital	15.99	2.05	18.03	18.03	15.61	100.0%	86.60%
Yumbe Referral Hospital	13.59	2.87	16.46	16.46	13.11	100.0%	79.60%
UVRI	9.68	0.49	10.17	8.85	7.81	90.1%	88.20%
601-999 Local Governments	1,207.92	0.00	1,207.92	1,212.69	1,211.07	1,211.07	99.90%
TOTAL HEALTH SECTOR	**4,490.64**	**513.75**	**5,004.39**	**4,757.26**	**4,113.16**	**95.06%**	**86.46%**

Treasury Release Variance: 21 out of 32 health sector votes received at least 95.0% of their revised allocations. The lowest release rates occurred at Uganda Heart Institute (35.5%) and Uganda Cancer Institute (78.9%), caused by delayed release of external donor project funds. Kabale, Masaka, Mubende, and Entebbe Regional Referral Hospitals received releases equal only to their approved budgets, indicating that their supplementary allocations (UGX 2.05–2.65 billion each) were not disbursed.

Institutional absorption highs and lows: absorption of released funds reached 100.0% at UCI and NMS, followed by Local Governments (99.9%), Mubende RRH (99.9%), Entebbe RRH (99.8%), and UHI (99.9%). the ministry of health recorded the lowest overall vote-level absorption (61.6%), heavily skewed down by external donor fund execution. other low-performing votes included Yumbe RRH (79.6%), Health Service Commission (80.0%), Fort Portal RRH (82.4%), Lira RRH (82.9%), and Hoima RRH (83.2%).

Table 85: Health Sector budget absorption by Vote and Category for FY 2025/26

Vote	Vote Name	Wage	NWR	Gou Devt	External	Overall Absorption
014	Ministry of Health	96.68%	99.46%	99.27%	53.30%	61.60%
107	Uganda AIDS Commission	75.23%	95.64%	92.69%	-	90.80%
114	Uganda Cancer Institute	100.00%	100.00%	100.00%	-	100.00%
115	Uganda Heart Institute	100.00%	99.98%	99.25%	-	99.00%
116	National Medical Stores	100.00%	100.00%	100.00%	-	100.00%
122	Kampala Capital City Authority	0.00%	98.85%	0.00%	-	98.85%
134	Health Service Commission	98.21%	98.72%	41.18%	-	80.00%
151	UBTS	55.52%	99.48%	99.99%	-	86.70%
401	Mulago Hospital Complex	99.98%	96.61%	99.99%	-	98.40%
402	Butabika Hospital	91.88%	96.16%	93.37%	-	94.10%
403	Arua Referral Hospital	73.11%	99.97%	99.96%	-	85.70%
404	Fort Portal Referral Hospital	78.16%	91.26%	100.00%	-	82.40%
405	Gulu Referral Hospital	89.97%	81.82%	99.98%	-	87.10%
406	Hoima Referral Hospital	78.32%	97.07%	99.76%	-	83.20%
407	Jinja Referral Hospital	94.58%	94.51%	100.00%	-	94.60%
408	Kabale Referral Hospital	97.42%	89.67%	98.37%	-	94.00%
409	Masaka Referral Hospital	89.05%	88.24%	99.99%	-	88.90%
410	Mbale Referral Hospital	88.14%	98.72%	92.32%	-	92.00%
411	Soroti Referral Hospital	86.77%	88.18%	100.00%	-	87.20%
412	Lira Referral Hospital	82.07%	83.82%	98.72%	-	82.90%
413	Mbarara Referral Hospital	97.79%	97.49%	100.00%	-	97.70%
414	Mubende Referral Hospital	99.98%	100.00%	98.15%	-	99.90%
415	Moroto Referral Hospital	96.70%	91.55%	99.96%	-	94.90%

Vote	Vote Name	Wage	NWR	Gou Devt	External	Overall Absorption
416	Naguru Referral Hospital	76.03%	97.64%	100.00%	-	87.30%
417	Kiruddu Referral Hospital	96.18%	99.57%	99.85%	-	98.30%
418	Kawempe Referral Hospital	96.60%	100.00%	99.61%	-	98.10%
419	Entebbe Regional Referral Hospital	100.00%	99.62%	99.93%	-	99.80%
420	Mulago Specialized Women Hospital	94.69%	98.38%	99.70%	-	96.70%
421	Kayunga Referral Hospital	75.68%	97.07%	99.93%	-	86.60%
422	Yumbe Referral Hospital	69.68%	95.70%	100.00%	-	79.60%
127	UVRI	79.97%	92.32%	0.00%	-	88.20%
612	LG Health	99.80%	100.00%	98.90%		99.90%
	Overall Absorption	**97.28%**	**99.32%**	**98.26%**	**53.30%**	**86.46%**

Low absorption across voted entities occurred primarily within wage allocations. Wage execution fell below 80.0% at UBTS (55.5%), Yumbe RRH (69.7%), Arua RRH (73.1%), Uganda AIDS Commission (75.2%), Kayunga RRH (75.7%), Naguru RRH (76.0%), Fort Portal RRH (78.2%), Hoima RRH (78.3%), and UVRI (80.0%). This structural lag stems from unfilled staff positions, recruitment delays, and payroll access lags.

2.6.4 GOU, On-Budget and Off-Budget External Financing

In FY 2025/26, the total health sector resource envelope (comprising GoU, on-budget external and off-budget external financing) amounted to UGX 6,091.6 billion, an increase of 12.6% from UGX 5,410.4 billion in FY 2024/25. Of this, the Government of Uganda (GoU) contributed 60% (UGX 3,633.6 billion), while development partners (DPs) accounted for 40% (UGX 2,458.0 billion). GoU resources rose by 31.3% in nominal terms from UGX 2,768.3 billion in FY 2024/25, signaling a stronger domestic fiscal commitment to health despite the continued contraction in external aid.

FY 2025/26 is the second consecutive year in which GoU has financed most health sector resources; its share has risen from 44% in FY 2023/24 to 51% in FY 2024/25 and 60% in FY 2025/26. These figures are based on the revised GoU budget, which includes the UGX 513.75 billion supplementary budget provided to offset gaps arising from the withdrawal of US Government funding. Excluding the supplementary, GoU financing would have been UGX 3,119.8 billion (56% of total health resources), an increase of 12.7% over FY 2024/25. The Supplementary therefore accounts for more than half (18.6 percentage points) of the year's growth in GoU financing.

Of the Total Development Assistance for health (DAH), 56% (UGX 1,370.8 billion) was channeled on budget, primarily through the Global Fund, the World Bank, Gavi, the AfDB, Spain and the Italian Cooperation. The remaining 44% (UGX 1,087.2 billion) was implemented off budget, largely by US Government agencies, WHO, UNICEF, UNHCR, UNFPA, UNAIDS, the Embassy of Sweden, the Embassy of the Kingdom of the Netherlands, the Royal Danish Embassy, the British High Commission/FCDO, KOICA, KOFIH, DG ECHO, the Embassy of Belgium, Enabel, AICS, Ireland and JICA, among others. This reverses the pattern of FY 2024/25, when the majority of DAH (51%) flowed off budget.

Table 86: Uganda Health Financing Resource Envelope and Funding Trends (FY 2023/24 to FY 2025/26)

INDICATOR	FY2023/24	FY2024/25	FY2025/26	Key Insight
Total Health Sector Resource Envelope (UGX Bn)	-	5,410.4	6,091.6	Increased by **12.6%**
Government of Uganda (GoU) Financing (UGX Bn)	-	2,768.3	3,633.6	Increased by **31.3%**
Development Partner (DP) Financing (UGX Bn)	-	2,642.1*	2,458.0	Continued decline in external aid
GoU Share of Total Health Resources	44%	51%	60%	Second consecutive year GoU financed the majority of health resources
DP Share of Total Health Resources	56%	49%	40%	Reflects declining donor contribution

INDICATOR	FY2023/24	FY2024/25	FY2025/26	Key Insight
GoU Financing Excluding Supplementary Budget (UGX Bn)	-	-	3,119.8	Equivalent to **56%** of total resources
Growth in GoU Financing Excluding Supplementary Budget	-	-	+12.7%	Comparable to growth in overall resource envelope
Supplementary Budget for USG Funding Offset (UGX Bn)	-	-	513.75	Introduced to fill funding gaps arising from USG withdrawal
Contribution of Supplementary Budget to GoU Financing Growth	-	-	18.6 percentage points	Accounts for more than half of GoU financing growth

2.6.5 Key Highlights and Recommendations

Key Take Home Messages:

- The health sector registered strong financing growth, with total resources increasing by 12.6% from UGX 5,410.4 billion in FY 2024/25 to UGX 6,091.6 billion in FY 2025/26. This expansion was driven primarily by higher GoU allocations—both regular and supplementary—and increased onbudget external financing, which jointly offset the continued decline in offbudget support.
- Government financing now constitutes most sector resources, rising by 31.3% to UGX 3,633.6 billion and increasing its share to 60% of total health financing. This includes a supplementary allocation of UGX 513.75 billion to cushion the sector from the withdrawal of US funding; excluding this, GoU financing still grew by 12.7%.
- External assistance continued to contract, falling by 7.0% to UGX 2,458.0 billion. The decline was most pronounced in offbudget flows, which dropped by 20% in FY 2025/26 and by 38% since FY 2023/24, while onbudget support reduced by 6.8%.
- Although alignment improved—with the share of external financing routed through government systems, rising from 49% to 56%—fragmentation remains significant. Nearly 44% of external resources (UGX 1,087.2 billion) continue to bypass national systems, limiting coordination, transparency and harmonization.
- Absorption challenges further constrain the value of onbudget support. Only 53.3% of released external funds were spent, down from 58% the previous year, with Global Fund and Gavi accounting for 98% of the unspent balances. Any future shift toward greater onbudget support must therefore be accompanied by strengthened execution capacity.

Policy Recommendations:

- Institutionalize and digitalize offbudget reporting: Fasttrack digitalization of offbudget resource tracking and operationalize the virtual pooling mechanism. Integrate both with MoFPED's Aid Management Platform to enable realtime reporting, reduce duplication and strengthen transparency.
- Develop a transition and sustainability framework: Considering the 38% decline in offbudget support since

FY 2023/24, MoH, MoFPED and partners should craft a mediumterm transition plan that maps financing risks, prioritizes essential programs for domestic absorption, and guides predictable partner transition.

- Address bottlenecks in external fund absorption: Collaborate with Global Fund, Gavi and MoFPED to streamline procurement planning, noobjection processes and grant reprioritization. Monitor quarterly absorption through sector performance review platforms.
- Strengthen domestic resource mobilization: Building on the 31.3% rise in GoU financing, pursue sustainable financing options—including health taxes, social health insurance contributions and efficiency gains in fiscal transfers—to safeguard service delivery beyond oneoff supplementary measures.
- Promote joint monitoring and accountability: Institutionalize regular joint financial and programmatic reviews under the Joint Planning and Budgeting Framework to assess value for money, track commitments and harmonize reporting cycles.
- Enhance communication of financing data: Publish annual dashboards and summaries of onbudget and offbudget financing, including through the Partner Mapping Portal, to reinforce transparency, trust and mutual accountability.



CHAPTER 3: PERFORMANCE OF LOCAL GOVERNMENT AND HEALTH FACILITIES

3.1 Local Government Performance

3.1.1 The Regional League Table

Table 87: Regional League Table Ranking

Region	Population	Scores			
	2025/26	2025/26	2024/25	2023/24	2022/23
Acholi	2,152,700	83.5	84.1	72.7	71.7
Ankole	3,755,970	86.2	77.4	70.3	68.7
Bugisu	2,289,450	82.8	84.2	80	76.9
Bukedi	2,293,950	82.8	77.3	72.7	66.7
Bunyoro	2,967,130	80.2	67.7	66.8	58.8
Busoga	4,771,120	79.4	73.1	66.3	58.6
Kampala	1,831,160	78.0	74.8	76.5	75.6
Karamoja	1,548,320	77.4	79	72.1	73
Kigezi	1,836,600	85.5	79.3	80.2	76.5
Lango	2,658,190	87.1	84.7	69.6	74.7
North Buganda	5,448,530	71.4	66.3	66.5	68.8
South Buganda	6,459,630	74.7	65.2	51	57.7
Teso	2,550,360	75.0	72.7	73.7	71.2
Tooro	3,560,090	78.7	78.7	75.7	68.8
West Nile	4,028,890	80.0	79.4	72.5	71.7

3.1.2 The National League Table

Table 88: Cities Ranking for FY 2025/26

DISTRICT	FY 2024/25	FY 2025/26		
		Population	Score (%)	National Ranking
Mbarara City	61	290,340	85.7	1
Lira City	4	260,360	84.5	2
Gulu City	14	247,560	80.3	3
Fort Portal City	33	144,120	80.3	3
Mbale City	25	313,060	80.1	5
Jinja City	8	302,140	79.2	6
Arua City	41	412,360	79.0	7
Kampala	110	1,831,160	76.3	8
Masaka City	125	315,750	72.5	9
Hoima City	111	153,850	72.2	10
Soroti City	126	143,970	67.4	11
		4,414,670	**78.0**	

Performance of districts with CHEWS on the distrct league table

Overall, there were mixed results for districts that had CHEWs by end of 2025 using the district legue table. For example:

Wide Variance and Notable Gainers: Mbarara District made the single largest leap among CHEW districts, climbing 102 positions from rank 130 to rank 28 (Score: 82.7%). Ngora advanced 81 positions from rank 141 to rank 60 (Score: 78.1%). Kole (+50 to #39), Mbarara City (+48 to #13), Lwengo (+49 to #73), and Kitgum (+43 to #39) also posted double-digit rank improvements. Bunyangabu sustained good performance, retaining rank 7 nationally (Score: 86.7%).

Notable Decliners: Several districts experienced steep ranking declines despite early rollout, including Omoro (-72 to #122), Kyotera (-67 to #114), Koboko (-63 to #89), Kakumiro (-54 to #94), and Kween (-43 to #102). This indicates that deployment alone does not insulate districts from drop-offs if routine service delivery, supply chain, or reporting indicators underperform relative to national peers.



Table 89: Local Government Ranking for FY 2025/26

DISTRICT	FY 2024/25	FY 2025/26			DISTRICT	FY 2024/25	FY 2025/26		
		Population	Score (%)	National Ranking			Population	Score (%)	National Ranking
Kabale	21	293,560	91.4	1	Mubende	99	551,320	77.1	73
Bushenyi	42	291,900	91.3	2	Lwengo	122	346,400	77.1	73
Kiruhura	1	217,200	90.3	3	Kayunga	118	461,700	77.1	73
Bundib-ugyo	2	280,650	89.3	4	Iganga	79	441,990	77.0	78
Rubanda	12	253,540	88.9	5	Moroto	100	108,040	76.8	79
Oyam	17	499,840	87.5	6	Busia	68	434,380	76.7	80
Bunyang-abu	7	232,560	86.7	7	Mpigi	84	346,390	76.4	81
Amolatar	5	196,630	86.7	7	Kampala	110	1,831,160	76.3	82
Sheema	106	257,930	86.5	9	Napak	37	214,120	76.3	82
Nabilatuk	55	142,620	86.4	10	Kitagwenda	74	189,240	76.2	84
Mbale	3	301,270	86.2	11	Kagadi	82	499,270	76.0	85
Amuria	44	259,960	86.2	11	Kaberamai-do	46	144,790	76.0	85
Mbarara City	61	290,340	85.7	13	Obongi	66	146,600	75.8	87
Rubirizi	36	172,270	85.3	14	Pader	69	248,910	75.5	88
Nebbi	27	315,940	84.9	15	Koboko	26	284,930	75.4	89
Lira City	4	260,360	84.5	16	Mayuge	107	613,890	75.2	90
Kibuku	43	263,490	84.3	17	Zombo	76	334,030	75.1	91
Apac	38	234,560	84.2	18	Bugiri	34	512,300	75.1	91
Masaka	20	122,420	84.2	18	Nakaseke	75	264,650	75.1	91
Manafwa	22	193,360	83.9	20	Kakumiro	40	455,790	74.9	94
Kumi	52	301,660	83.7	21	Jinja	103	293,500	74.7	95
Buhweju	49	175,590	83.6	22	Kotido	86	232,340	74.5	96
Rukungiri	33	388,800	83.5	23	Katakwi	72	245,010	74.3	97
Bududa	6	272,800	83.3	24	Kyankwanzi	95	299,940	74.1	98
Mitooma	16	228,570	83.2	25	Kaliro	85	294,810	73.8	99
Ibanda	10	322,780	83.1	26	Buikwe	134	546,750	73.7	100
Abim	11	149,470	83.1	26	Hoima	143	264,710	73.3	101
Mbarara	130	177,070	82.7	28	Namutumba	96	329,770	73.0	102
Kazo	13	215,880	82.7	28	Kween	59	133,490	73.0	102
Dokolo	29	222,040	82.5	30	Sembabule	135	321,870	72.8	104
Kiboga	31	191,540	81.8	31	Yumbe	70	966,310	72.7	105
Lyantonde	71	138,870	81.7	32	Buvuma	140	119,520	72.6	106
Isingiro	15	666,180	81.7	32	Kassanda	105	337,270	72.5	107
Kibaale	93	246,670	81.6	34	Masaka City	125	315,750	72.5	107
Rwampara	113	168,200	81.3	35	Kisoro	139	438,950	72.5	107
Kabarole	102	235,770	81.0	36	Kyegegwa	83	523,770	72.5	107
Gulu City	14	247,560	80.3	37	Kiryandongo	109	393,650	72.4	111

DISTRICT	FY 2024/25	FY 2025/26			DISTRICT	FY 2024/25	FY 2025/26		
		Population	Score (%)	National Ranking			Population	Score (%)	National Ranking
Fort Portal City	33	144,120	80.3	37	Hoima City	111	153,850	72.2	112
Kole	89	307,030	80.2	39	Alebtong	54	291,070	71.9	113
Kitgum	82	242,410	80.2	39	Wakiso	123	3,697,600	71.5	114
Mbale City	25	313,060	80.1	41	Kyotera	47	285,660	71.5	114
Pakwach	18	221,460	79.9	42	Bugweri	137	222,040	71.4	116
Kwania	9	220,510	79.8	43	Kyenjojo	121	580,670	71.4	116
Kanungu	56	323,270	79.6	44	Kaabong	117	267,680	71.2	118
Lira	53	256,460	79.4	45	Gulu	112	142,280	70.9	119
Nwoya	63	242,910	79.4	45	Kasese	80	894,320	70.4	120
Jinja City	8	302,140	79.2	47	Buliisa	131	177,190	70.4	120
Butambala	136	149,210	79.2	47	Omoro	50	225,620	70.2	122
Pallisa	32	346,170	79.2	47	Kalungu	119	236,440	70.0	123
Ntungamo	101	572,060	79.1	50	Bukedea	103	288,120	69.9	124
Nakapirip-irit	58	116,490	79.0	51	Namisindwa	78	263,160	69.8	125
Arua City	41	412,360	79.0	51	Serere	48	368,960	69.5	126
Ma-di-Okollo	45	182,930	78.9	53	Soroti	145	274,350	69.4	127
Adjumani	28	315,060	78.8	54	Maracha	88	240,630	69.2	128
Sironko	35	309,630	78.7	55	Kapchorwa	87	137,920	69.0	129
Rukiga	64	138,480	78.7	55	Luuka	124	311,320	68.4	130
Bukwo	19	118,430	78.5	57	Bukoman-simbi	143	206,760	68.4	130
Mukono	108	994,510	78.4	58	Kalaki	132	154,270	68.2	132
Buyende	67	424,400	78.3	59	Namayingo	98	287,090	68.0	133
Otuke	24	169,690	78.1	60	Ntoroko	65	121,150	68.0	133
Ngora	141	216,330	78.1	60	Amudat	114	215,350	67.9	135
Rakai	133	351,560	78.0	62	Kapelebyong	129	152,940	67.5	136
Agago	23	314,700	77.9	63	Soroti City	126	143,970	67.4	137
Lamwo	90	227,180	77.9	63	Arua	146	168,680	66.8	138
Amuru	60	261,130	77.9	63	Masindi	77	365,100	66.4	139
Kamwenge	39	357,840	77.8	66	Terego	115	328,940	66.3	140
Kamuli	62	561,330	77.8	66	Butaleja	116	321,650	65.5	141
Budaka	91	290,640	77.5	68	Kalangala	128	79,440	64.9	142
Bulambuli	92	246,330	77.5	68	Gomba	120	212,820	62.0	143
Tororo	51	637,620	77.4	70	Butebo	144	176,540	60.0	144
Luwero	30	655,010	77.2	71	Nakasongola	124	242,500	53.5	145
Mityana	97	432,260	77.2	71	Karenga	128	102,210	51.9	146
Moyo	94	111,020	77.1	73	**National**		**48,152,090**	**63.7**	
Kikuube	57	410,900	77.1	73					

3.2 Health Facility Level Performance

Health Facilities in Uganda are categorized by level of care into Health Centres (Level II, III & IV) and Hospitals (General, Regional Referral, National Referral and Specialized Referral Hospitals) and by ownership into Public, Private Not for Profit and Private Health Practitioners. The Health Centres provide primary health care services with Health Centre IIIs providing Basic EMONOC services and Health Centre IVs providing comprehensive EMONOC services. The general and referral Hospitals provide a range of services that also include specialized services.

In 2023, the Health Sub program adopted 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 considers the principal diagnosis, treatment or procedure received as well as patient characteristics. A case mix index can be calculated for each hospital by the dividing the total DRGs generated with the total admissions. A higher case mix index implies that the hospital is attending to relatively more severe cases (i.e cases that belong to a DRG with a high relative weight).

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 took into account the complexity of cases managed by facilities at different levels. Performance of the health facility was also assessed based on quality and efficiency, indicators as well as a management capacity assessment score for National and Regional Referral Hospitals. The national referral hospitals have not been ranked due to marked differences in service packages because of their specialised nature. General Hospitals and Health Centres have not been assessed on cost per DRG & APG due to limited availability of financial data. This challenge is expected to be resolved once the simplified computerised accounting and reporting tool is rolled out across the nation. Mulago Specialised Women and Neonatal Hospital, Cancer Institute and Heart Institute were excluded from the tables due to incomplete data sets in the DHIS 2. The changes in reporting tools (New HMIS forms introduced) and shift from paper based to Electronic Medical Records and Electronic Registers make comparison of absolute figures with previous years inappropriate.

The management capacity assessment was conducted in August 2026 and scoring done based on the parameters shown in table 1 below, the overall parameters used for ranking health facilities are shown in Table 86.

Table 90: Management Capacity Assessment Parameters

A1: ASSESSMENT PARAMETERS
1. Daily attendance system in place
2. Monthly staff attendance reports to inform management decisions
3. Has any action been taken on absentee staff?
4. Annual Regional health performance report submitted to MOH
5. Does the region conduct quarterly performance reviews?
6. Functional Integrated Care System (ICS) in place and functional
7. Does the Hospital organize community Health Promotion barazas?
8. Has the hospital accounted for all financial resources disbursed from MOH?
9. At least one publication in a peer reviewed with Hospital Staff as one of the authors
10. Does the hospital have a demonstration garden for nutrition?
11. Did the hospital have NO stock-out of the same 50 tracer medicines in the last 12 months.

12. Does the hospital have a functional Medicines & Therapeutics Committee (MTC) that met at least quarterly in the last year?
13. Cold chain & storage compliance: Does the hospital have up-to-date temperature logs (last 12 months) and no expired medicines on shelves.
14. % Recommendations from Performance reviews (MOH & Regional) acted on
15. % Clinical departments utilizing the EMR system
16. % Monthly reports submitted through DHIS2
17. % Referred emergencies (obstetric mothers, neonates, complicated malaria, Road traffic injuries and others) from lower-level facilities arriving at the referral site using an ambulance.
18. % Specialists/ Doctors & other Health managers reporting KPIs through the NHWPD quarterly.
19. Proportion of Wage absorption (%)
20. Total non-tax revenue generated in the FY
21. % Total admissions that are Referrals-in
22. % Patients admitted (inpatients) that are referred out

Table 91: Assessment Parameters for Health Facility Performance Assessment

ASSESSMENT PARAMETERS		
Regional Referral Hospitals	**General Hospitals**	**Health Centre IVs**
Management Capacity Assessment Score (30%)		
Efficiency (17.5%)	**Efficiency (20%)**	**Efficiency (35%)**
i) Average length of stay (ALOS) in days (2.5 points)	ii) Average length of stay (ALOS) in days (5 points)	i) Average length of stay (ALOS) in days (5 points)
iii) Bed Occupancy Rate (2.5 points)	iv) Bed Occupancy Rate	i) Bed Occupancy Rate (5 points)
v) % Uganda DRGs Reported on (2.5 points)	vi) % Uganda DRGs Reported on (5 points)	ii) Theatre functionality (5 points)
vii) % Uganda APGs Reported on (2.5 points)	viii) % Uganda APGs Reported on (5 points)	iii) Blood Bank Functionality (5 points)
ix) Case mix index (2.5 points)	x) Case mix index (5 points)	iv) % Uganda DRGs Reported on (5 points)
xi) Cost per APG (30% of total budget) (2.5 points)		v) % Uganda APGs Reported on (5 points)
xii) Cost per DRG (70% of total budget) (2.5 points)		vi) Case mix index (5 points)
Quality (15%)	**Quality (30%)**	**Quality (30%)**
i) Inpatient case fatality (2.5 points)	ii) Inpatient case fatality (5 points)	i) Inpatient Case Fatality rate (5 points)
iii) Inst. Perinatal Mortality rate (2.5 points)	iv) Inst. Perinatal Mortality rate (5 points)	ii) Inst. Perinatal Mortality rate (5 points)
v) Inst. Maternal Mortality rate (2.5 points)	vi) Inst. Maternal Mortality rate (5 points)	iii) Inst. Maternal Mortality rate (5 points)
vii) Caesarean Section rate (2.5 points)	viii) Caesarean Section rate (5 points)	iv) Caesarean Section rate (5 points)
ix) Inpatient runaway rate (2.5 points)	x) Inpatient runaway rate (5 points)	v) Inpatient runaway rate (5 points)
xi) Malaria case fatality rate (2.5 points)	xii) Malaria case fatality rate (5 points)	vi) Malaria case fatality rate (5 points)
Outputs OPD (12.5%)	**Outputs OPD (20%)**	**Outputs OPD (15%)**
Total APGs	Total APGs	Total APGs
In patient Outputs (25%)	**In patient Outputs (30%)**	**Outputs IP (20%)**
Total DRGs	Total DRGs	Total DRGs

3.2.1 Health Facility Outputs by Level of Care and Ownership

Tables 3 and 4 below show the contribution of APGs and DRGs by level of care and ownership. Health centres provided 90% of the outpatient services (APGs) and 40.5% of the inpatient services (DRGs) up from 81% for outpatient and from 29%, respectively. The changes were in part due to variable reporting and an increase in the number of health centres. The sector in general continued to be skewed towards increased access to PHC services which the majority of the population need.

Public facilities remained the main stay of service utilisation contributing to 84% of outpatient services (APGs) and 71% of inpatient services (APGs), while PNFP facilities accounted for 10% of outpatient services and 23% of inpatient services figures that are similar to those of last FY. The PHP facilities accounted for 6% of outpatient services and 6% of inpatient services. It should, however, be noted that there is limited reporting by PHP facilities.

Table 92: APG Contribution by Level of Care and Ownership

	NRH	RRH	GH	HC IV	HC III	HC II	Total	%
GoU	563,982	1,664,810	3,755,109	9,700,339	40,180,657	18,071,232	**73,936,129**	84%
PNFP	0	0	1,536,343	520,457	3,996,102	2,915,560	**8,968,462**	10%
PHP	0	0	890,331	341,439	969,088	2,667,895	**4,868,753**	6%
Total	**563,982**	**1,664,810**	**6,181,783**	**10,562,235**	**45,145,847**	**23,654,687**	**87,773,344**	100%
%	0.6%	1.9%	7.0%	12.0%	51.4%	26.9%	100.0%	

Table 93: DRG Contribution by Level of Care and Ownership

	NRH	RRH	GH	HC IV	HC III	HC II	Total	%
GoU	262,933	650,079	529,776	647,565	412,239	5,966	2,508,558	**71%**
PNFP	0	0	555,095	57,954	179,433	28,630	821,112	**23%**
PHP	0	0	109,394	31,666	54,536	19,381	214,977	**6%**
Total	**262,933**	**650,079**	**1,194,265**	**737,185**	**646,208**	**53,977**	3,544,647	**100%**
%	**7.4%**	**18.3%**	**33.7%**	**20.8%**	**18.2%**	**1.5%**	**100.0%**	

3.2.2 Performance of National Referral and Specialised Hospitals

APGs and DRGs for National Referral and Specialised Hospitals

The performance of national referral hospitals is shown in table 5 below, they contributed 0.6% of APGs and 7.4% of DRGs, the percentage contribution of the national referral hospitals remained largely unchanged from FY 24/25. Mulago NRH had the highest DRG and APG score. The DRGs/APGs from Uganda Cancer Institute, Uganda Heart Institute and MSNWH were not captured due to incomplete data sets in the DHIS 2. Capacity building for DHIS 2 reporting is urgently required at these institutions. Comparisons of absolute figures with previous financial years would be inappropriate due to changes in reporting tools and transition to EMR.

Table 94: Performance of National Referral and Specialised Hospitals FY 2025/26

Hospital	Butabika NRH	China Uganda Friendship (Naguru) RRH	Kawempe NRH	Kiruddu NRH	Mulago NRH	Total
No. of Admissions	8,563	23,831	50,539	18,105	70,786	171,824
Total OPD	114,311	216,798	46,238	185,745	320,198	890,088
Number of Deaths	68	891	2,752	3,138	9,167	16,016
Inpatient Case Fatality Rate/1000	8	37	54	173	130	9
Total deliveries	0	8,789	19,108	0	0	27,897
Live births	0	8,525	18,964	0	0	27,489
Fresh Still birth	0	129	251	0	0	380
Macerated still birth	0	137	397	0	0	534
Newborn deaths	0	281	876	0	0	1,157
Perinatal Deaths/1000	0	64	80	0	0	75
Maternal deaths	0	10	85	0	0	95
MMR/100,000		114	445			341
Malaria Cases	23	718	618	201	3,166	4,726
Malaria Deaths	0	12	1	43	7	63
Malaria Case Fatality/1000	0.0	16.7	1.6	213.9	2.2	13.3
Patient days	440,069	52,513	142,873	108,693	242,431	986,579
No. of beds	550	100	359	317	965	2,290
Bed Occupancy Rate	219	144	109	94	69	118
ALOS	51	2	3	6	3	6
No of DRGs Reported on	31	102	43	104	134	
Total No DRGs	440	440	440	440	440	
Total DRGs Produced	9,665	25,155	49,651	42,802	135,660	262,933
% of DRGs Reported on	7%	23%	10%	24%	30%	
Runaways	901	210	20		230	1,361
Runaway Rate	10.52%	0.88%	0.04%	0.00%	0.32%	0.79%
Casemix Index	1.1	1.1	1.0	2.4	1.9	
Total APGs	63,563	83,530	123,978	110,281	182,629	563,982
Cost per DRG	1.05	0.19	0.25	0.38	0.38	0.36
Cost per APG	0.07	0.02	0.04	0.06	0.12	0.07
RNW Budget (Millions)	14475	6919	17653	23395	73434	135876
Management Assessment Score	N/A	18	18	19	16	N/A

** Bed Occupancy Rate = (Patient Days/365)/Beds*100, ALOS= Patient Days/Admissions, Cost per DRG (70% RNW Budget), Cost per APG (30% RNW Budget)*

Service Quality Outcomes at NRHs

As table 5 shows the overall in-patient mortality rate for National Referral and Specialised Hospitals rose from 9 to 10% when compared to FY 25/26, however, the range increased from 1% to 16% and 1% to 28.2% respectively. Mulago and Kiruddu had high inpatient case fatality rates owing to the nature of patients they attend to while Butabika which is a specialised mental health hospital has very low case fatality. The malaria case fatality at National Referral Hospitals was 13.3 per 1,000 with Mulago and Kiruddu registering very high case malaria case fatality rates. It is recommended that they institute regular death audits to identify interventions to address the challenges. Compared to FY 24/25, the average Institutional Perinatal Mortality Rate at this level reduced from 93/1,000 births to 75/1,000 births and institutional maternal mortality also improved from 503/100,000 births to 341/100,000 births indicating that enhanced support supervision is having a positive impact.

BOR & ALOS at NRHs

The average BOR for National Referral and Specialised hospitals increased from 91% to 118%. Butabika, Nuguru and Kawempe continued to have bed occupancy rates above 100%. The average length of stay stagnated at 6 days influenced by the expected long average length of stay at Butabika which stood at 51 days. It is recommended that community mental health programs be strengthened in order to reduce the length of stay at Butabika. Kawempe and Naguru require expansion which is already underway at Naguru.

3.2.3 Performance of RRHs, Large PNFPs and Specialised Hospitals

3.2.3.1 Regional Referral Hospitals and Large PNFPs

Overall Ranking

The RRHs were ranked based on the indicators shown in Table 91. Relative ranking was used where the hospital scoring best on an indicator was given full marks for that indicator and the other given scores relative to the best scoring. The overall ranking of regional referral Hospitals is shown in Table 91. below. Mbale RRH, Kayunga RRH and Kabale RRH were the highest ranked hospitals while Moroto and Soroti were the lowest ranked.

Table 95: Relative Ranking of Regional Referral Hospitals

Mbale Regional Referral Hospital	94
Kayunga Regional Referral Hospital	79
Kabale Regional Referral Hospital	75
Mbarara Regional Referral Hospital	75
Arua Regional Referral Hospital	73
Soroti Regional Referral Hospital	72
Yumbe Regional Referral Hospital	72
Mubende Regional Referral Hospital	70
Fort Portal Regional Referral Hospital	68
Entebbe Regional Referral Hospital	67
Gulu Regional Referral Hospital	65
Masaka Regional Referral Hospital	63
Jinja Regional Referral Hospital	62
Hoima Regional Referral Hospital	61
Lira Regional Referral Hospital	61
Moroto Regional Referral Hospital	61

APGs and DRGs for RRHs

The APG and DRG outputs from RRHs are shown in table … below. The total DRGs from RRHs were 650,079. Mbale RRH with 126,130 DRGs as well as the highest APGs with 152,986. The outputs from RRHs varied markedly with some hospitals recording less than 20% of the outputs from Mbale RRH. These outputs need to be considered when allocate operational resources for medicines and non-wage recurrent budgets. had the highest DRGs outputs.

Table 96: APG & DRG Outputs from RRHs

	Hospital	Total APGs	Total DRGs
1	Mbale Regional Referral Hospital	152,986	126,130
2	Kabale Regional Referral Hospital	98,127	67,794
3	Kayunga Regional Referral Hospital	95,808	55,202
4	Soroti Regional Referral Hospital	147,408	50,572
5	Mubende Regional Referral Hospital	103,861	43,664
6	Arua Regional Referral Hospital	79,311	40,370
7	Yumbe Regional Referral Hospital	80,543	35,787
8	Mbarara Regional Referral Hospital	111,497	34,947
9	Fort Portal Regional Referral Hospital	138,524	34,296
10	Entebbe Regional Referral Hospital	65,061	32,711
11	Gulu Regional Referral Hospital	73,232	26,114
12	Jinja Regional Referral Hospital	123,839	25,211
13	Lira Regional Referral Hospital	136,987	22,189
14	Masaka Regional Referral Hospital	98,769	20,909
15	Hoima Regional Referral Hospital	63,841	18,522
16	Moroto Regional Referral Hospital	95,016	15,661

As figure 1 and 2 below show, there is an inverse relationship between the cost per DRG and IMMR as well as inpatient case fatality with the higher the cost per DRG the lower the Inpatient case fatality and IMMR. This implies that the hospitals are at a stage where additional resources can influence outcomes through provision of medicines and utilities. It is recommended that output from RRHs be considered when allocating resources for medicines and recurrent non-wage.

FIGURE 95 RELATIONSHIP BETWEEN COST PER DRG AND IMMR FOR RRHS

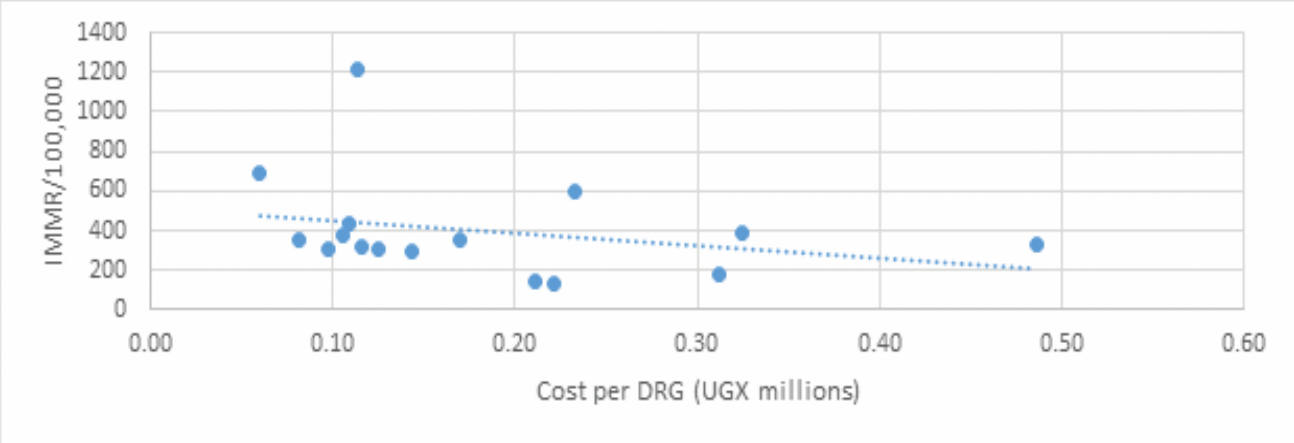
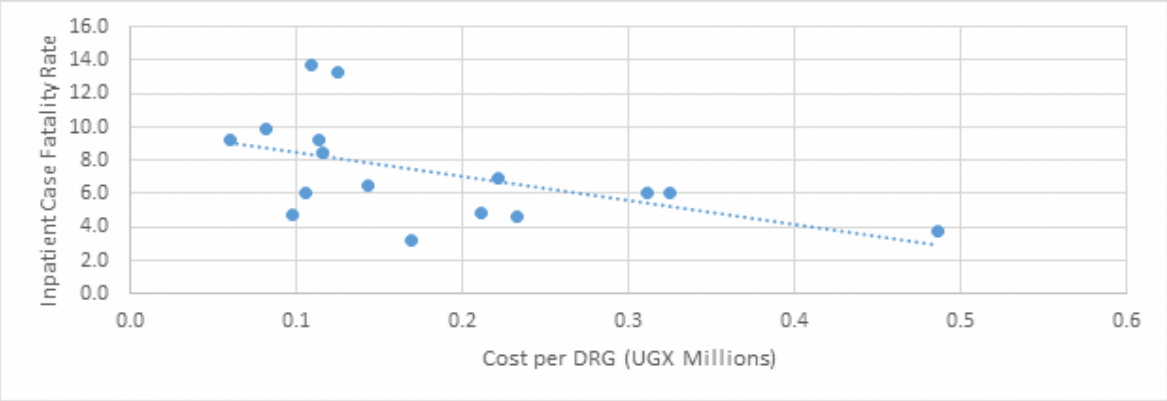


FIGURE 96 RELATIONSHIP BETWEEN COST PER DRG AND INPATIENT CASE FATALITY RATE FOR RRHS



Service Quality Outcomes at RRHs

The overall in-patient mortality rate for RRHs remained at 7%, with a range of 3% at Kabale RRH to 13% at Soroti RRH. The overall Institutional Perinatal Mortality rate for RRHs increased to 65/1000 live births, the range also widened to 31-148/1000 live births. This is, however, as expected, still higher than the national average of /1,000.

The overall IMMR for RRHs improved from 432/100,000 to 366/100,000 live births with a range of 133/100,000 for Gulu RRH to 1216/100,000 for Moroto RRH. These figures, however, compare unfavorably with the national average of 83/100,000 live births. Moroto had an exceptionally high IMMR of 1216/100,000 which could point to late referrals. The Caesarian Section rate for regional referral Hospitals was 41% with a rage of 23-53% this is spuriously high because other maternities without theatres services refer to mothers with complications to RRHs. Their deliveries should ideally be included in the denominator to determine the C/S rate.

Table 97: IPNMR & IMMR for RRHs

	Hospital	IPNMR/1000	IMMR/100,000
1	Mbale Regional Referral Hospital	126	690
2	Kabale Regional Referral Hospital	41	351
3	Kayunga Regional Referral Hospital	78	296
4	Soroti Regional Referral Hospital	36	433
5	Mubende Regional Referral Hospital	71	306
6	Arua Regional Referral Hospital	69	353
7	Yumbe Regional Referral Hospital	39	145
8	Mbarara Regional Referral Hospital	81	309
9	Fort Portal Regional Referral Hospital	36	379
10	Entebbe Regional Referral Hospital	52	179
11	Gulu Regional Referral Hospital	31	133
12	Jinja Regional Referral Hospital	57	335
13	Lira Regional Referral Hospital	71	385
14	Masaka Regional Referral Hospital	77	314
15	Hoima Regional Referral Hospital	53	592
16	Moroto Regional Referral Hospital	148	1216

BOR and ALOS at RRHs

The average BOR at RRHs increased to 82% from 73%. Soroti RRH continued to have a bed occupancy rate above 100% it however had a higher ALOS of 5 days indicating a need for either improved care or infrastructure expansion.

The ALOS at this level remained at 4 days with the highest at Lira and Soroti RRH. Yumbe RRH had the lowest ALOS at 2 days but given its generally below average quality scores this needs to be analysed further.

3.2.3.2 Uganda Cancer Institute

During FY 2025/26, UCI registered a total of 10,480 new cancer patients, comprising both adult and paediatric patients. These patients were registered across the three functional UCI centres: UCI Kampala, UCI Gulu, and UCI Mbarara.

There was a 25% increase in the number of newly registered cancer patients compared with the previous financial year. Consistent with previous years, including FY 2024/25, newly registered female adult patients outnumbered male adult patients by 12 percentage points. Among paediatric patients, however, newly registered male patients outnumbered female patients.

The five most diagnosed cancers among newly diagnosed patients were cervical cancer, breast cancer, prostate cancer, esophageal cancer, and colorectal cancer, accounting for 15%, 11%, 10%, 8%, and 7%, respectively, of the total number of new cancer patients. There was an increase in the number of newly diagnosed cases of these major cancers across the cancer centres compared to FY 2024/25.

Cancer Treatment and Clinical Services

During FY 2025/26, UCI administered 35,435 chemotherapy infusions, compared with 80,438 in FY 2024/25, representing a substantial reduction in the reported number of chemotherapy infusions.

Similarly, the number of radiotherapy treatment sessions declined from 68,125 in FY 2024/25 to 39,390 in FY 2025/26. The reported performance across other cancer treatment modalities varied during the reporting period.

UCI also recorded significant activity in surgical oncology. A total of 2,323 surgical procedures were performed during the reporting period. Of these, 45% were diagnostic, 35% were curative, 9% were palliative, and 11% were other surgical procedures.

Laboratory Services

In 2026, UCI successfully conducted Uganda's first bone marrow transplant programme, with **2 patients** treated using **autologous bone marrow transplant procedures**.

Table 98: Cancer Diagnosis and Treatment at the Uganda Cancer Institute, FY 2025/26

	FY 24/25		FY 25/26	
Metrics	**Number**	**Total**	**Number**	**Total**
New Cancer Patients				**10,480**
New Adult Patients		**8,372**		**9,758**
Male	3,734	45%	4,611	44%
Females	4,638	55%	5,869	56%
New Paediatric Patients				**722**
Male			382	53%
Female			340	47%
Diagnosis (Newly diagnosed)				
Cervix	1,003	12%	1,572	15%
Breast	831	10%	1,152	11%
Prostate	785	9%	1,048	10%
Esophagus	545	7%	838	8%
Colorectal	338	4%	734	7%
Treatments given				
Number of Chemotherapy Infusions		80,438		35,435
General OPD attendance				19,381

	FY 24/25		FY 25/26	
Metrics	**Number**	**Total**	**Number**	**Total**
Gyne Oncology attendance				7,074
Breast Cancer attendance				4,554
STC Ward admissions				20,072
LTC Ward admissions				938
Emergency Ward admissions				8,469
Bone Marrow Transplant				
Autologous Procedures				2
Allogeneic Procedures				0
Number of Radiotherapy treatment sessions		**68,125**		**39,390**
Treatment Sessions on LINAC Machine				38,161
Brachytherapy Treatment sessions				1,229
Treatment Patient Reviews				11,226
Number of Surgeries (static)		1,484		2,323
Palliative Surgical Procedures			206	9%
Curative Surgical Procedures			801	35%
Diagnostic Surgical Procedures			1,035	45%
Other Surgical Procedures			281	11%
Radiology				
Interventional Procedures		831		1,012
CT scan		7,411		9,238
X-ray				1,887
Ultrasound Scans				11,601
Mammography		637		640
Laboratory				
Chemistry & immunology tests		865,131		2,239,065
Histopathology Examinations		7,315		7,209
Cytology Examinations		2,310		2,542
Immunohisto-Chemistry (IHC)		12,255		8,961
HPV Genotyping		1,652		942
CBCs/FBCs				101,592

The cancer diagnosis profile for FY 2025/26 indicates that cervical cancer accounted for the largest proportion of newly diagnosed cancers at **15%**, followed by breast cancer at **11%**, prostate cancer at **10%**, esophageal cancer at **8%**, and colorectal cancer at **7%**.

3.2.3.3 Uganda Heart Institute

During the Financial Year 2025/2026, the Uganda Heart Institute (UHI) continued to advance specialized cardiovascular care, undertaking major cardiac surgeries and catheterization interventions. a Total of 146 open heart surgery, 142 close heart surgery, 69 vascular and 468 catherization procedures were performed. The data reflects the distribution of procedure undertaken. Under open heart surgery, the most common procedures included Ventricular Septal Defect (VSD) Closure 31%, Mitral Valve Replacement (MVR) 21% and Tetralogy of Fallot (ToF) Repair 16%. For closed heart surgery the common procedure was Patent Ductus Arteriosus (PDA)

with 71%. Common vascular procedures included varicose Vein Stripping / RF Ablation 36% and Abdominal Aortic Aneurysm Repair 11%. Under catheterisation interventions, Permanent Pacemaker Implantation 22% and the combined procedures of Coronary Angiography (CAG) + Percutaneous Coronary Intervention (PCI) 18% were the most performed procedures.

Table 99: Closed Heart Surgery procedures

Procedures	Number
Patent Ductus Arteriosus Ligation	102
Coarctation of Aorta repair	11
BT Shunt Creation	6
Tumour excision	4
Pericardial window	3
Subtotal Pericardiectomy	3
Removal of Catheter	2
Sternal Closure	2
Permanent Pacemaker Implantation	2
Exploratory Laparatomy	2
PV Commisurotomy	1
Re-exploration	1
Exploratory Sterotomy	1
Exploratory Thoracotomy	1
Ligation of Incopetence	1

Table 100: Open-Heart Surgery procedures performed

Procedures	Number
Ventricular Septal Defect Closure	45
Mitral Valve Replacement	30
Tetralogy of Fallot Repair	24
Double Valve Replacement	19
Atria Septal Defect Closure	16
Total Repair (TAPVR)	4
Complete Atrioventricular Canal (CAVC)	4
Excision of LA mixoma	3
Grown-Up Congenital Heart disease (GUCH)	1

Table 101: Vascular /Other Surgery procedures performed

Procedures	Number
Varicose vein stripping / Radio-frequency Ablation	25
Abdominal Aortic Aneurysm repair	20
Embolectomy and Fasciotomy	7
Aterio-venous Shunt creation	7
Chemoport insertion	3
Subxiphone draining	3
Chronic venous insufficiency (CVI)	3
Pulmonary artery (PA) Band replacement	1

Table 102: Catheterisation procedures performed

Procedures	Number
Permanent Pacemaker Implantation	**101**
Coronary Angiography (CAG) + Percutaneous Coronary Intervention (PCI)	**82**
PDA Device Closure	**45**
Coronary Angiography (CAG) + Percutaneous Coronary Intervention (PCI)	**31**
Balloon Pulmonary Valvotomy (BPV)	**21**
Temporary Pacemaker Implantation	**17**
Balloon Mitral Valvuplasty	**17**
Diagnostic Cath	**16**
Generator Change	**15**
Ballon Atrial Septostomy	**11**
Percutaneous Coronary Intervention (PCI)	**10**
Pigtail Insertion	**7**
Embolization	**5**
ASD Device Closure	**4**
Lead Replacement	**3**
Coarctation of Aorta	**2**
Diagnostic Cath	**2**
RV Lead repositioning	**2**
Coarctation of Aorta Stenting	**1**
Ballon Angioplasty	**1**
Valvular Angiogram	**1**
Lower limb Angiogram	**1**
LAD Stent	**1**
Permanent Dialysis Catheter Insertion	**1**
IV Filter removal	**1**
Acute STEMI	**1**
Gastro deodonal Artery embolisation	**1**
Uterine Artery Embolization	**1**
Liver Pseudoaneurysm	**1**

3.2.3.4 Butabika National Mental Hospital

During FY 2025/2026, Butabika National Referral Hospital recorded substantial activity across outpatient, in-patient and community mental health services. This specialized output summarises the key annual service indicators reported in the Clinical Services Annual Report.

Table 103: summary of services provided

Metric	Annual Total / Value
Total OPD Visits	161,649
Mental Health OPD Visits	104,685 (64.8%)
Non-Mental Health OPD Visits	56,964
Total Admissions	8,563
Total Discharges	6,630

Metric	Annual Total / Value
Total Escapees / Absconders	990
Deaths	68
Number of Beds	550
Average Bed Occupancy Rate	219%
Average Length of Stay (ALOS)	52 days
Inpatient Fatality Rate (IFR)	0.8%

Total OPD Visits: The hospital recorded 161,649 outpatient visits during FY 2025/2026. Of these, 104,685 (64.8%) were mental health clinic visits, while 56,964 were non-mental health outpatient attendances. The mental health clinics included general mental health, child and adolescent health, mood disorders, trauma, EEG, UPDF, private, Alcohol and Drugs Unit (ADU), and Medically Assisted Therapy services.

Admissions: A total of 8,563 inpatient admissions were recorded during the financial year. Adults accounted for 8,406 admissions (98.2%), while 157 admissions were among children and adolescents.

Discharges: A total of 6,630 patients were discharged from inpatient services during FY 2025/2026.

Escapees / Absconders: A total of 990 patients absconded from the wards without formal discharge during the year. May recorded the highest monthly number of absconders (116), while March recorded the lowest (51).

Deaths and Inpatient Fatality Rate: There were 68 inpatient deaths during FY 2025/2026, comprising 48 males and 20 females. Using the 8,563 reported admissions as the denominator, the inpatient fatality rate was approximately 0.8%.

Bed Occupancy Rate and Capacity: The hospital has an official bed capacity of 550 beds. The Clinical Services Annual Report gives an average bed occupancy rate of 219% for FY 2025/2026, compared with 223% in FY 2024/2025.

Average Length of Stay (ALOS): The reported average length of stay was 52 days.

Mental Health Diagnoses by Service Type

This section presents the recorded mental health diagnoses for outpatient and inpatient services during FY 2025/2026. The diagnostic categories and counts are presented separately by service type to support annual sector reporting.

Outpatient Diagnoses: The largest recorded outpatient diagnostic categories were Epilepsy (16,898), Bipolar Affective Disorder (15,610), Schizophrenia (12,314), and Other Substance Use Disorders (6,285).

Table 104: Number of oupatient diagnoses at Butabika national referral Hospital in Fy2025/26

Diagnosis	Number of Cases
Epilepsy	16,898
Bipolar Affective Disorder	15,610
Schizophrenia	12,314
Other Substance Use Disorders	6,285
Alcohol Use Disorders	2,203
Cannabis Use Disorder	1,422
Major Depressive Disorder	756
Khat Use Disorder	312
HIV-related Psychosis	163

Diagnosis	Number of Cases
Tobacco Use Disorders	157
Generalized Anxiety Disorder	106
Post-Traumatic Stress Disorder	95
Other Forms of Dementia	85
Other Childhood Mental Disorders	55
Autism Spectrum Disorders	54
Alzheimer's Disease	52
Intellectual Disability	51
Attention Deficit Hyperactivity Disorder (ADHD)	49
Conduct Disorder	39
Social Anxiety Disorder	36
Alcohol-related Dementia	26
Bipolar Disorder	20
Unipolar Depressive Disorder	17
Somatic Symptom Disorder	10
Attempted Suicide/Self-harm	5
Panic Disorder	4
Dementia due to Stroke (Diabetes/Hypertension)	3
Substance (Drug) Use Disorder	2
Eating Disorder	2
Other Sleeping Disorders	2
Delirium	2
Other Adult Mental Disorders	1

Inpatient Diagnoses: Among inpatient diagnoses, Schizophrenia recorded the highest count (6,338), followed by Substance (Drug) Use Disorder (3,153), Bipolar Disorder (3,123), and Alcohol Use Disorder (1,380).

Table 105: Number of inpatient admissions at Butabika national referral Hospital in Fy2025/26

Diagnosis	Number of Cases
Schizophrenia	6,338
Substance (Drug) Use Disorder	3,153
Bipolar Disorder	3,123
Alcohol Use Disorder	1,380
Epilepsy	912
HIV-related Psychosis	717
Unipolar Depressive Disorder	454
Intellectual Disability	316
Other Adult Mental Health Conditions	302
Autism Spectrum Disorders	134
Other Forms of Dementia	44
Delirium	35
Post-Traumatic Stress Disorder	23
Anxiety Disorders	11
Attention Deficit Hyperactivity Disorder (ADHD)	3

3.2.3.5 Mulago National Referral Hospital

Table 106: Selected specialized surgical procedures performed at Mulago National Referral Hospital, FY 2025/26

Specialized service	Procedure	Number performed
Organ transplantation	Kidney transplantation	10
	Donor nephrectomy	10
Complex spine surgery	Posterior spinal instrumentation and fusion	107
	Anterior cervical discectomy and fusion	60
	Anterior cervical corpectomy and fusion	20
	Posterior cervical decompression/cervical laminoplasty	5
	Costotransversectomy	4
	Transforaminal lumbar interbody fusion	2
Neurosurgery	Craniotomy	25
	Cranioplasty	8
Joint-replacement surgery	Total hip replacement	15
	Total knee arthroplasty	13
Hepatopancreatobiliary	Whipple procedure	2
Advanced minimally invasive	Laparoscopic fundoplication	15
Reconstructive urology	Urethroplasty	5
	Ureteric reimplantation	3

Mulago National Referral Hospital conducted 12,403 dialysis sessions during FY 2025/26, averaging approximately 3,101 sessions per quarter. The highest volume was recorded during July–September 2025, with 3,466 sessions, while the lowest was recorded during January–March 2026, with 2,883 sessions. Service volume declined by 12.8% between the first and second quarters and by a further 4.6% during the third quarter, before increasing by 5.2% in the fourth quarter. Despite the fourth-quarter recovery, the number of sessions remained 12.5% below the first-quarter level.

Table 107: Quarterly Dialysis Sessions and Utilization of Essential Dialysis Consumables at Mulago National Referral Hospital, FY 2025/26

Quarter	No OF SESSIONS	BI-FLEXY	LYMPHA	B-LINES	DIALYSERS
July - Sept 25	3,466	3,486	3,123	3,504	3,503
Oct - Dec 25	3,022	3,063	2,753	3,117	3,119
Jan - March 26	2,883	2,936	2,651	2,934	2,940
April - June 26	3,032	3,057	2,850	3,089	3,095
July 25 - June 26	12,403	12,542	11,377	12,644	12,657

3.2.3.5 Mulago Specialised Women's and Neonatal Hospital

Table 108: Specialised Inpatient and outpatient services

Service	Output / Indicator	FY2024/25	FY2025/26	% Change
Specialised Inpatient services	Referrals attended to	970	983	+1.3%
	Intensive care unit (ICU) patients attended to	243	273	+12.3%
	Neonatal Intensive Care unit (NICU)	1,482	1,484	+0.1%
	High Dependence unit (HDU)	N/A	85	N/A
	Silver Obstetrics	1,693	3,592	+112.2%
	Gold Obstetrics	1,517	1,728	+13.9%
	Platinum Obstetrics	125	178	+42.4%
	Maternal Fetal Medicine (Referral side)	277	299	+7.9%
	Gyn Oncology	94	140	+48.9%
	Benign Gynaecology	322	334	+3.7%
	Reproductive Endocrinology and Infertility (REI)	215	240	+11.6%
	Uro Gynaecology	124	134	+8.1%
	Emergency	7,305	8,881	+21.6%
	Deliveries done	3,397	3,816	+12.3%
	Live births	3,383	3,879	+14.7%
	Surgeries done	2,797	3,453	+23.5%
Specialised Outpatient services	ANC Clinic	15,893	15,624	-1.7%
	Gyn OPD clinic	6,869	8,606	+25.3%
	Postnatal clinic	2,874	2,308	-19.7%
	Kangaroo clinic (Neonatal OPD clinic)	1,887	2,100	+11.3%
	Immunization clinic	14,931	16,231	+8.7%
	Family Planning clinic	1,129	1,510	+33.7%
	Physiotherapy clinic	841	750	-10.8%

Table 109: Family Planning services and Diagnostic Services

	Output / Indicator	FY2024/25	FY2025/26	% Change
Family Planning services	Pap smear	234	220	-6.0%
	VIA	128	183	+43.0%
	Breast exams	17	16	-5.9%
	FP counselling only	41	30	-26.8%
	Managed for FP side effects	16	29	+81.3%
	IUD non-Hormonal insertion	164	586	+257.3%
	IUD non-Hormonal removal	35	221	+531.4%
	IUD Hormonal insertion	33	51	+54.5%
	IUD Hormonal removal	58	60	+3.4%
	Implanon insertion	58	77	+32.8%
	Implanon removal	33	23	-30.3%
	Jadella insertion	32	20	-37.5%
	Jadella removal	7	10	+42.9%
	Male Condoms	34	62	+82.4%
	Oral Microgynon	60	21	-65.0%
	Inj. DMPA (I.M e.g. Depo)	17	46	+170.6%
	Inj. DMPA (S.C e.g. Sayana Press)	110	93	-15.5%
	Emergency Pills	7	10	+42.9%
	FAM-SDM method	4	2	-50.0%
	FAM-LAM	2	6	+200.0%
	Post-partum FP services	314	539	+71.7%
	STI screening	1,000	921	-7.9%
Diagnostic Services	X-rays	298	871	+192.3%
	Fluoroscopies	793	803	+1.3%
	Ultrasound scans	12,459	15,301	+22.8%
	Mammograms	128	83	-35.2%
	CT Scans	1,041	1,117	+7.3%
	Total number of Laboratory tests carried out	92,729	111,219	+19.9%
	Total Diagnostic Services	107,474	129,464	+20.5%

Table 110: High Risk Patients

	FY 2024/25	FY 2025/26
ANC Total	15,893	15,624
Specialised ANC	3,660	3,780
Postnatal Clinic	2,874	2,308
Neonatal OPD clinic	1,887	2,100

Table 111: Complicated High-Risk Maternal Conditions Managed

High-Risk Condition	FY 2024/25	FY 2025/26
Pre-eclampsia / PET with severe features	66	69
Eclampsia	0	5
Preterm births	0	45
Antepartum Haemorrhage (APH) / Abruptio placentae	13	14
Postpartum Haemorrhage (PPH)	0	14
Malaria in pregnancy	0	14
Puerperal/post-abortion sepsis	0	5
Diabetes in pregnancy	0	8
Abortion-related complications	0	11
Pregnancies conceived by IVF	5	0
Conjoined twins	1	0
Fetal congenital abnormalities	3	0
Multiple pregnancy	1	0
Medical conditions in pregnancy	6	0
Other obstetric complications	75	0

During FY 2025/25 a total of 185 high-risk obstetric conditions were managed, mainly pre-eclampsia (69 cases) and preterm births (45 cases). Other significant complications included APH, PPH and malaria in pregnancy (14 cases each), highlighting the continued need for specialized high-risk obstetric care.

Table 112: Reproductive Endocrinology and Infertility

IVF related Procedures	FY 2024/25	FY 2025/26
Semen Analysis	93	251
Semen Preparation for IVF	15	18
Oocyte Retrieval	15	18
Oocyte Stripping	15	15
Intracytoplasmic Sperm Injection (ICSI)	15	14
Fertility Check	15	15
Embryo Grading	15	12
Embryo Freezing	15	11
Embryo Warming	10	11
Embryo Transfer	10	10
PESA/TESE	0	2
Semen Freezing	0	3
Total IVF/IVF-related procedures reported	**218**	**382**

During FY 2024/25, the REI Unit conducted 218 IVF related procedures while during FY 2025/26 they were 382. Two babies were delivered as a result of IVF in FY 2024/25 while 5 babies were delivered in FY 2025/26 with two pending clinical pregnancies.

A total of 1,482 neonates were admitted in NICU during FY 2024/25 while 1,484 admissions were recorded in FY 2025/25. The detailed FY 2025/26 morbidity profile shows that the leading conditions managed in NICU included neonatal sepsis, congenital anomalies, prematurity, hyperbilirubinemia and respiratory complications.

Table 113: Major Neonatal Conditions Managed

Condition	FY 2024/25	FY 2025/26
Neonatal Sepsis	0	372
Hyperbilirubinemia	0	284
Congenital Anomalies	0	222
Respiratory Distress Syndrome	0	201
Prematurity	0	182
Macrosomia	0	67
Birth Asphyxia/HIE	0	59
Persistent Pulmonary Hypertension	0	37
Meconium Aspiration Syndrome	0	21
Hypothermia	0	14
Intraventricular Hemorrhage	0	11

3.2.3.6 Kawempe National Referral Hospital

Table 114: details institutional progress against standardized national NDP IV Human Capital Development PIAP indicators and MoH outcome benchmarks for FY 2025/26:

Indicator	Baseline FY23/24	Target FY25/26	Achieved FY25/26
% of OPD attendance (U5) assessed for nutrition	75%	76%	100.0% (35,037)
Vitamin A 2nd dose coverage for U5s (%)	67%	69%	100.0%
% Pregnant women receiving IFA on 1st ANC visit	69%	69%	100.0% (26,197)
% of children under 5 dewormed in last 6 months	29%	36%	36.0%
Measles-Rubella 2nd dose Coverage (%)	41.00%	50%	49.3%
% of Children under 1 year fully immunized	86%	86%	102.0% (35,995)
Malaria 4th dose coverage for U24M (%)	30%	35%	35.0%
OPD Attendance (Facility Total)	120,000	120,000	150,122
Hospital Admission Rate (Inpatients)	50,000	50,000	50,842
Bed Occupancy Rate (%)	110%	110%	105.0%
HIV Viral Load Suppression rate among PLHA (%)	99%	99%	99.0%
Annual Deliveries in Hospital (Total)	22,000	22,000	22,243
% of malaria cases laboratory confirmed	96%	97%	98.5%
IPTp 3rd dose coverage for Malaria in Pregnancy (%)	55%	56%	67.0%
Treated malaria cases (%)	100%	100%	100.0%
ART Retention rate at 12 months (%)	99%	100%	99.0%
% of HIV positive Pregnant women initiated on ART	100%	100%	100.0%
TB testing rate (%)	90%	91%	92.0%
TB treatment success rate (%)	85%	86%	88.0%
HPV coverage for girls at 10 years (%)	19%	20%	296 doses
% of Women 25-49 years screened for cervical cancer	3,000	3,000	3,945 women
% Outpatients (0-5 Yrs) receiving nutrition assessment	23%	27%	100.0% (35,037)
% of pregnant women with anaemia	23%	22%	20.5%
Institutional Maternal Mortality Risk / 100,000	570	500	436.6 (84 deaths)
Institutional Perinatal Mortality Rate per 1,000	108	91	75.08
% of perinatal deaths reviewed	45.6%	45.6%	71.0%
Adolescent and youth accessing health services (No)	1,240	1,240	2,123
Caesarean Section Deliveries (Count)	10,000	10,000	10,299
Caesarean Section Rate (%)	40.91%	41.50%	46.30%
Ratio of Midwives to Total Deliveries	1:119	1:119	1:178 (High load)

Indicator	Baseline FY23/24	Target FY25/26	Achieved FY25/26
Inpatient runaway rate (%)	1.2%	1.0%	0.4%
Per capita OPD attendance for rehabilitative services	2%	3%	5,223 cases
% of health facility births notified in DHIS2	90%	95%	100.0%
% of health facility deaths notified in DHIS2	95%	100%	100.0%

Commentary on Chapter 3 Performance: KNRH exceeded key national health outcome targets in FY 2025/26. Maternal mortality was successfully restricted to 84 cases (436.6 per 100,000 live births) against the target ceiling of 100, while perinatal death reviews reached 71.0% (surpassing the 45.6% benchmark). Full immunization coverage reached 102%, facility consultations on e-AFYA hit 150,122, and laboratory test volume reached 506,335 tests.

3.2.3.7 Kiruddu National Referral Hospital

Across the 13 specialized services tracked, total recorded attendances rose from 12,274 in FY 2024/25 to 20,538 in FY 2025/26 — an overall increase of +67.3%. Growth was uneven across services: some units expanded sharply while a handful saw modest declines.

- Largest increase: Emergency Ward (+230.2%, from 3,365 to 11,112).
- Largest decrease: Infectious Diseases (-8.8%, from 1,066 to 972).
- Highest-volume service in FY 2025/26: Emergency Ward, with 11,112 recorded — the largest single contributor to overall growth.
- 8 of 13 services grew year-on-year; 5 declined.

Table 115: Service utilization in Kiruddu national Referral Hospitals

Service / Ward	FY 2024/25	FY 2025/26	Change	% Change
Emergency Ward	3,365	11,112	+7,747	+230.2%
Cardiology	1,232	1,544	+312	+25.3%
Surgical	1,428	1,400	-28	-2.0%
Nephrology	1,053	1,157	+104	+9.9%
Gastro-Entology	1,155	1,062	-93	-8.1%
Infectious Diseases	1,066	972	-94	-8.8%
Hematology	652	693	+41	+6.3%
Neurology	738	693	-45	-6.1%
Endocrinology	641	645	+4	+0.6%
Pulmonology	572	570	-2	-0.3%
HDU Tb Ward	214	372	+158	+73.8%
Private In-Patient	108	214	+106	+98.1%
ICU Ward	50	104	+54	+108.0%
TOTAL — All Specialized Services	**12,274**	**20,538**	**+8,264**	**+67.3%**

- Emergency Ward dominates overall volume and growth, rising from 3,365 to 11,112 (+230.2%). This single service accounts for the majority of the hospital-wide increase, and given the scale of the jump, it is worth verifying against source registers to rule out a reporting or data-capture change rather than a true caseload shift.
- ICU Ward more than doubled (+108.0%) off a small base (50 → 104), consistent with increased critical-care referrals or expanded bed capacity.
- Private In-Patient (+98.1%) and HDU TB Ward (+73.8%) also grew substantially, both off relatively small bases.
- Cardiology grew steadily (+25.3%), the largest increase among the higher-volume, established wards.
- Infectious Diseases (-8.8%) and Gastro-Entology (-8.1%) recorded the largest declines, though both

remain among the higher-volume services.

- Surgical, Neurology, Pulmonology, and Endocrinology were broadly flat year-on-year (within ±6%), suggesting stable demand for these services.
- The Hospital attended to 1093 patients with burns and being the only burns centre in the country, this poses a challenge of space and staffing defecit and these numbers are expected to increase with the country starting oil exploration.

3.2.3.8 Naguru National Referral Hospital

Emergency and Trauma Services increased by 49.6% following renovation and equipping of the Accidents and Emergency Unit, while General OPD attendances rose by 24.6% due to digitalization of records and streamlined patient flow. Inpatient admissions grew by 18%, with bed occupancy rising modestly to 132%, while ambulance services expanded by 37.2% following procurement of an additional vehicle.

Community and specialized services registered notable gains. Social work activities more than doubled, and the Teenage Centre increased by 74.4% following intensified sensitization. Growth was also observed in psychiatry, orthopaedics, and occupational therapy. Diagnostic services expanded, with laboratory contacts up 17.5% and imaging services strengthened by new ultrasound and radiology equipment.

Maternal and child health indicators showed strong progress. ANC visits rose by 37.3%, maternity admissions by 22.5%, and referrals to the maternity unit by 79.1%, supported by technical supervision. Child immunization increased by 63.5% through integrated health campaigns.

Despite these achievements, declines were noted in dental services (33.4%), surgical OPD (19.1%), and chronic disease management, with reductions in hypertension and diabetes attendances. Cancer screening services experienced significant drops, with cervical cancer down 43.8% and breast cancer down 60.1%. Specialized clinics such as urology and the hepatitis B clinic also declined.

Table 116: Key services at Naguru National Referral Hospital

Services offered	FY2024/25	FY2025/26	% Change	Remarks
Trauma & Emergency Services	9,769	14,617	49.6	The Accidents and Emergency Unit was renovated and fully equipped, resulting in improved service delivery, as doctors are consistently available to attend to patients.
General OPD Attendances	174,046	216,798	24.6	Outpatient attendances increased following the digitalization of records. The unit was renovated, and clinical rooms were demarcated to streamline patient flow
Inpatient Admissions	20,204	23,831	18.0	Increased Patient load.
Bed Occupancy rate	127%	132%	3.9	Bed Occupancy rate increased by 4% in FY2025/26 compared to FY2024/25.
Orthopaedics	9,769	11,567	18.4	Streamlined processes
Social Work Activities	1,028	2,081	102.4	
Psychiatry	2,084	2,379	14.2	increased referrals from Butabiika national referral Hospital with the intention of decongesting Butabiika
Occupational Therapy	4,111	5,414	31.7	
Physiotherapy	6,607	6,397	-3.2	Strengthened Health Education talks
Teenage Centre	5,677	9,899	74.4	Sensitization activities and community awareness of adolescent services were strengthened
Laboratory Contacts	176,536	207,506	17.5	The unit received new equipment capable of processing multiple samples, with reagents readily available. Renovation works are ongoing as part of efforts to attain accreditation
Ultrasound Scans	9,724	10,908	12.2	Performance improved following the procurement of a new ultrasound machine with the capacity to conduct multiple scans
X-Ray Examinations	3,429	4,272	24.6	The Radiology Unit was renovated and equipped with a new CT scan and a digital Xray machine, leading to improved performance.
Caaserian Section	3,856	3,671	-4.8	Caesarean sections decreased by 4.8%. The theatre was equipped with a new operating table, theatre instruments, and an anesthetic machine.
ANC Visits	19,486	26,761	37.3	Strengthened Health Education talks
Maternity Admissions	10,385	12,717	22.5	Strengthened Technical support supervisions to lower health facilities
Refererals to Maternity Unit	867	1,553	79.1	Strengthened Technical support supervisions to lower health facilities
Child Immunization	34,446	56,313	63.5	Participated in Integrated Child Health days
Hospital Ambulance Services	422	579	37.2	An additional ambulance was procured, enhancing the transportation of patients to and from the facility

Services offered	FY2024/25	FY2025/26	% Change	Remarks
Active on ART	6,247	6,690	7.1	Active followup of clients who had been lost to care successfully facilitated their return into treatment
Dental	9,029	6,012	-33.4	The dental unit was equipped with new operating chairs and a digital Xray system, this will enhance service delivery
Surgical OPD	8,807	7,123	-19.1	
Hypertension	4,488	4,433	-1.2	
Diabetes	2,415	2,253	-6.7	
Cervical Cancer Screening	2,372	1,332	-43.8	
Breast Cancer Screening	1,365	545	-60.1	
Urology	931	534	-42.6	
Hepatitis B Clinic	241	212	-12.0	

3.2.4 Performance of the General Hospitals

APGs and DRGs for GHs

Relative ranking was also used to rank the performance of General Hospitals using the parameters shown in table 2 above. The best preforming 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 117 below while the detailed ranking is shown in Annex 2. Private hospitals dominated the list of best performing general hospitals mainly due to large PNFP hospitals being ranked as general hospitals which together with Nakasero and Cure Children's Hospital had relatively high DRG & APG scores. Partial reporting, especially for the HMIS 108 affected the performance of most of the low ranked hospitals.

Table 117: Highest Ranked General Hospitals

	Hospital	Ownership	Rank
1	St. Mary's Hospital Lacor	PNFP	52.0
2	St. Francis Nsambya Hospital	PNFP	50.7
3	Mengo Hospital	PNFP	46.2
4	Nakasero Hospital	PFP	44.6
5	Cure Children's Hospital	PNFP	43.4
6	Buwenge NGO Hospital	PNFP	41.8
7	Virika Hospital	PNFP	40.8
8	Iganga	GOV	40.6
9	Mukono	GOV	40.1
10	Nebbi	GOV	39.9

Service Quality Outcomes at GHs

The overall in-patient mortality rate for GHs was 4.4%, a 25% increase when compared to last financial year. Abnormally high inpatient fatality rates were reported by the hospitals shown in table 118 below. Further assessments at these hospitals to determine the underlying causes are recommended.

Table 118: General Hospitals with the Highest in-Patient Case Fatality Rates

#	Hospital	Ownership	CFR
1	Great Lakes Hospital	PFP	124.7
2	Ntinda Hospital	PFP	64.5
3	Terrewode Community Women Hospital	PNFP	49.4
4	Tumu Hospital	PNFP	33.8
5	Havana Orthopaedic Hospital	PFP	30.6
6	Kabasa Memorial Hospital	PNFP	28.3
7	Victory Women's Medical Care	PFP	26.6
8	Healingway Hospital	PFP	26.1
9	Kibuli Hospital Kyanja Branch	PNFP	23.7
10	Flower	PFP	19.1
11	Mbarara Community Hospital	PFP	17.4
12	MK International Hospital	PFP	16.0
13	Divine Mercy (Kamukuzi) Hospital	PFP	14.2
14	Vine Hospital	PFP	12.9
15	Gulu Independent Hospital	PFP	12.4
16	St. Mary's Hospital Lacor	PNFP	10.6
17	Yot Kom Hospital	PNFP	10.6
18	Kagando Hospital	PNFP	9.9
19	Kampala Independent Hospital	PFP	9.3
20	St. John XXIII Hospital Aber	PNFP	9.2

The overall IMMR for GH was 129/100,000, with a range of 0 to 903/100,000 live births a marked improvement from last FY when the overall IMMR was 170/100,000 and range was 0-1,315/100,000. The 25 general hospitals with the highest IMMR are shown in table 119 below. Focused technical support supervision to determine the underlying causes is recommended.

TABLE 119: General Hospitals with the Highest IMMR

#	Hospital	Ownership	IMMR/100,000
1	Kagando Hospital	PNFP	903
2	Victory Women's Medical Care	PFP	763
3	KIU Teaching Hospital	PFP	590
4	Amai Community Hospital	PNFP	506
5	Dabani Hospital	PNFP	469
6	Medi-Pal International Hospital	PFP	429
7	St. Francis Nyenga Hospital	PNFP	411
8	Mutolere Hospital	PNFP	409
9	Masindi Kitara Hospital	PNFP	409
10	Bududa	GOV	408
11	Kitovu Hospital	PNFP	398
12	Kamuli	GOV	375
13	Mbale People's Hospital	PFP	369
14	Double Cure Hospital	PNFP	369
15	St. Mary's Hospital Lacor	PNFP	367
16	Karoli Lwanga (Nyakibale) Hospital	PNFP	367
17	Kamuli Mission Hospital	PNFP	345

#	Hospital	Ownership	IMMR/100,000
18	Nkozi Hospital	PNFP	332
19	Virika Hospital	PNFP	323
20	Abim	GOV	312
21	St. Francis Nsambya Hospital	PNFP	308
22	Kabarole COU Hospital	PNFP	292
23	Kiryandongo	GOV	292
24	Kaabong	GOV	288
25	St. Theresa Lisieux Rwibaale General Hosptial	PNFP	248

The overall IPMR marginally increased from 36/1,000 to 36.5/1000 while the range reduced from 2-304/1000 live births to 0-200 live births. The hospitals with the highest IPNMR per 1000 are shown in table 120 below. Targeted in-depth analysis to identify the underlying causes is recommended.

Table 120 Hospitals with the Highest IPNMR

#	Hospital	Ownership	IPNMR/1000
1	Ankole Hospital	PFP	200.0
2	KIU Teaching Hospital	PFP	142.3
3	St. Josephs Maracha Hospital	PNFP	99.3
4	St. Ambrose Charity Hospital	PFP	91.5
5	Kagando Hospital	PNFP	90.8
6	Karoli Lwanga (Nyakibale) Hospital	PNFP	89.8
7	Florence Nightingale Hospital	PFP	88.2
8	True Vine Hospital	PFP	88.0
9	Kamuli Mission Hospital	PNFP	87.1
10	Villa Maria Hospital	PNFP	81.0
11	Gulu Military	GOV	77.8
12	Rugarama Hospital	PNFP	77.5
13	Restoration Gateway Hospital	PNFP	69.8
14	St. John XXIII Hospital Aber	PNFP	65.9
15	Ibanda Hospital	PNFP	65.0
16	Rushere Community Hospital	PNFP	64.8
17	Buwenge	GOV	62.4
18	St. Charles Lwanga Hospital	PNFP	59.2
19	St. Mary's Hospital Lacor	PNFP	59.1
20	Ngora Freda Carr Hospital	PNFP	58.5

BOR and ALOS at GHs

The average BOR at GHs was 48% an increase from 46% last FY while the ALOS for GH remained 3 days as was last FY. Bundibugyo, Bwera, Kalisizo, Kamuli, Kapchorwa, Kotido, Masafu, Nebbi and Rukoki hospitals had bed occupancy rates above 100% and should be considered for infrastructure expansion.

3.2.5 Health Centre IV Performance

Relative ranking was also used to rank the performance of Health Centre IVs using the following parameters shown in table 2 above. For the output, quality and efficiency indicators, the best preforming 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. The best performing HC IVs are shown in table 121 below. The detailed ranking for HC IVs is shown in annex 5.



Table 121: Best performing HC IV

No.	Health Centre IV	Owenership	No of DRGs Reported on	Total No DRGs	Total DRGs Produced	Total DRGs Produced	% of DRGs Reported on	% of DRGs Reported on(Score)	Casemix Index Score	Casemix Index	Total APGs	Total APGs (Score)	Overall Score
1	Panyadoli Health Centre IV	GOV	73	440	15,886	30	0.2	0	1	0.3	30,534	3.8	64.5
2	Kidera Health Centre IV	GOV	55	440	7,045	13.3	0.1	0	0.8	0.3	122,466	15.3	63.5
3	Bujubuli Health Centre IV	GOV	55	440	8,002	15.1	0.1	0	0.7	0.2	54,977	6.9	62.1
4	Butenga Health Centre IV	GOV	67	440	8,135	15.4	0.2	0	1	0.3	74,759	9.3	60.7
5	Rwashamaire Health Centre IV	GOV	46	440	1,249	2.4	0.1	0	0.5	0.2	160,375	20	59.9
6	Sebbi Medical Health Centre IV	PFP	76	440	7,734	14.6	0.2	0	3	1	37,827	4.7	57.2
7	Namwendwa Health Centre IV	GOV	35	440	3,597	6.8	0.1	0	0.6	0.2	101,698	12.7	57.1
8	Serere Health Centre IV	GOV	75	440	9,135	17.3	0.2	0	0.7	0.2	30,163	3.8	57.1
9	Kyangwali Health Centre IV	GOV	37	440	7,859	14.8	0.1	0	0.7	0.2	31,805	4	56.9
10	Semuto Health Centre IV	GOV	47	440	4,895	9.2	0.1	0	0.7	0.2	90,680	11.3	54.8
11	Budadiri Health Centre IV	GOV	71	440	8,417	15.9	0.2	0	1.1	0.4	25,430	3.2	54.7
12	Nyabirongo Health Centre IV	GOV	51	440	3,475	6.6	0.1	0	0.6	0.2	125,566	15.7	54.6
13	Karugutu Health Centre IV	GOV	59	440	4,238	8	0.1	0	0.8	0.3	73,747	9.2	54.5
14	Busiu Health Centre IV	GOV	53	440	5,708	10.8	0.1	0	0.6	0.2	47,429	5.9	54.3
15	Ssembabule Health Centre IV	GOV	54	440	6,023	11.4	0.1	0	0.8	0.3	32,717	4.1	54.2
16	Nabiganda Health Centre IV	GOV	32	440	4,608	8.7	0.1	0	0.5	0.2	66,505	8.3	54.1
17	Budaka Health Centre IV	GOV	43	440	8,507	16.1	0.1	0	0.5	0.2	53,024	6.6	54
18	Kibuku Health Centre IV	GOV	40	440	7,602	14.4	0.1	0	0.7	0.2	22,586	2.8	53.6
19	Kiyumba Health Centre IV	GOV	35	440	1,033	2	0.1	0	0.8	0.3	99,030	12.3	53.6
20	Kisenyi Health Centre IV	GOV	4	440	5,059	9.6	0	0	0.6	0.2	31,936	4	53.3

ALOS, BoR, APGs and DRGs for HC IVs

The Total DRGs score from HC IVs was 647,565 while the total APGs was 9,700,339. A comparison with the previous years is not appropriate due to changes in reporting templates and methodologies. The average BOR at HC IVs increased from 51.6% in FY 24/25 to 59% while the ALOS remained at 2 days.

3.2.6 Health Centre III & II Performance

Table 122: Outputs from Lower-Level Health Facilities

Level of care	Ownership	No. of Facilities	Total OPD	No. of admissions	Total DRGs	Total APGs
HC III	GOV	1518	17,673,419	1,045,900	412,239	40,180,657
HC III	PFP	322	692,874	61,270	54,536	969,088
HC III	PNFP	410	1,865,180	306,332	179,433	3,996,102
HC II	GOV	1826	9,110,381	12,668	5,966	18,071,232
HC II	PFP	1715	2,031,905	20,999	19,381	2,667,895
HC II	PNFP	453	1,337,697	38,348	28,630	2,915,560
			32,711,456	1,485,517		

3.3 Performance of Community Health Workers

3.4.1 Community Health Extension Workers

CHEWS Coverage

During the FY 2025/26, 38 districts completed CHEW training. They hold 5,288 CHEWs. 5 partners funded that training. 7 of those districts finished in 2024, with 1,242 CHEWs. The other 31 finished in 2025, with 4,046 CHEWs. 32 more districts started CHEW training in FY 2025/2026, with 3,323 CHEWs. Those districts have not finished. Coverage therefore reaches 68 districts and 8,611 CHEWs in total. 5,288 of those CHEWs completed training, and 3,323 are still in training. Kyenjojo District holds the most CHEWs, at 334. Bukedea District follows, at 304. Namutumba District holds 222 CHEWs.

Table 123: CHEWs by region. The source is the CHEWs status register.

Region	Districts	CHEWs with complete training	CHEWs still in training	Total CHEWs
North Buganda	6	664	328	992
Busoga	7	596	300	896
Lango	7	372	447	819
South Buganda	8	330	338	668
Ankole	6	504	122	626
Acholi	4	296	322	618
Tooro	4	444	154	598
Bukedi	4	152	414	566
West Nile	5	370	192	562
Kigezi	3	352	158	510
Bugisu	3	382	126	508
Teso	3	450	56	506
Bunyoro	5	288	200	488
Karamoja	3	88	166	254
Total	**68**	**5,288**	**3,323**	**8,611**

CHEWs Performance

CHEWs record their work in eCHIS installed in tablet. 2,770 CHEWs were active in FY 2025/2026, across 28 districts. 582 CHEWs were active in FY 2024/2025, across 7 districts. They sent 170,588 forms this year, against 3,414 last year. 27 of the 38 districts with complete training show activity in eCHIS. The other districts completed training, but their CHEWs do not yet report. Kyenjojo District has the most active CHEWs, at 317. Rukungiri District follows, at 208. Namutumba District has 204 active CHEWs. Community Health Extension Workers (CHEWs) have delivered extensive preventive and promotive services, recording a total of 2,070,812 health education sessions. The leading specific focus area is WASH (Water, Sanitation, and Hygiene) with 345,374 sessions, followed closely by Malaria at 336,041.

Table 124: CHEWs who sent at least one eCHIS Form (by Region)

Region	Active CHEWs FY2024/2025	Active CHEWs FY2025/2026	Change	Forms sent FY2025/2026
Busoga	84	538	+540.5%	61,394
Tooro	121	350	+189.3%	23,176
West Nile	134	328	+144.8%	11,442
Ankole	44	239	+443.2%	9,857
Lango	–	213	new	10,954
Kigezi	–	208	new	7,448
Acholi	–	207	new	2,842
Teso	87	144	+65.5%	23,318
South Buganda	112	142	+26.8%	12,389
Bugisu	–	114	new	2,074
North Buganda	–	112	new	947
Bunyoro	–	66	new	849
Bukedi	–	60	new	3,343
Karamoja	–	49	new	555
Total	**582**	**2,770**	**+375.9%**	**170,588**

3.4.2 Village Health Teams

VHT Coverage

Facilities expected 112,117 VHTs to report in an average quarter of FY 2025/2026. They expected 105,844 a year earlier. The expected number is therefore up 5.9 percent. The VHT establishment grew while the number that reported fell due to shortage of reporting tools (HMIS) nationally. Kampala had the sharpest drop in reporting due to transition in the reporting technology (eCHIS/Opensrp).

79,395 VHTs implemented integrated community case management in an average quarter, down 3.2 percent. 35,642 VHTs implemented family planning, down 2.9 percent. About 31.8 percent of the expected VHTs therefore implement family planning. Ntungamo District expects the most VHTs, at 2,739. Namisindwa District follows, at 2,433. Agago District expects 2,285 VHTs.

Table 125: VHTs expected to report in an average quarter, by region.

Region	FY 2024/2025	FY 2025/2026	Change
West Nile	12,015	12,711	+5.8%
Bugisu	11,431	11,750	+2.8%
Ankole	11,451	11,535	+0.7%
Lango	10,236	10,779	+5.3%
Acholi	9,473	9,348	-1.3%
Busoga	6,777	9,025	+33.2%
South Buganda	7,531	7,347	-2.4%
Bukedi	6,503	7,140	+9.8%
Teso	5,736	6,506	+13.4%
North Buganda	5,405	6,079	+12.5%
Karamoja	5,475	5,526	+0.9%
Tooro	5,048	5,400	+7.0%
Kigezi	4,747	5,240	+10.4%
Bunyoro	3,929	3,724	-5.2%
Kampala	88	6	-92.8%
Total	**105,844**	**112,117**	**+5.9%**

Table 126: VHTs that implement integrated community case management in an average quarter

Region	FY 2024/2025	FY 2025/2026	Change
West Nile	11,083	11,363	+2.5%
Lango	9,529	9,784	+2.7%
Acholi	7,786	7,427	-4.6%
Bukedi	6,493	6,616	+1.9%
Ankole	7,487	6,528	-12.8%
Teso	5,245	5,650	+7.7%
Karamoja	5,692	5,503	-3.3%
South Buganda	6,014	5,416	-9.9%
Bugisu	5,404	4,515	-16.4%
Busoga	3,794	4,326	+14.0%
Tooro	4,305	4,081	-5.2%
North Buganda	3,995	3,671	-8.1%
Bunyoro	3,365	2,815	-16.3%

Region	FY 2024/2025	FY 2025/2026	Change
Kigezi	1,699	1,694	-0.3%
Kampala	87	5	-94.2%
Total	**81,978**	**79,395**	**-3.2%**

VHT Performance

94,521 VHTs reported in an average quarter of FY 2025/2026. 105,271 VHTs reported a year earlier. Reporting is therefore down 10.2 percent. 57,608 villages reported in an average quarter, down 2.1 percent. Namisindwa District reported the most villages, at 1,316. Bududa District follows, at 1,246. Ntungamo District reported 1,169 villages.

Table 127: VHTs that reported in an average quarter, by region.

Region	FY 2024/2025	FY 2025/2026	Change
West Nile	11,948	11,273	-5.6%
Lango	9,881	9,825	-0.6%
Ankole	10,453	9,645	-7.7%
Bugisu	13,957	9,517	-31.8%
Acholi	8,493	7,842	-7.7%
Bukedi	6,643	6,538	-1.6%
Teso	5,710	6,133	+7.4%
Busoga	5,979	5,753	-3.8%
South Buganda	6,876	5,594	-18.7%
Karamoja	5,637	5,191	-7.9%
Kigezi	5,074	4,673	-7.9%
Tooro	5,033	4,665	-7.3%
North Buganda	5,424	4,555	-16.0%
Bunyoro	4,075	3,314	-18.7%
Kampala	89	2	-97.4%
Total	**105,271**	**94,521**	**-10.2%**

Table 128: Villages that reported in an average quarter, by region.

Region	FY 2024/2025	FY 2025/2026	Change
Bugisu	7,770	6,913	-11.0%
West Nile	6,348	6,277	-1.1%
Ankole	6,309	6,118	-3.0%
Lango	5,191	5,336	+2.8%
Acholi	4,625	4,582	-0.9%
Busoga	4,150	4,405	+6.1%
South Buganda	4,272	3,931	-8.0%
Bukedi	3,403	3,464	+1.8%
North Buganda	3,209	3,302	+2.9%
Teso	2,824	3,078	+9.0%
Tooro	2,796	2,824	+1.0%
Karamoja	3,010	2,770	-8.0%
Kigezi	2,744	2,728	-0.6%
Bunyoro	2,159	1,879	-13.0%
Kampala	56	2	-97.0%
Total	**58,865**	**57,608**	**-2.1%**

3.4.3 Services provided by Community Health Workers

The rest of this section reports on the services that community health workers gave. Every number comes from the 097B form, so it covers the whole country and both cadres together.

Household Registration and Health Promotion

CHWs register households and then visit them. They give health education at each visit. CHWs registered 26.20 million households in FY 2025/2026.

The first three quarters give 19.62 million households. The same three quarters of FY 2024/2025 give 21.53 million. Registration is therefore down 8.9 percent on a like-for-like basis. Only support to persons with special needs fell further. The fourth quarter adds 6.58 million households, at 101 percent of the quarterly average. Isingiro District registered the most households, at 667,244. Tororo District follows, at 553,816. Iganga District registered 551,059 households. The table below shows every region.

Table 129: Households Registered by CHWs, by Region

Region	FY 2024/2025	FY 2025/2026	Change
West Nile	2,271,851	2,112,822	-7.0%
Ankole	2,381,624	2,052,950	-13.8%
Busoga	2,218,162	1,909,636	-13.9%
North Buganda	1,760,553	1,637,667	-7.0%
Lango	1,633,404	1,588,599	-2.7%
Bukedi	1,545,656	1,538,666	-0.5%
Bunyoro	1,105,704	1,283,584	+16.1%
Teso	1,103,872	1,277,959	+15.8%
Bugisu	1,440,586	1,251,286	-13.1%
Tooro	1,140,076	1,090,309	-4.4%
South Buganda	1,924,552	1,089,435	-43.4%
Kigezi	960,440	1,001,292	+4.3%
Acholi	1,148,164	980,145	-14.6%
Karamoja	833,051	802,528	-3.7%
Kampala	59,215	560	-99.1%
Total	**21,526,910**	**19,617,438**	**-8.9%**

Assessment of Children under 5 Years

CHWs assess children who are younger than five years. They look for danger signs of common illness. They check the vaccination record of each child. They also check the growth of each child.

CHWs assessed 4.26 million children in FY 2025/2026. The first three quarters give 3.09 million children, against 2.93 million in the same three quarters of FY 2024/2025. Assessment is therefore up 5.5 percent. It is the only line in Table 1 that rose by more than 1 percent. Girls are 52.0 percent of the children assessed. South Buganda region reported the most children, at 670,623. West Nile region follows, at 580,742. Lango region reported 579,286 children. Wakiso District leads all districts, at 485,004 children. Mayuge District follows, at 241,476.

Table 130: Children assessed by CHWs, by region

Region	FY 2024/2025	FY 2025/2026	Change
South Buganda	259,417	463,979	+78.9%
West Nile	505,551	441,635	-12.6%
Lango	441,683	431,482	-2.3%
Acholi	343,235	360,106	+4.9%
Busoga	94,106	283,131	+200.9%
Teso	294,627	247,539	-16.0%
Bukedi	201,849	186,057	-7.8%
Karamoja	208,919	173,260	-17.1%
Ankole	175,953	168,931	-4.0%
Tooro	142,113	126,356	-11.1%
North Buganda	134,896	101,489	-24.8%
Bunyoro	54,575	63,966	+17.2%
Bugisu	34,235	31,175	-8.9%
Kigezi	9,616	9,126	-5.1%
Kampala	26,912	–	-100.0%
Total	**2,927,687**	**3,088,232**	**+5.5%**

Fever is the most common reason for assessment. Diarrhoea is the second reason. CHWs recorded 2,828,189 children with fever in the year. That is 66.5 percent of all assessments. They recorded 519,391 children with diarrhoea, at 12.2 percent. Fever stays well above diarrhoea in every district.

Table 131: Children with Fever by Region

Region	FY 2024/2025	FY 2025/2026	Change
West Nile	402,833	342,948	-14.9%
Lango	343,265	335,802	-2.2%
Acholi	257,100	281,040	+9.3%
Teso	242,387	202,902	-16.3%
South Buganda	139,347	190,312	+36.6%
Busoga	41,360	170,912	+313.2%
Bukedi	158,168	146,576	-7.3%
Karamoja	135,132	107,352	-20.6%
Ankole	87,668	89,045	+1.6%
North Buganda	99,101	70,456	-28.9%
Tooro	60,841	51,738	-15.0%
Bunyoro	36,723	43,504	+18.5%
Bugisu	16,682	15,905	-4.7%
Kigezi	4,540	3,917	-13.7%
Kampala	11,741	–	-100.0%
Total	**2,036,888**	**2,052,409**	**+0.8%**

Table 132: Children with diarrhoea, by region.

Region	FY 2024/2025	FY 2025/2026	Change
South Buganda	33,425	61,585	+84.2%
West Nile	59,792	50,049	-16.3%
Busoga	10,364	47,775	+361.0%
Acholi	51,286	47,620	-7.1%
Karamoja	47,755	35,504	-25.7%
Lango	40,199	34,044	-15.3%
Teso	27,941	23,342	-16.5%
Bukedi	26,148	18,165	-30.5%
Tooro	22,067	15,132	-31.4%
Ankole	15,041	13,824	-8.1%
North Buganda	20,438	12,943	-36.7%
Bugisu	7,200	8,230	+14.3%
Bunyoro	5,974	6,686	+11.9%
Kigezi	3,197	2,542	-20.5%
Kampala	9,286	–	-100.0%
Total	**380,113**	**377,441**	**-0.7%**

Linkage of Clients to Care

A VHT refers to a child to a health facility for three reasons. The child shows a danger sign. The child missed a vaccination. The child shows signs of malnutrition.

CHWs referred to 671,607 children in FY 2025/2026. The first three quarters give 469,694 referrals, against 496,923 a year earlier. Referral is therefore down 5.5 percent. The referral rate fell as well. CHWs referred 15.8 percent of the children they assessed this year. They referred 16.6 percent last year. Assessment rose and referral fell in the same year. Check whether CHWs apply the referral criteria in the same way across districts. Wakiso District referred the most children, at 57,498. Mayuge District follows, at 44,956. Oyam District referred 20,165 children.

Table 133: Children referred by CHWs, by region.

Region	FY 2024/2025	FY 2025/2026	Change
Lango	97,452	74,805	-23.2%
West Nile	69,615	59,534	-14.5%
South Buganda	34,772	58,181	+67.3%
Acholi	83,553	48,476	-42.0%
Busoga	21,136	47,867	+126.5%
Teso	33,563	36,197	+7.8%
Bukedi	30,580	35,982	+17.7%
Tooro	35,247	25,096	-28.8%
Karamoja	24,096	23,587	-2.1%
North Buganda	18,646	18,085	-3.0%
Ankole	19,317	15,801	-18.2%
Bunyoro	14,359	12,752	-11.2%
Bugisu	11,951	11,815	-1.1%
Kigezi	1,682	1,516	-9.9%
Kampala	954	–	-100.0%
Total	**496,923**	**469,694**	**-5.5%**

Support of Persons with Special Needs

CHWs support persons who have a functional limitation. They give health education to each person. They also link each person to care at a health facility.

CHWs supported 602,171 persons in FY 2025/2026. The first three quarters give 421,004 persons, against 521,998 a year earlier. Support is therefore down 19.3 percent. The drop in reporting was attributed drop in reporting rates due shortages in HMIS tools. This is the largest fall in the report. Ask the districts why the count dropped. West Nile region supported the most persons, at 128,319. Yumbe District leads all districts, at 20,031. Terego District follows, at 19,739.

Table 134: Persons with special needs supported by CHWs, by region

Region	FY 2024/2025	FY 2025/2026	Change
West Nile	92,669	98,413	+6.2%
Teso	55,128	45,789	-16.9%
Lango	57,187	44,795	-21.7%
Bukedi	47,839	39,253	-17.9%
Ankole	37,168	32,100	-13.6%
Acholi	41,577	29,391	-29.3%
North Buganda	25,915	19,254	-25.7%
South Buganda	32,774	18,717	-42.9%
Bugisu	18,564	16,889	-9.0%
Tooro	22,080	16,643	-24.6%
Bunyoro	21,319	16,494	-22.6%
Kigezi	20,104	16,337	-18.7%
Busoga	33,294	15,730	-52.8%
Karamoja	16,357	11,199	-31.5%
Kampala	23	–	-100.0%
Total	**521,998**	**421,004**	**-19.3%**

CHAPTER 4: PROGRESS IN IMPLEMENTATION OF MOH STRATEGIC PLAN FOR FY 2025/26

This chapter provides the progress in implementation of the MoH Strategic Plan 2025/26 – 2029/30 outputs for FY2025/26. The Goal of the MoH Strategic Plan is to "improve the overall health and wellbeing of all Ugandans by 2030".

4.1 Progress in Implementation of Strategic Outputs for FY 2025/26

The total number of output indicators assessed was 195. The MoH achieved 74% (144) of the planned output targets; made some progress though did not achieve the annual target for 5% (10) indicators; and failed to achieve target (very minimal or no progress) for 21% (41). Eleven (11) indicators were not assessed as this FY largely because they had not been planned for implementation that previous year.

The objective areas with highest achievements for the planned outputs was objective 3) enhance the accessibility and utilization of quality integrated communicable and non-communicable disease services (90%), followed by objective 5) Strengthen health research, information, innovation and technology in the provision of health services including emerging health threats (85%). Low achievement of the output targets was observed for objective 4) To promote optimal delivery of maternal, neonatal, infant, child and adolescent health services at all levels (52%). Key reasons for not achieving the planned targets are conflicting activities affecting scheduled governance structure meetings, limited budgets to support implementation caused mainly by inflation, stockouts of commodities and limited funding for the equipment and health infrastructure investments.



Table 135: Summary of Progress for Planned Outputs for FY 2025/26

Objectives	Achieved		Progress		Not Achieved		Not Assessed
	No. of Indicators	%	No. of Indicators	%	No. of Indicators	%	No. of Indicators
Objective 1: To accelerate integrated Health Promotion and Disease Prevention efforts at all levels (49 out of 50 indicators assessed)	39	80%	2	4%	8	16%	1
Objective 2: To strengthen the health system for an effective healthcare service delivery and response. (67 out of 68 indicators assessed)	43	64%	5	7.6%	19	28.4%	1
Objective 3: To enhance the accessibility and utilization of quality integrated communicable and non-communicable disease services. (30 out of 37 indicators assessed)	27	90%	1	3%	2	7%	7
Objective 4: To promote optimal delivery of maternal, neonatal, infant, child and adolescent health services at all levels. (23 out of 24 indicators assessed)	12	52%	2	9%	9	39%	1
Objective 5: To strengthen health research, information, innovation and technology in the provision of health services including emerging health threats. (26 out of 27 indicators assessed)	22	85%	0	0%	4	15%	1
Total	**144**	**74%**	**10**	**5%**	**41**	**21%**	**11**

4.1.1 Vote Objective 1: To accelerate Health promotion and Disease prevention efforts at all levels

There are 50 performance indicators under objective one with 1 not planned for assessment this FY. The MoH achieved 80% (39/49) of the performance indicators; made some progress in 4% (2/49) and there was slow progress in 16% (8/49). Reasons for non-achievement include stockouts of commodities, inflation and delayed initiation of some activities.

Table 136: Progress in Implementation of Strategic Objective 1 of the MOH Strategic Plan

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic intervention 1.1: Access to quality Malaria prevention services improved for elimination	1. Malaria Elimination strategy & guidelines developed and disseminated		Strategy developed	1	The Uganda Malaria Elimination Strategic Plan (2026 -2020) was developed, approved and launched in April 2026
	2. % of Target LGs implementing Indoor Residual Spraying	40%	50%	100%	In FY 2025/2026, all the 20 targeted districts from West Nile, Mid North and Bukedi sub regions implemented IRS. MOH plans to scale up IRS from the current 20 to 48 districts (28 new districts) in FY 2026/2027.
	3. % of pregnant women who received ITNs at 1st ANC	70%	75%	66%	The Proportion of pregnant women that received ITNs at ANC 1st visit decreased from 70% in FY 2024/2025 to 66% in FY 2025/2026. There were a significant proportion of mothers that missed to receive ITNs due to stock outs. This was a result of re-channeling some nets for routine distribution to the Net Campaign.
	4. % of Under five children in target districts received seasonal malaria chemoprophylaxis	85%	85%	96%	SMC was implemented in nine districts of Karamoja targeting children aged 3-59 months and children aged 5-10 years. The children administered five cycles of Sulfadoxine-Pyrimethamine (SP) an Amodiaquine (AQ) (SPAQ) during the peak malaria transmission season (May to September). A total of 381,809 out of the targeted 394,328 (96%) children were reached.

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic Intervention 1.2: Access to quality HIV/AIDs and Syphilis prevention services improved	5. % of Population who know 3 methods of HIV prevention	91%	91%	91%	The rate for comprehensive knowledge lower; 56% of women and men (54%) have "comprehensive knowledge" about the modes of HIV transmission and prevention
	6. Number of multimedia interventions for HIV/AIDS prevention and care conducted		12	15	95 messages were developed and disseminated through audio, TV, online, IEC materials. Some of these were adverts and messages from prominent personalities such as the President, Cultural and Faith based leaders. A total of 438 Journalists were facilitated to report on HIV through newspapers, online, radio, TV. The journalists effectively covered UAC organized events such as the Candlelight Memorial and Board members' visit to South West. 11,623 HIV messages were aired out through radio including DJ mentions There were 81 articles reported in the New Vision and Monitor and these covered stories on sauna in Mbale, sex workers, truck drivers in Kyotera among others. About 1128 HIV Prevention messages were disseminated through social media such as X, Instagram, Facebook and Tiktok. This in collaboration with content creators, influencers and partner organizations such as AIC and AHF Uganda Cares. 79,200 spot HIV prevention messages were disseminated through community engagements, event drives and community radios. 105 buses and 62 taxis were contracted to disseminate HIV messages using stickers, radio and TV.

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic Intervention 1.3: Access to quality prevention of TB and leprosy services improved.	7. TB& Leprosy Control and prevention strategy disseminated		1	1	The TB & Leprosy control and prevention strategy 2025/26 -2029/30 was developed and disseminated to key stakeholders.
	8. Number of multimedia interventions for TB/Leprosy prevention and care conducted		12	12	The multimedia interventions for TB and leprosy prevention and care included digital health messages shared on social media platforms, targeted radio talk shows and spot campaigns, and dissemination of TB and leprosy IEC materials, all contributing to improved awareness and case detection.
Strategic Intervention 1.4: Access to quality Hepatitis prevention services improved for elimination	9. % of Health Facilities (HC IV and above) with diagnostics for Hepatitis	37%	51%	50%	Health facilities were supported to diagnose VH.
	10. Populations at risk Mapped (%)		20%	0%	Activity was not conducted due to insufficient funds available to the Hepatitis program to conduct this critical activity.
Strategic Intervention 1.5: Public health emergencies prevented and/or detected, managed and controlled in time at national and regional levels.	11. % of Public health emergencies detected within 72 hours (7 days)	39%	50%	52%	The PHEs detected timely included Ebola (BVD), Anthrax, CCHF, Tropical ulcer, Mpox, Measles, Cholera and RVF. These make up 52% of the emergencies registered.
	12. % of major PHE controlled/ contained in timely manner as per guideline	30%	40%	46%	The PHEs controlled timely included Ebola (BVD), Anthrax, CCHF, Tropical ulcer, Mpox, Measles, Cholera and RVF. These make up 46% of the emergencies contained as per the guidelines.
	13. Number of functional POEs	8	10	9	Lwakhakha, Transami, Vurra, Suam, Busunga, Cyanika, Goli and Arua Airfield
	14. Number of strategies and guidelines developed	4	3	5	National Event based surveillance guidelines, National EOC handbook, Mortality Surveillance guidelines, Enhanced Situation Awareness standard operating procedures, National Outbreak Manual

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic Intervention 1.6: Improve patient-centered and integrated service delivery model	15.% of facilities using integrated client follow-up systems in the community		40%	55.1%	744 facilities were assessed during the reporting period and it was noted that some facilities had already instituted patient follow-up practices such as appointment scheduling, identification of missed appointments, telephone follow-up, linkage with community structures, referral follow-up and documentation of patient outcomes. Particular attention should be given to ensuring that follow-up is not disease specific but supports patients receiving integrated HIV, TB, NCD and other chronic care services.
Strategic intervention 1.7: Centres of excellence in provision of oncology, cardiovascular and trauma services at both National and Regional Levels and foster regional integration established	16.% of Women 25 - 49 years screened for cervical cancer	23%	28%	28%	This performance can be explained by the increased community sensitization on cervical cancer screening especially with the CANCAP project in Mbarara and Kampala.
	17.% of Men 40+ years screened for prostate cancer	19%	20%	18.5%	
	18.Number of substance abuse rehabilitation centres established	0	0	0	

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic intervention 1.9: Physical health activities and positive behavior change promoted across all categories of the population	19.% of LGs with designated spaces for Community physical exercise and sports (Stadia/ community centres)	NA	5%	6%	According to NCS most of the communities outside urban hubs rely heavily on undeveloped open fields and school grounds rather than fully functional standard stadia
Strategic intervention 1.10: Medical Laboratory and diagnostic imaging services strengthened	20.# of outbreaks confirmed within 7 days of alert	100%	100%	100%	
Strategic intervention 1.11: Emergency Medical Services and the referral system improved	21.% of emergency cases that arrive at the hospital in an ambulance	7.4%	11%	21.7%	These are the emergency patients picked from communities or transferred between facilities by ambulances
Strategic intervention 1.12: Increase access to immunization against childhood diseases	22.% of under 5 children dewormed in last 6 months	29%	36%	58%	integrated child health campaigns, school and community deworming exercises, and enhanced caregiver awareness contributed to higher deworming coverage.
	23.% of sub counties with at least one health facility having a functional refrigerator for EPI	81%	85%	92%	Proxy for number of vaccinating health facilities with a functional refrigerator.

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic intervention 1.13: Integrated community health services package rolled out in all villages	24.% of Parishes with at least 2 functional Community Health Extension Workers	7%	10%	43%	4,306 out of 10,717 parishes have atleast 2 functional Community Health Extension Workers
	25.% of Villages with at least 2 VHTs offering integrated community health service package	0%	30%	52%	Atleast 37,031 villages have 2 VHTs offering integrated community health service package
	26.National Community Health Strategy reviewed and disseminated		1	1	
	27.Develop an integrated Community engagement guideline		1	1	
	28.Number of PHC and CHWs oriented on the holistic community engagement model		500	9,000	
Strategic intervention 1.14: Strengthen enforcement of health/ WASH-related legislation	29.% of households/eligible premises that are inspected annually	2%	10%	16%	
Strategic intervention 1.15: Climate resilient health system built	30.% of Health facilities with climate resilient infrastructure (Solar Energy, incinerators, WASH)	15%	30%	55%	Focus was based on HFs with Standard Incinerators for reduction of green house and cabron Foot print

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic intervention 1.16: Health Promotion and Education scaled up through integrated Social Behavior Change interventions	31. SBC Strategy Developed		1	1	The minsrtry of health revised the CHWs implementation framework. This has been guided the scale up the CHEWs program natiionaly increasing the delivery of integrated services in commuities including Health promotion and nutrition.
	32. Number of health program-based materials developed		5	64,786	The indicator was overperformed due to the increased contribution of development and implementing partners across different thematic areas. Partners supported the development and production of IEC materials aligned with their respective program priorities, including health promotion, disease prevention, maternal and child health, nutrition, immunization, WASH, HIV/AIDS, malaria, and other public health interventions. This collective investment resulted in the production of more IEC materials than initially planned.
	33. Number of Engagements and Coalitions held in the Public		8	12	Engagements and coalitions with the Kingdoms, Religious organisations and education institutions
	34. SBC guidelines developed		1	1	The minsrtry of health revised the CHWs implementation framework. This has been guided the scale up the CHEWs program natiionaly increasing the delivery of integrated services in commuities including Health promotion and nutrition.
	35. SBC innovative preventive interventions developed and disseminated		20	64,786	There was increased contribution from development and implementing partners across different thematic areas. Partners supported the development and production of IEC materials aligned with their respective program priorities, including health promotion, disease prevention, maternal and child health, nutrition, immunization, WASH, HIV/AIDS, malaria, and other public health interventions. This collective investment resulted in the production of more IEC materials than initially planned.
	36. SBC Calendar Developed		1	1	An integrated Health sector calendar developed with all SBC event documented

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic intervention 1.17: Public health inspection of schools conducted (Environmental health, sanitation, food safety)	37.% Pre-primary, primary and secondary schools inspected	TBD	78%	81%	These are inspected through the local government structures
Strategic intervention 1.19: Medical waste management system established at all facilities	38.% of Health facilities (HC IV and above) with functional incinerators	68%	71%	93%	278 out of 300 Public Health Facilities (HC IV and above) have access to incinerators for their Medical waste
Strategic Intervention 1.20: Awareness creation campaigns on handwashing conducted.	39.% health facilities with functional handwashing facilities		85%	25%	
Strategic intervention 1.21: Nutrition promotion services strengthened	40.% of Health Facilities with a demonstration garden for nutrition	1%	5%	8%	All regional referrals and some District Hospital had functional Demonstration to promote food dietary diversity
	41.% of eligible premises inspected	NA	10%	13%	

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic intervention 1.22: High impact adolescent health interventions to reduce teenage pregnancies, with a special focus on hot spot districts developed and implemented	42.% of Health facilities providing adolescent friendly services	42%	60%	38%	Of the 302 facilities assessed, 114 achieved a score of 80% or above, while 62% did not meet the desired standard. The greatest weaknesses were in adolescent health literacy and adolescent participation and engagement, at 69% and 68%, respectively.
	43.% of LGs (Districts & Cities) with functional DICAH	39.4%	45%	53%	So far, 78 of the 146 districts and cities have been supported to establish and operationalise DICAHs, strengthening multisectoral coordination to end teenage pregnancy and child marriage and improve adolescent health interventions.
	44.No. of health workers trained on provision of Adolescent and youth friendly health services	600	900	1,040	
	45.% of health facilities providing adolescent health services	42%	55%	38%	Of the 302 facilities assessed, 114 achieved a score of 80% or above, while 62% did not meet the desired standard. The greatest weaknesses were in adolescent health literacy and adolescent participation and engagement, at 69% and 68%, respectively.
	46.AHS implementation framework 2025 - 2030 and guidelines developed and disseminated at all levels		AHS developed	1	

Result	Development Indicators	Baseline FY2023/24	Target FY2025/26	Actual FY2025/26	Comment
Strategic intervention 1.24: Access to quality Child Health services improved	47. % of districts with trained health workers on the ECD/nurturing care	0%	5%	2%	Health workers in three of Uganda's 146 districts, Buyende, Adjumani and Terego, were supported through orientation and comprehensive training in Nurturing Care, Parenting and Early Childhood Development (ECD).
	48. No of SHRH and Self Care strategies and guidelines developed/ reviewed		Strategy reviewed	6	The FP-CIP, Retinopathy of Prematurity, and Newborn Implementation Plan were developed, while the Sharpened Plan was reviewed and tabled for approval in FY 2026/27. The Essential Maternal and Newborn Clinical Guidelines and the Maternity Care Improvement Plan are also under review and development
	49. No. of health workers trained in integrated SRH/HIV and selfcare packages	400	600	860	
	50. Proportion of women initiated on immediate postpartum FP services	2.5%	7.0%	3.2%	Increased from 2.3% in FY 2024/25 to 3.2% in FY 2025/26 but remained below the 7% target.

4.1.2 Vote Objective 2: To strengthen the health system for an effective healthcare service delivery and response

There are 68 performance indicators under objective one with 1 not planned for assessment this FY. The MoH achieved 64% (43/67) of the indicators, made some progress in 7.6% (5/67) and failed to achieve target in 28.4% (19/67). The reason for non-achievement for the 18 indicators was limited funding and inflation.

Table 137: Progress in Implementation of Strategic Objective 2 of the MOH Strategic Plan

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	1. % of health workers expressing satisfaction with their jobs	N/A	50%	60.7%	
	2. % of Private-for-profit health facilities enrolled on the SQIS	1%	30%	20%	Low uptake due to system downtime
	3. No. of service standards, guidelines, manuals, SOPs developed and disseminated.		1	2	Six documents were developed, only two reached dissemination stage, others still under approval processes
	4. GH and HUMCs Guidelines reviewed and disseminated		Reviewed	1	Guidelines reviewed and disseminated
	5. HHFA conducted			In process	HHFA Conducted in only refugee-hosting districts. National Assessment is done once every three years and is due this year.
	6. Regional supervisory structure guidelines disseminated		1	Draft	Draft guidelines were developed yet to be approved

4.1.2 Vote Objective 2: To strengthen the health system for an effective healthcare service delivery and response

There are 68 performance indicators under objective one with 1 not planned for assessment this FY. The MoH achieved 64% (43/67) of the indicators, made some progress in 7.6% (5/67) and failed to achieve target in 28.4% (19/67). The reason for non-achievement for the 18 indicators was limited funding and inflation.

Table 137: Progress in Implementation of Strategic Objective 2 of the MOH Strategic Plan

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	1. % of health workers expressing satisfaction with their jobs	N/A	50%	60.7%	
	2. % of Private-for-profit health facilities enrolled on the SQIS	1%	30%	20%	Low uptake due to system downtime
	3. No. of service standards, guidelines, manuals, SOPs developed and disseminated.		1	2	Six documents were developed, only two reached dissemination stage, others still under approval processes
	4. GH and HUMCs Guidelines reviewed and disseminated		Reviewed	1	Guidelines reviewed and disseminated
	5. HHFA conducted			In process	HHFA Conducted in only refugee-hosting districts. National Assessment is done once every three years and is due this year.
	6. Regional supervisory structure guidelines disseminated		1	Draft	Draft guidelines were developed yet to be approved
Strategic Intervention 2.2: Strengthen governance and management of the health sector at all levels	7. No. of SMC meetings held		12	12	Executed as planned
	8. No. of TMC meetings held		12	9	
	9. No. of HPAC meetings held		12	10	
	10. % of TWG meetings held		83%	79%	HRH, Nutrition, Private & Public Partnership for health had the least meetings conducted
Strategic Intervention 2.3: Promote adherence to client charter and ethical code of	11. % of health institutions with Client Charters	NA	100%	100%	All National & Regional Referral Hospitals have approved client charters.
	12. Performance Management system in use at all levels	NA	50%	80%	

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
conduct by health workers					
Strategic Intervention 2.4: Health Partner and multi sectoral Coordination and engagement Strengthened	13. Health Partner Mapping database established and updated.		1	1	The health partners portal was developed and is functional
	14. % of LGs with functional PPPH desks	10%	50%	10%	There were limited funds to fully implement this.
	15. No. of Regional and international engagements coordinated/ attended		16	25	25 regional and international engagements conducted including 75th World Health Regional Committee Meeting in Zambia, IGAD, ECSA, meetings for UNICEF and WHO, Genvax meeting with the Egyptian delegation, due diligence trips in Hungary for medical equipment, 77th World Health Assembly in Geneva where 30 policy directives were issued for implementation in the areas of health systems, communicable disease, regulation of the training and practice of health professionals, RMNCAH, Medicines and food safety & health research. EAC regional pandemic preparedness and response symposium, Attendance of 76th ECSA-HC HMC, Kingdom of Eswatini, Attended the Community of Practice for health sovereignity under ACCRA reset, the East Africa Health Research Commission (EAHRC) national workshop on ethics, Kampala.

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	16. % of transfers/ obligations met		8	100%	100 % of the planned contributions for FY 2025/26 were released and transferred to ECSA,WHO APHEF & GF
	17. HSIRRP developed and disseminated	1	1	1	HSIRRPII was developed , approved and disseminated with support from UNHCR
	18. No. of Health Facilities transitioned.	35	5	0	There were no funds to implement the transitioning.
	19. No. of protocols and Memoranda of cooperation to key stakeholders disseminated		8	15	10 protocols and 121 MoUs developed with a number of partners
	20. The PPPH Strategy and guidelines reviewed and disseminated.		1	0	The process of reviewing the PPPH Strategy and guidelines were initiated with Stakeholder engagements on going
	21. Off-budget tracking report compiled and submitted		1	1	Off- budget tracking report for FY 2024/25 was approved and disseminated
	22. % of MOUs between MOH and partners that are monitored for implementation		80%	30%	There were limited funds to fully implement this.
Strategic Intervention 2.5: Strengthen regulation and quality of Health Professionals Practise	23. % of private health facilities with an up to date licence (%)	TBD	100%	81%	In total 4,694 out of 5,854 Health facilities had valid annual licences. AHPC 2,094 out of 2,311, UMDPC 2096 out of 2863, UNMC 504 out of 680
	24. % of Health Professionals with an annual practsing licence	50%	100%	73%	In total 151,653 out of 208,694 Health professionals had valid annual practicing licences. AHPC 39,177 out of 59,611, UMDPC 7,828 out of 11,751, UNMC 104,648 out of 137,332
	25. % of TCMPs registered by Pharmacy Board	0	0%	0%	

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
Strategic Intervention 2.6: Strengthen accountability and availability of quality Health Products	26. number of TCM products licensed by NDA	0	1	396	
Strategic intervention 2.7: Adequacy, functionality and quality of civil and sanitary infrastructure improved	27. Number of RRHs rehabilitated / expanded to increase scope of services 8 RRHs)			15 RRHs	Expansion and expansion have been undertaken in the various hospitals. In some facilities, the rehabilitation is phased and still ongoing and in others, the rehabilitation has been completed
	28. Number of general hospitals rehabilitated / expanded to increase scope of services (16 GHs)			16 GHs	
	29. Number of Community Hospitals (HC IVs) rehabilitated / expanded to increase scope of services (40 Community Hospitals)			34 HCIVs	
	30. % of General & referal hospitals with a functional mental health unit		10%	18%	14 RRHs have Mental Units which function though without standard building infrastructure. Kayunga and Yumbe do not have built mental units. Most GHs have no built mental units
	31. % of hospitals and HCIVs with functional emergence care units		15%	30%	All NRH, RRH, GH and some few (10) HCIVs have functional emergency care units
	32. % of Health facilities with adequate clean energy (solar) source	TBD	1%	59%	Over 140 HC IVs have basic solar systems, About 900 HCIIIs had solar systems for basically lighting before Gavi/UNICEF supported installation of solar systems in 185 facilities

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
					in FY2025/26, and the 60 more facilities under UgIFT. This energy however can provide majorly lighting and a few sockets, but it cannot run high power equipment such as ultrasound machine, autoclaves, x ray machines.
Strategic intervention 2.8: Adequacy and functionality of medical equipment and other plant improved	33. % of Health Facilities whoose medical equipment were serviced in the previous qtr		20%	40%	Due to limited funding for the Regional Maintenance Workshops, the workshop are only able to reach out to all HCIVs , all GHs, all RRH, and a few HC IIIs in their areas of jurisdiction. The budget cannot permit the workshops to extend their services to all the HCIIIs and HCIIs in their areas
	34. % of oxygen plants serviced and operational	80%	90%	59%	Total number of oxygen plants is 37, of which 22 are functional. Six plants of the new plants are not yet installed due electrical components/transformers that are yet to be provided. nine plants need maintenance.
	35. % regional medical workshops that are equipped	75%	81%	75%	12 Regional equipment workshops are equipped with all basic equipment. However, some 4 workshops are not equipped (Mbarara, Moroto, Mubende and soroti).
Strategic Intervention 2.9: Policies, Laws and guidelines reviewed	36. Number of Policies developed and reviewed for Health		10	2	The Draft National Health Policy (2026-2035), National Laboratory Policy, PPP for Health Policy were reviewed

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
and developed	37. Number of Laws for Health developed		2	0	This is subject to fund availability for preparation of the statements of financial implications; pending SFI of NHIS, Specialized Hospitals, Human Fertility Bill, Health Professional's Bill.
	38. Number of regulations for Health developed		4	2	MOH developed 2 regulations; National Health Policy III (submitted; approval pending before Cabinet) and the National Drug and Health Products Act (submitted; approved). The following are still in process; Public Health Regulations on Sanitation and Environmental Health, Human Fertility Bill, the Specialised Hospitals' Bill and the Health Professionals Bill.
Strategic Intervention 2.10: Strength integrated support supervision and mentorships at national and subnational levels.	39. Number of health regions that have been supervised by the MOH Top management		8	4	This is a quarterly activity and one region was supervised per quarter.
	40. % of hospitals and HC IVs that have been reached for support supervision		20%	100%	All health regions were supervised during the FY2025/26. During these support supervision visits, the teams reach all the hospitals and HCIVs under the Integrated Care System.
	41. Number of community engagements/ barazas done to give feedback after support supervision		8	10	MOH conducted various community engagements and barazas in the districts of Mukono, Mbale, Mbarara, Kabale etc
Strategic Intervention 2.11: Improve the	42. Subventions facilitated	1	1	1	The subvention budget was all facilitated and paid out to the reciepients.

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
capacity of the health sub-programme to deliver Human Capital Development	43. Number of Budget reports produced		6	6	
	44. Number of ICT systems Audited	0	3	3	
	45. Number of audit reports prepared and disseminated	8	8	8	
	46. Communication Strategies developed and implemented		1	1	
	47. Number of research outputs produced		11	12	
Strategic Intervention 2.12: Adequate and well trained human resources for health at all levels in place	48. Wage, salaries, pension and gratuity for Health paid	1	1	1	
	49. % of approved posts filled in public health facilities	34%	38%	39%	
	50. % of MoH HoDs using the HCMS in performance management		50%	85%	
	51. Human resource capacity building and management & records management conducted		1	1	
Strategic intervention 2.13: Undertake continuous training and capacity for health workers including use of digital technology.	52. HRH Development Plan developed		1	1	HRH Plan 2020-2030 mid term reviewed
	53. No. of scholarships awarded		15	15	15 candidates being sponsored for MMED in Emergency medicine, ENT, Orthopaedic Medicine, cardiology, Urology, ana paediatrics
	54. Health Labour Market Analysis conducted		1	1	A comprehensive Health Labour Market Analysis (HLMA) conducted
	55. HRH a training data base updated and maintained.		1	1	E- learning platform and IHRIS integrated and training data base periodically updated
	56. No. of staff trained under CPD		1500	12,112	3000 health workers trained in integrated service delivery from 17 RRHs, & 9,112 CHEWs trained to manage community health services delivery at Parish level

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	57. Annual Capacity building plans for MoH developed		1	1	A plan is in place and operational
	58. Institutional capacity assessment for the health sector conducted			1	Capacity assessment done across the country to inform the gap analysis and capacity building interventions
Strategic intervention 2.14: Financial risk protection for health increased	59. % of sub counties with a functional health cooperative/community based health insurance scheme	30	40	23%	We have 81 CBHIS operating across the country and these are largely concentrated in 56 districts in Uganda covering about 495 sub-counties
	60. Health Financing Strategy 2025-2035 developed and disseminated		1	Draft	The draft strategy is still under revision after expiry of the previous strategy in FY2024/25
	61. National Health Accounts survey conducted and findings disseminated		1	0	Data collection is ongoing currently
	62. Framework for costing health service delivery developed		1	1	We have different costing frameworks that are being harmonised into one
	63. National Health Insurance Scheme established			Draft	The draft Bill for the NHIS is still at the Cabinet secretariat
	64. No. of health insurance schemes developed and implemented		20	81	We have 81 CBHIS operating across the country and these are largely concentrated in 56 districts in Uganda
	65. Community Health Insurance Schemes guidelines developed and disseminated		1	Draft	Draft guidelines in place awaiting presentation for approval
Strategic intervention 2.15: Financial diversification	66. % of public hospitals with functional private wings	5%	7%	29%	22 out of the 76 hospitals in Uganda have functional private wings
	67. Non-tax revenue generated (UGX Billion)	26	27	22.5	
	68. Guidelines for management of Private services in public facilities disseminated		1	1	Guidelines developed and disseminated

4.1.3 Vote Objective 3: To enhance the accessibility and utilization of quality integrated communicable and non-communicable disease services

There are 37 performance indicators under objective one with 7 not planned for assessment this FY. The MoH achieved 90% (27/30) of the indicators, made good progress in 3% (1/30) and failed to achieve in 7% (2/30). The reason for non-achievement for the 2 indicators was limited funding affected by inflation.

Table 138: Progress in Implementation of Strategic Objective 3 of the MOH Strategic Plan

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	1. % of LGs (Districts & Cities) with no malaria deaths	8	15	15%	Out of the 146 LGs (Districts &Cities). 22 (15%) reported zero in patient malaria deaths throughout the year. There is need to conduct regular data quality assessments to verify data for this indicator since some districts/health facilities are not reporting data for some deaths that occured during the reporting period.
	2. % of malaria cases that are Laboratory confirmed	85%	90%	94%	Out of the 24,894,253 suspected malaria cases, 23,420, 642 (94%) received a parasitological test using either microscopy or rapid diagnostic tests and 9,291,707 were confirmed positive.
	3. Percentage of confirmed malaria cases that received first-line antimalarial treatment according to national policy	90%	90%	99.6%	Of the confirmed 9,291,707 malaria cases, 9,253, 860 (99.6%) received first-line antimalarial treatment according to national policy at health facility.
	4. Proportion of MDAs & LGs with functional HIV/AIDS Coordination structures	83%	86%	87%	The UAC is developing capacity for the new cities across the country

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	5. Proportion of the domestic resource (fund) contribution to the overall HIV/AIDS annual budget	13%	20%	24%	After the USG stop to Work order GOU appropriated 600bn to support
	6. UPHIA conducted and findings disseminated		1	1	UPHIA conducted and preliminary findings disseminated
	7. Number of HIV/AIDs operational research and studies conducted		2	2	Stigma Index and Prevention outcomes studies conducted
	8. Number of health workers trained on TB/Leprosy case finding and management		300	418	Trainings were conducted with additional support of implementing partners in the different regions. TB trainings focused on digital X-ray screening, sputum collection and clinical diagnosis to strengthen early detection, improve contact management and ensure adherence to national TB and leprosy guidelines. For leprosy, the focus was on building practical skills in diagnosis, accurate data recording and case management to address persistent gaps in early identification and timely treatment.
Strategic Intervention 3.4: Access to NTDs Services improved	9. Number of people (millions) requiring interventions against NTDs (leprosy, schistosomiasis, trachoma, sleeping sickness, Lymphatic Filariasis, soil transmitted helminths, taenia solium, onchocerciasis, Visceral Leishmaniasis,	26.79	25	1.411	There has been limited coverage of MDA interventions in schistosomiasis endemic districts with about only 13/96(13.5%) districts treated for FY 25/26. This was due to limited funding to conduct MDA across all endemic districts. Semi annual MDA rounds were conducted for

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	Buruli Ulcer, podoconiosis, rabies, tungaisis (jiggers), scabies)				Onchocerciasis MDA in 05 districts of Moyo, Adjumani, Amuru, Lamwo and Kitgum
	10. Number of health workers oriented and mentored on NTD management		500	2,400	Training for HWs were conducted across different NTD interventions mostly for MDA for Onchocerciasis, Snakebites, HAT and Trachoma exceeding the target across endemic districts
	11. Number of people receiving drugs for NTD control		5,000,000	1,411,000	This indicator is the same as above
	12. schistosomiasis control strategy reviewed/developed		1	Draft	The strategy is still in draft
Strategic Intervention 3.5: Access to quality Hepatitis prevention & treatment services improved for elimination	13. Number of Health workers trained in provision VH care and treatment		500	700	Trainings were conducted during the roll out of the revised HEPB guidelines.
Strategic Intervention 3.6: Improve patient-centered and integrated service delivery model	14. % of facilities implementing integrated service delivery models		40%	72%	The facility integration assessment has been done and 744 health facilities were covered. This showed an overall performance score of 72.4%, corresponding to Level 3: Partial Integration. Performance was strongest in Laboratory Systems and Diagnostics (91%), followed by Human Resources for Health (86%), Health Financing and HMIS (83% each), and Supply Chain and Medicines Management (81%). Moderate performance

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
					was observed in Service Delivery (73%), Community Systems and Routine Services (72%), and Leadership and Governance (68%). Quality Improvement was the weakest-performing domain at 42%.
	15. % of health facilities with established emergency care spaces		20%	5%	Only hospitals have and about 12 HCIVs have functional emergency care spaces
	16. Average turn around time for histopathology tests	14	12	6	Histopathology performed at Mulago National Referral Hospital, with samples collected and referred from RRHs, and from the NRH itself. Histology services expanded by 18.66%, increasing from 11,335 cases in FY 2024/2025 to 13,450 cases. This TAT is affected by the workload coupled with inadequate staffing
	17. Number of Centres of Excellence established (3 National, 2 Regional)	0	0	0	UHI and UCI under construction
	18. Per capita OPD attendance for Mental, Neurological and Substance abuse disorders	0.009	0.01	0.03	There is an increase in mental cases registered at OPD, although there limited availability of specialized mental health personnel and services at lower health facility which affects diagnosis, refferal and follow up of patients
Strategic intervention 3.8: Quality	19. Internal Laboratory quality control pass rate for widal test	60%	70%	NA	The widal test is no longer used in the Uganda lab system

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
curative, palliative, rehabilitative and geriatric care services provided	20. External quality assessment (EQA) pass rate for Complete blood count	TBD	85%	98%	394 health facilities were enrolled onto the EQA Scheme. Of these, 244 responded to the EQA, representing a 62% response rate. 240 of the 244 sites that responded to the EQA passed. The 80% national target was met across all health regions
Strategic intervention 3.9: Medical Laboratory and diagnostic imaging services strengthened	21. Average equipment downtime (days) for Radiology equipment	60	50	66	As the central equipment management system is not yet fully operational, testing data were used as a proxy for equipment functionality and potential downtime. An equipment was considered available if the facility reported the corresponding test at least once during the 12-month period. Two equipment categories were assessed: X-ray and ultrasound scan. X-ray functionality was assessed using the data element "Plain radiography (X-ray)", while ultrasound functionality was assessed using "No. of pregnant women who received obstetric ultrasound scan during any ANC visit in the reporting month," starting from July 2025. Months with no reported testing were used to estimate potential equipment downtime.

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	22. Average equipment downtime (days) for laboratory equipment	90	80	34	As the central equipment management system is not yet fully operational, absence of reported tests was used as a proxy for potential equipment downtime. Equipment was considered available if the facility reported the relevant test at least once during the 12-month period. To minimise the effect of non-reporting due to factors such as stock-outs or low demand, three test types were assessed for microscopes and five for chemistry equipment. The average number of days without a reported test was used as the estimated downtime.
	23. % of radiological images requiring repeat examinations due to technical factors	10%	9%	11.4%	the vast majority of these repeated examinations stem from the following technical and radiographer errors. Anatomical cut-off accounts for 40.5% of rejections, positioning errors responsible for 27.5% of retakes, beam centering errors accounts for 18.5% of errors etc
	24. % of Hospital laboratories that have been ISO accredited	43%	48%	64%	The health levels considered here are Public / Government General Hospital and RRH. Of the 57 GHs, 31 (54%) have been internationally

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
					accredited, while all 16 (100%) RRH are internationally accredited
	25. Radiology and imaging units accredited (ISO 151892022)	20%	30%	30%	During the reporting period, two radiology units—Butabika National Referral Hospital and Mulago Specialized Women and Neonatal Hospital—were assessed as part of the accreditation process. The assessment was completed during the quarter; however, the final accreditation process is still ongoing. The two radiology units are being considered for accreditation by the Uganda National Accreditation Service (UGANAS), the national body mandated to assess and accredit conformity assessment bodies in Uganda.
	26. % of laboratories providing 80% of the defined test menu	70%	80%	86%	86% of health facilities performed at least 50% of the required test categories—11 categories at RRH and General Hospital (GH) levels and 7 at HC III and HC IV levels. Performance was highest among RRHs (100%) and HC IVs (99%), followed by GHs (84%) and HC IIIs (85%). This level of performance was generally consistent across most health regions. The least commonly performed categories were Stool Microscopy and

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
					Microbiology, followed by Lipid Profile and Culture and Sensitivity
	27. # of policies, plans, and guidelines developed, approved & disseminated	100%	100%	100%	NHLDS planned to develop and disseminate one guidelines on the NATIONAL GUIDELINES FOR USE OF MULTI-DISEASE TESTING TECHNOLOGIES. This was done
	28. % of ambulance fleet that is functional	51%	56%	97.7%	A total of 2.3% (7) of the ambulance fleet is currently non-functional as a result of road traffic accidents. Among these, 3 ambulances are beyond repair, 2 have been recommended for disposal, and 2 are undergoing repairs.
	29. National Pediatric Hospital constructed	0%	0	0	
	30. No. of Regional medical laboratories constructed and equipped (Jinja, Hoima, Soroti, Mubende, Masaka and Kabale)		0	0	
	31. No. of Regional anatomic pathology laboratories constructed and equipped (16)		0	0	
	32. No. of GHs constructed		0	0	
	33. No. of general hospitals upgrades to RRHs (Kapchorwa, Tororo)		0	0	No funds released for the construction of Kapchorwa and Tororo
Strategic intervention 3.13: Increase availability of affordable	34. Availability of the basket of tracer commodities (50) at Central Warehouses (%)	80%	90%	81%	Enhanced stock monitoring at the central warehouses, which minimized stock-outs and maintained

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
essential medicines and health supplies including promoting local production of medicines. (including complementary medicine)					fairly optimal commodity availability
	35. Availability of the tracer public health emergency commodities - examination gloves, coveralls, surgical masks, 70% alcohol, vacutainer tubes, IV Ringer's lactate, sodium hypochlorite & aprons) (%)	NA	80%	80%	Availability fairly optimal
	36. % of health facilities (Hospitals, HC IVs & IIIs) with functional Logistics Management Information System	43%	50%	98%	Accelerated rollout of electronic LMIS-NMS CSSP+, additional user training, and strengthened infrastructure in Health facilities
	37. % Availability of safe blood and blood products at health facilities	80%	85%	91%	TTI's contributed to 9% (HIV, HBSAG, HCV and Syphilis)

4.1.4 Vote Objective 4: To promote optimal delivery of maternal, neonatal, infant, child and adolescent health services at all levels

There are 24 performance indicators under the objective 4 programme outputs with 1 not planned for assessment this FY. The MoH achieved 52% (12/23) of the indicators, made some progress in 9% (2/23), and little progress in 39% (9/23). The reason for non-achievement for the 9 indicators was limited funding for the equipment and health infrastructure investments.

Table 139: Progress in Implementation of Strategic Objective 4 of the MOH Strategic Plan

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
Strategic intervention 4.1: Malnutrition rehabilitation services strengthened	1. Number of Health workers trained in dietary diversification (Number)	NA	200	215	Training exceeded the target, reflecting strong commitment to capacity building in nutrition service delivery.
Strategic intervention 4.2: Enabling environment for scaling up nutrition at all levels strengthened	2. % of OPD attendance (Under 5) who are assessed for nutritional status	23%	27%	63%	Significant improvement due to intensified facility-based orientation on IMAM & MIYCAN guidelines at OPD; performance more than doubled the target.
	3. % of Health facilities designated as mother-baby friendly (Hospitals, HC IVs and IIIs)	2%	5%	17%	All hospitals and high volume HCIVs have designated mother-baby friendly corners
	4. Food fortification Policy Direction reviewed/ developed (The national industrial food fortification strategy 2017-2022)		0	0	No progress registered; policy review/development remains pending.
	5. % of HC IVs that are fully functional (Offering blood Transfusion and Caesarean Section)	60%	64%	82%	Functionality increased to 82%, exceeding the target. However, some HC IVs continued to experience gaps in blood storage and transfusion capacity
	6. % of maternal deaths notified	95.0%	96%	91%	

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	7. % of maternal deaths reviewed	94.8%	96%	93.4%	
	8. % of Regional with functional RMNCAH accountability and coordination structures.	62%	68%	94%	Weekly LMNS coordination meetings were sustained throughout the year, focusing on addressing service-delivery gaps at district and facility levels.
Strategic intervention 4.4: Access to quality Child Health services improved	9. % of Districts with Health Workers trained and mentored in ETAT – (Emergency Triage Assessment and treatment) / IMNCI packages	40%	47%	29%	Available resources supported implementation in 42 of the 146 districts, below the target of reaching at least 50% of districts, largely due to recent funding reductions.
	10. % of districts implementing ICCM interventions	48%	50%	55.5%	
	11. % of Perinatal death notified	61.2%	69%	71.9%	Increased and exceeded the FY 2025/26 target of 69%.
	12. % of perinatal deaths reviewed	61.3%	66%	69.2%	Exceeded the FY 2025/26 target of 66%.
	13. % of NRHs & RRHs with functional Neonatal Intensive care units (NICUs)	10%	20%	10.5%	Kawempe National Referral Hospital, the Specialised Women and Neonatal Hospital, Fort Portal RRH, Masaka RRH and Lira RRH. Other RRHs have designated neonatal care spaces but do not yet meet the minimum standards for Level III intensive care, including mechanical ventilation and specialized human resources.
	14. % of General hospitals & HCIVs with functional Level II new born care units	0%	33%	16%	Only 42 of 260 HC IVs and General Hospitals have functional Level II newborn care units, while 117 facilities remain at Level I, mainly due to gaps in human resources and equipment.
	15. Number of Health workers given specialized	5	8	5	The neonatologists who graduated were from Masaka RRH (1), Moroto RRH (1), and

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	training in Neonatology at Regional and LG level				the Specialised Women and Neonatal Hospital (3).
Strategic intervention 4.6: Disability friendly health services including physical accessibility and appropriate equipment promoted	16. % of RRHs with assistive devices technology workshops	20%	30%	25%	Yumbe, Mbarara, Mbale, Gulu and Fortportal RRHs have been supported to fabricate, local produce some mobility devices though production is still on a low scale. Gaps still exist in enough raw materials, equipment and skilled HRs to enable full capacity functionality.
	17. % of general hospitals with functional Rehabitation Care units	25%	30%	28%	Limited capacity in terms of Human Resources to support the functionality of the remaining planned GH rehabilitation units
	18. Number of Assistive devices distributed	NA	1,500	4,847	This is heavily supported by partners particularly Latter-Day Saints' LDS church, Evidence Action, Vision springs. This performance is contributed by all the 17 RRHs through the pull system, Assistive devices are distributed through NMS. This AT provision significantly improves the independence and overall quality of life of PWDs.
	19. % of Hospitals with functional delivery beds for PWDs	2%	4%	2%	The performance of this hasn't changed as most of the HFs are yet to receive the delivery beds. This was to leverage the funding from World bank which is yet to kick off this FY 26/30
	20. Number of PWDs provided with assistive and rehabilitative devices aggregated by age, gender, nationality and refugee status	202	100	4,847	This is heavily supported by partners particularly Latter-Day Saints' LDS church, Evidence Action, Vision springs. This performance is contributed by all the 17 RRHs through the pull system, Assistive devices are distributed through NMS. This AT provision significantly improves the independence and overall quality of life of PWDs. These include wheelchairs, walking sticks and frames, both axillary and elbow crutches
	21. % Inclusive Equipment and raw	1%	3%	1%	Functionality of the orthopedic workshops has been limited due to lack of the inclusive

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	materials Resources Provision				equipment. There is not provision of the raw materials through the RRHs. This has to improve.
	22. Number of rehabilitation health professionals trained on specialized rehabilitation health services	25	75	180	Trained 180 HWs spanning from clinicians, nurses, midwives, and biostatisticians on the delivery of comprehensive rehabilitation services across 10 facilities in west Nile region, 10 facilities in Kabarole, Mubende, Kassanda, Kyegegwa & Kikuube.
	23. %of Hospitals and Health Centre IVs that have undergone remodelling and/or have access for PWDs	25%	33%	30%	13 GHs are undergoing rehabilitation and the rehabilitation takes care of PWD in terms of access to heights through ramps, special Toilet designated for PWD
	24. Number of PHC and community health workers trained on basic rehabilitation service package.	300	600	1,500	Trained 1,500 PHC and community health workers on the delivery of the basic rehabilitation service package in over 15 districts.

4.1.5 Vote Objective 5: To strengthen health research, information, innovation and technology in the provision of health services including emerging health threats

There are 27 performance indicators under objective 5 with 1 not planned for assessment this FY. The MoH achieved 85% (22/26) of the indicators and failed to achieve targets in 15% (4/26). The reason for non-achievement for the 4 indicators was limited funding caused by inflation.

Table 140: Progress in Implementation of Strategic Objective 5 of the MOH Strategic Plan

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
Strategic intervention 5.1: Promote digitalization of the health information system	1. % of hospitals and HC IVs with functional Electronic Medical Record System	15%	27%	54%	EMR functional in 4 NRHs, 2 Specialised hospitals, 16 RRHs, 58 GHs and 78 HCIVs
	2. % of LGs with functional Electronic Community Health Information System	15%	30%	38%	The Electronic Community Health Information System has rolled out to 18,433 CHWs in 56 districts. all VHTs (2 per village) in 28 districts, CHEWs (2 per parish) in 10 districts, and all VHTs and CHEWs combined in 18 districts.
	3. No. of Health workers trained in EMRS		12,000	1,969	These were trained from 56 health facilities
	4. No. of CHWs trained in eCHIS		10,000	46,936	
	5. No. of health workers trained in telemedicine application		0	0	
	6. Electronic Document Management Information System (EDMIS) rolled out at MoH		1	1	EDMIS rolled out and fully functional at MOH
Strategic intervention 5.2: Health facilities geodatabases Developed and updated	7. Comprehensive health facilities geospatial attribute data framework developed	0	1	1	
Strategic intervention 5.3: Strengthen	8. Health facility Reporting rate	90%	91%	96.8%	
	9. Community health worker reporting rate	70%	75%	89%	

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
routime Health Magament Information Systems	10. % of lower level non-digitized public facilities reporting no stock outs of HMIS tools	60%	60%	10%	Only 10% of the lower level non-digitized public facilities reported no stock outs of HMIS tools. This was due to the national stockout of HMIS tools and the loss of funding from government and partners due to the digitisation drive. This led to the introduction of the digital registers to cover the gap.
Strategic intervention 5.4: Health research strengthened	11. Number of Research Papers published in peer reviewed journals		10	11	Peer-reviewed journals and institutional hubs have published extensive health research on Uganda, spanning infectious disease outbreaks, communicable and non-communicable conditions, and health system policy
	12. Number of traditional medicines analysed		10	14	Uganda Cancer Institute's Centre for Natural Therapeutics (CENAT) analyzed and developed 7 herbal products, toxicity risk assessments scrutinised local commercial herbal cough formulations, comparative studies analysed local herbs for liver protection, scientific surveys were documented and analysed over 80 species targeting gut issues.
	13. MoH Research Agenda developed and disseminated		1	1	Health Research Agenda/plan developed under UNHRO and currently being reviewed for approval and adoption.
	14. No. of evidence-based priority setting guidelines developed.		4	0	
Strategic intervention 5.5: Health innovations and technology uptake promoted	15. % national health programs and interventions explicitly informed by research evidence from health research institutions		40%	60%	Research protocols on HIV, TB, Malaria, Vaccination, Public Health, COVID, Ebola and other outbreaks have been developed, reviewed and approved

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	16. No of Current and New medical technologies, programs and interventions assessed		10	18	Social Innovation in Health Initiative (SIHI) Uganda Hub has officially documented and assessed 12 community-led health projects and innovations evaluating their health impact, scalability, and enabling factors. Additionally, the Ministry of Health has integrated 6 specialized digital health systems to monitor interventions, while institutionalizing its overarching Health Technology Assessment (HTA) framework under the National Health Compact
	17. Health Innovations Strategy developed and disseminated		1	1	
	18. Health Technology Assessments framework developed		1	0	
Strategic intervention 5.7: Monitoring, evaluation, and reporting strengthened	19. Statistical reports prepared	4	4	5	The 4 quarterly statistical abstracts and the annual report
	20. Report on implementation status of Cabinet decisions/ directives and Sectoral public policies in health monitored and evaluated produced.	4	4	4	These are produced quarterly
	21. % of health facilities submitting HMIS reports.	55%	65%	96.8%	
	22. MoH Data warehouse (DHIS2) functional	1	1	1	
	23. Annual Joint Reviews organised	1	1	1	This was conducted for the FY2024/25
	24. Quarterly Performance	4	4	4	All quarters were reviewed

Result	Development Indicators	Baseline FY2023/24	Target FY25/26	Actual FY25/26	Comment
	Reviews organised				
	25. MTR and ETE report compiled.		ETE	1	ETE of the MOH Strategic Plan was conducted
Strategic intervention 5.8: Improve performance management monitoring and reporting.	26. % of specialists whose performance outputs are tracked		20%	37%	The tracking tool was deployed at all National and Regional Referral hospitals but only 37% of specialists reporting there performance outputs through the Dashboard
	27. % of health workers using the HCMS for performance management		30%	41%	

4.2 Performance of Key Projects

Table 141: Status of implementation of Key Projects

No	Project Title	Start Date	End Date	Forecast Disbursement FY2025/26	Actual Disbursement FY2025/26	Progress / Remarks
1.	Rehabilitation of General Hospitals (Spanish Debt Swap Program)	1/07/2017	30/06/2026	USD 17,374,378.81	USD 17,215,604.31	Project performance was at; • Kawolo General Hospital refurbished and equipped 100% • Refurbishment and equipping of Busolwe General Hospital completed 100% • Additional Works for completion of refurbishment works at Busolwe Hospital completed 100% • Construction of Perimeter wall and additional external works at Busolwe GH. Contract Cleared by Solicitor General on 7th April, 2026 in Letter ref: DLAS 018/521/23
2.	Construction and equipping of the International	2019/20	30/06/2020	USD 249.9 million	0	The Progress of work (construction) is at 72%. The training block and Hostel were completed and handed over. The main Hospital building is at

No	Project Title	Start Date	End Date	Forecast Disbursement FY2025/26	Actual Disbursement FY2025/26	Progress / Remarks
	Specialized Hospital in Uganda					sub structure level (the structure was completed)
	Global Fund for AIDS, TB and Malaria (NFM3, GC7)	1/01/2024	31/12/2026	$517,695,257	UGX: 49,002,017,709	The project has supported Uganda to record significant progress in curbing infectious diseases, particularly highlighting a substantial reduction in HIV infections among young women. Uganda continues to see cumulative impacts driven by the Global Fund's ongoing USD 518 million grant cycle spanning 2024 to 2026: • HIV/AIDS: Over 1.3 million people are actively receiving life-saving antiretroviral therapy (ART) across the country. • Tuberculosis (TB): Targeted diagnostics and active case finding successfully detect more than 93,000 TB cases annually. • Malaria: Mass campaigns have successfully distributed over 45 million insecticide-treated mosquito nets to date, with recent interventions focusing heavily on introducing new dual-active ingredient nets to fight insecticide-resistant mosquitoes.
3.	GAVI Vaccines and Health Systems Strengthening Support	1/1/2024	31/12/2026	USD 45,466,275	USD 26,982,087	The project remained fully effective to ensure that every child and high-risk group is fully vaccinated with high quality and effective vaccines against the target diseases according to recommended strategies. • Implemented the Yellow fever Preventive Mass Vaccination Campaign targeting 1-60 years in the health regions of Mubende, Jinja, and Mbale comprised of 36

No	Project Title	Start Date	End Date	Forecast Disbursement FY2025/26	Actual Disbursement FY2025/26	Progress / Remarks
						local governments and achieved 90% coverage. • Supported the introduction of Malaria Vaccine into the Routine Immunization Program with the resultant effect of reducing under five-year mortality due to Malaria. Introduced the Malaria vaccine in 107 moderate and high transmission districts • Interrupted the transmission of mPox in the population especially among the high-risk population such as sex workers, long distance truck drivers, etc by immunising the population in 60 districts to protect against the Mpox outbreak. • Improved HPV Vaccine uptake among 10-year-old girls through a switch from a 2-dose to a single dose with the resultant reduction in the burden of Cervical cancer in the women population. We trained health workers on the HPV vaccine in 146 districts to ensure effective reach of all 10-year-old girls. • Supported the introduction of Hepatitis B Birth dose vaccine into the routine immunization program reaching all the 146 districts
4.	Italian Support to the Health Sector Development Plan Karamoja Infrastructure	2022/23	October 2027	Euros 12,139,491	UGX 17,694,749,990	This project was to construction, rehabilitation, and upgrade 31 health facilities in the 9 Districts of the Karamoja region. The scope covered upgrading of 10 HCIIs to HC IIIs, upgrading of 5 HCIIIs to HC IVs, Construction of 5 New HC IIIs, Construction of the

No	Project Title	Start Date	End Date	Forecast Disbursement FY2025/26	Actual Disbursement FY2025/26	Progress / Remarks
	Development Project - Phase II					DHO's Office in Kotido District, Rehabilitation of Kaabong General Hospital, construction of an operating theatre at Amudat General Hospital, and construction of staff housing at Matany Hospital. Physical performance of 45% against expected 55% to date. In addition; • 2 Ambulances procured for St Kizito Matany Hospital & Kaabong General Hospital • 3 Double Cabin Pickups procured for Clerks of Works supervising works • 2 Station wagons procured for Project Monitoring and Supervision
5.	Renovation and equipping of 15 General Hospitals (Abim, Apac, Atutur, Bugiri, Iganga Bundibugyo, Gombe, Kagadi, Kambuga, Kitagata, Kitgum, Kyenjojo, Pallisa Lyantonde and Masindi).	2020/21	2024/25	UGX 687.6 billion	0	There has generally been inadequate funding to rehabilitate all the planned hospitals. Only five (5) Hospitals out of the planned 15 hospitals have been partially rehabilitated since FY 2020/21: Gombe, Luwero, Koboko, Kambuga, and Kapchorwa.
6.	Establishing 12 regional Ambulance hubs	2020/21	2024/25	UGX 3 billion	0	There are two functional Ambulance hubs at Naguru NRH and Masaka RRH. 4 additional Regional Ambulance Call and Dispatch Centre were completed in Arua RRH, Lira RRH, Mbarara RRH and Mbale RRH.

No	Project Title	Start Date	End Date	Forecast Disbursement FY2025/26	Actual Disbursement FY2025/26	Progress / Remarks
7.	Establishment of a National Medical Equipment Maintenance Service / System	2020/21	2024/25	UGX 10 billion	0	5 regional equipment maintenance workshops had been earmarked for establishment. Gulu Regional Maintenance Equipment workshop was equipped through the Leveraging Strategic Financing project by ENABEL. The remaining 4 (Masaka, Mbarara, Entebbe, Kayunga) workshops were not constructed or equipped due to lack of funding

4.3 Progress in Implementation of 31st JRM Aide Memiore

Summary of Progress

This matrix tracks progress on the 45 priority actions agreed at the 31st Joint Review Mission across seven areas of the health system. Overall, implementation has advanced well: 16 actions (36%) have been achieved, 21 (47%) are in progress and 8 (18%) have not yet started. Short-term actions, due by December 2026, have moved fastest, with 32 of 35 (91%) achieved or under way. Medium-term actions lag, with five of ten yet to start,

Service delivery shows the strongest results. PPH hotspots have been mapped and 700 PPH champions trained, 28 neonatal care units have been upgraded, seven RRHs have recruited psychiatrists, and funding has been secured to expand IRS to 48 districts. Governance reforms are advancing, although the Health Service Standing Orders, the Public Health Act regulations and the community health insurance guidelines that await approval.

The main gaps are in infrastructure and digital health, where no progress has been reported on the interoperable EMR or the MoH Learning Agenda. Securing approval of pending policy instruments and financing for medium-term investments should be the priorities for the coming year.

SECTION 1. LEADERSHIP, GOVERNANCE & MULTISECTORAL COLLABORATION

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
1. Fragmented planning, budgeting, and monitoring across MDAs, LGs, and MoH directorates	Disseminate and institutionalize the joint planning and budgeting framework.	June 2026	CHS HISM&E	The joint planning and budgeting framework was disseminated to Health Development Partners (HDPs) and 54 local governments.
2. The public service standing orders are inadequate to guide the operations and conduct of the health workers in public service.	Fast-track the development and dissemination of the Health Service Standing Orders	June 2026	US HRM	The draft Health Service Standing Orders have been finalized and are pending review and approval by Cabinet.
3. Regulations have not been reviewed/ developed to operationalize the public health Act.	Develop and disseminate regulations to operationalize the public health Act	Dec 2026	DGHS	The draft regulations have been concluded and will be presented to MoH Senior Top Management for approval.
4. Inadequate coordination between the center (MoH) and the local government health managers i.e., DHOs/CHOs/MOHs	Establish regular engagement forums between the MoH top management and LG health managers. (online)	March 2026	CHS SCAPP	An Integrated Care Systems (ICS) Forum has been established, with a designated commissioner assigned to each region to participate in monthly ICS meetings. The role of these commissioners is to identify implementation gaps requiring national-level action and to provide strategic and policy guidance on health interventions. While commissioner engagement has been strong in some regions, participation remains inconsistent across others, which may limit the effectiveness of coordination, oversight, and decision-making processes.

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
5. The urban area is underserved due to the increasing population and informal settlement, requiring affirmative interventions.	Develop a health infrastructural master plan for Kampala City	Medium Term	CHS CS	No progress yet. A comprehensive national health infrastructure master plan for is to be developed under the new Uganda Health Services Transformation Program.
	Finalize and disseminate the Urban Health implementation framework	September 2026	CHS EH	A draft urban health strategy was developed, reviewed at different levels of the MOH approval process, comments for improvement provided
6. Limited involvement of communities and social structures in planning and accountability mechanisms for health services.	Finalize and disseminate the framework for institutionalizing social accountability in health service delivery.	June 2026	CHS HPE&C	The development of an operational manual and standard operating procedures for the Social Services Committee has strengthened the institutional framework for implementing the social services pillar of the PDM, with the aim of improving accountability, health promotion, and disease prevention. In addition, an integrated community-led monitoring framework has been established to guide the engagement of community actors in overseeing service delivery, thereby enhancing accountability and responsiveness within the health system.

SECTION 2. HUMAN RESOURCES FOR HEALTH (HRH)

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
7. HRH filled posts remain at ~34%; critical gaps in specialists like anesthetists, neonatal nurses	Support LG and RRH in wage analysis as well as recruitment planning, and track staff recruitment for least staffed LG (especially those	September 2026	US HRH	Through the Ministry of Health's Human Resource Management Department, wage analysis and recruitment planning were undertaken across Regional Referral Hospitals (RRHs) and District Local Governments (DLGs), resulting in the identification of UGX 3 billion in unutilized wage resources for FY 2025/26. All institutions developed recruitment plans, and implementation was achieved by 70% of DLGs (101 districts), demonstrating

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
	returned wage for recruitment of health workers).			progress in workforce planning and efforts to strengthen health sector staffing.
8. Inadequate resources to effectively facilitate support supervision of health facilities by the DHT.	Review the allocation formula for PHC non-wage provided to support LG management of health services.	Sept 2026	CHS HISM&E	The Ministry of Health is planning a comprehensive review of the resource allocation formulae, supported under UGIFT 2, to enhance the equity and adequacy of resource distribution across the health sector. The review is expected to inform more balanced and needs-based allocations, including resources directed to District Health Offices (DHOs), thereby strengthening the effectiveness and responsiveness of health service delivery.

SECTION 3. HEALTH INFRASTRUCTURE AND EQUIPMENT

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
9. Yumbe RRH is under-equipped: it has no blood bank, oxygen plant or equipment maintenance workshop.	Mobilize funding to operationalize the Regional Equipment maintenance workshop for West Nile Region at Arua RRH.	Medium Term	CHS HID	No progress yet due to funding challenges.
10. Dilapidated and congested emergency units at general hospitals, Regional	Targeted renovation and equipping of emergency units at hospitals	Medium term	CHS HID	No progress yet due to funding challenges.

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
Referral and National Referral Hospitals				
11. Old, obsolete and dilapidated oral health units and equipment at all levels of care, inadequately staffed	a) Revamp oral health care at all levels CH, GH, RRH NRH. b) Re-equip and refurbish oral health units	June 2027	CHS HID	Oral health has been prioritized in all facility infrastructure uplift plans, including clinical spaces and the equipment needed to operationalize them. A comprehensive costed oral health strategy has been developed; it prioritizes oral health promotion, staffing and the retooling of health facilities.
	c) Plan for recruitment of public health dental officers and dental surgeons at CH, GH and RRH	Dec 2026	CHS CS	

SECTION 4. HEALTH FINANCING & FINANCIAL RISK PROTECTION

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
12. High Out-of-Pocket expenditure; limited financial protection for the poorest.	High-level dialogue with Cabinet and Parliament to fast-track NHIS	June 2026	F&A, DG, PS	MoH has engaged members of the 12th Parliament on health financing and the NHIS.
	Finalize and disseminate the guidelines for implementation of community health insurance schemes.	June 2026	CHS CH	Draft guidelines for implementing community health insurance schemes have been developed and are awaiting approval by Top Management.

SECTION 5. MEDICINES, HEALTH PRODUCTS & SUPPLY CHAIN

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
13. Medicines shortages in refugee-hosting facilities (e.g., Palabek Kal HCIV)	Increase IPFs and align supply planning with OPM & UN agencies	FY 2026/27	CHS PFP	Prioritized for the next financial year.
14. Medicines theft, leakage & misuse	1. Fast track the roll out of digital tracking and accountability mechanisms for EMHS (scaling up the use of EMR beyond hospitals to HCIVs & IIIs)	June 2027	CHS HISM&E	Digitization of health facilities is ongoing.
	2. Conduct and institutionalize quarterly medicines audit and accountability platforms in LG, RRH, and NRH	June 2026	CHS P&NM	The Ministry of Health has strengthened accountability and coordination in essential medicines management through a weekly National Pharmaceutical Forum and 15 regional health supply chain technical working groups that meet monthly to monitor performance, address operational challenges and improve health supply chain management.
15. TB diagnostic gaps in prisons and hotspots	Expand TB diagnostics and mobile outreach to prisons & informal settlements	March 2026	CHS CDP&C	The Ministry of Health has expanded access to TB diagnosis through the deployment of GeneXpert machines in 14 prison health facilities and the use of mobile clinics equipped with GeneXpert and portable digital X-ray services to strengthen screening and case detection among incarcerated,

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
				mobile and other hard-to-reach populations, including residents of informal settlements.
Reduced financing for immunization catch-up campaigns. Prioritize and strengthen facility based as well as Immunization outreaches especially in LG with zero dose burden.	a) MOH communicates with LG to prioritize integrated Immunization outreaches.	March 2026	CHS CDP&C	The PS wrote to LGs directing them to prioritize financing for integrated immunization outreaches in their FY 2026/27 budgets.
	b) Strengthen support supervision of health facilities to ensure effective vaccination services	Ongoing		MoH conducted targeted outreaches in health facilities and LGs to reach disproportionately burdened Equity Reference Communities with high numbers of zero-dose and under-immunized children.

SECTION 6. SERVICE DELIVERY, INTEGRATED CARE & QUALITY OF SERVICES

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
16. Weak linkage between HIV, RMNCAH & immunization services	Dedicate at least four support supervision and mentorship visits to the integration of service delivery.	Ongoing	CHS CDP&C	MoH continues to provide support supervision and mentorship for service delivery integration. Eighty integration sentinel sites have been established to study integration models, learn and scale up best practices. At community level, PHC and ICH outreaches have been integrated with MCH, nutrition, PMTCT, TB CAST and iCCM services, while PNC, ANC and immunization clinics are integrating at facility level.

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
17. Persistent PPH-related maternal deaths;	Map PPH hotspots and provide targeted mentorship and blood supply to hot spots	March 2026	CHS RH	PPH hotspots have been mapped: haemorrhage caused 41% of maternal deaths, highest in Busoga (61%), Kigezi and South Buganda (53% each). A costed Obstetric Haemorrhage Framework 2026–2030 has been developed, 700 PPH champions trained, and free tranexamic acid (TXA) and carbetocin approved. Mentorship reached 57 facilities in Busoga and Bunyoro, and UBTS blood issues rose by 21.8%, meeting 71% of orders.
18. High NCD burden (obesity, CVD) & limited prevention	Integrate NCD screening within health promotion interventions at all facilities.	Dec 2026	CHS HPE&C	NCD screening has been integrated into the CHEW training module, and CHEWs are currently screening for nutrition disorders, hypertension and diabetes.
	Establish specialized Cardiovascular treatment centers in all RRH	Medium Term	CHS NCD	UHI has developed a roll-out plan, pending approval by MoFPED. Regional centres will be rolled out starting with five: Mbarara, Hoima, Jinja, Gulu and Lira.
19. Rising burden of GBV-related injuries; most occur in communities and are not reported at health facilities.	Integrate GBV screening and response in routine community health activities	October 2026	CHS CH	GBV screening workflows have been developed, digitized and hosted on eCHIS. Five pilot districts have been selected, and CHEWs and VHTs trained to integrate GBV screening with other programme areas.
20. Overflow of patients at Butabika National Referral Hospital	Construct mental health departments in RRHs without them (Yumbe, Kayunga and Entebbe RRHs).	Medium Term	CHS NCD	Not yet completed due to funding challenges.

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
	Scale up mhGAP training, especially among primary health care facilities.	June 2026		mhGAP version 3.0 has been adapted, and 30 master trainers and 120 primary health care workers (medical clinical officers and medical officers) from the Jinja, Hoima and Gulu regions have been trained. Scale-up will continue.
	Recruit psychiatrists and clinical psychologists, especially in RRHs without them.	April 2026		The PS directed RRH directors to prioritize recruitment of psychiatrists, clinical psychologists and other mental health workers. So far, 7 RRHs (Arua, Jinja, Fort Portal, Kayunga, Mbarara, Lira and Yumbe) have recruited psychiatrists, and 4 (Mbale, Masaka, Hoima and Moroto) have requested HSC to recruit them. In addition, 6 psychiatric clinical officer positions have been declared for advertisement.
	Develop and disseminate Epilepsy care protocols.	Dec 2026		A stakeholder engagement with physicians, paediatricians and psychiatrists is planned for Q3 FY 2026/27 to discuss the proposed epilepsy protocol for PHC (included in mhGAP) and to harmonize epilepsy management at secondary and tertiary institutions.
21. Weak client feedback mechanisms (QR codes recently launched are under-utilized)	Develop client satisfaction tools that are not based on QR codes (Non digital alternatives)	Dec 2026	CHS SCAPP	A community feedback tool using VHTs and CHEWs has been developed to complement facility-based feedback; it has been piloted in 2 districts and will be scaled up. MoH is developing an SMS option for clients without smartphones, but it has not yet been rolled out due to inadequate funding (each SMS costs UGX 20).
22. Inadequate skills in emergency and critical care	Conduct in-service mentorship in emergency and critical care.	Dec 2026	CHS HRD	An acute care outcome improvement initiative has been rolled out in 15 facilities (phase one): 2 NRHs (Mulago and Kiruddu), 7 RRHs (Arua, Mbarara, Masaka,

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
				Mbale, Yumbe, Gulu and Hoima) and 6 GHs (Katakwi, Kiryandongo, Itojo, Kiboga, Nkozi and Iganga). It will be rolled out across the country.
	Mobilize resources to sponsor Fellows in emergency and critical care.	Medium term	CHS HRD	In partnership with Seed Global Health, MoH has secured funding for 20 MMed Emergency Medicine places at Mbarara University and Uganda Martyrs University. The funding will also support 57 Diplomas in Emergency Medical Care.
23. 44 HC IVs not performing C-sections despite their mandate; 40% of HC IVs not providing blood transfusion services.	Conduct rapid assessment of these health center IVs to identify the barriers to full operationalization of the health facilities.	March 2026	CH RH	A rapid assessment found that about 82% of HC IVs offer both caesarean sections and blood transfusion. Barriers include unequipped theatres (Wera, Bulucheke and Kachumbala), shortages of anaesthesia staff, gaps in blood accreditation and stock, and poor blood storage and power supply. Karita, Busanza and Maracha HC IVs have been supported to operationalize services.
	Jointly develop and track performance improvement plans for each of these health facilities.	May 2026	CHS CS	Sub-optimally functioning HC IVs have been line-listed, and MoH is working with LGs to fast-track their functionality. Those currently being fast-tracked are Mpungu, Bisozi, Kisita, Bondo, Kalapata, Nimalu, Iriri, Kachere, Bufundi, Toroma, Bufunjo, Kira, Kakira and Kakoma HC IVs, and Mbarara City Community Hospital.
24. Suboptimal functionality of HCIIIs especially the recently upgraded.	Strengthen Integrated support supervision to the lower-level health facilities.	Continuous	CHS SCAPP	The Ministry of Health has strengthened supportive supervision and quality improvement across regions and districts through biweekly virtual learning sessions that utilise DHIS2 data to identify and address performance gaps in lower-level health facilities. Monthly regional Integrated Care Systems (ICS) fora

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
				provide a platform for coordinating targeted supervision, tracking implementation of recommendations and providing technical support. In addition, a standardised integrated supervision tool and dashboard have been developed and disseminated to District Health Teams to guide quarterly supervision and strengthen performance monitoring at lower-level health facilities.
25. Huge burden of surgical disease and unmet surgical needs, contributing to most out-of-pocket and catastrophic expenditure. Surgical camps left thousands unserved.	Budget and institutionalize funding for catch up regional surgical camps annually	June 2026	CHS PFP	A dedicated budget line for surgical camps has been discussed with F&A. The camps will address unmet surgical and medical care needs, advancing community surgical care as a health promotion and disease prevention intervention, and provide peer learning and mentorship for health care providers at lower-level facilities.
26. Sub optimal quality of surgical services in GH, RRH, and National Referral Hospitals	Conduct Clinical support and mentorships of health care workers at GH, RRH, and National Referral Hospitals; a) Identify regional technical experts/ Trainers in Surgical, Obstetric, nursing and Anesthetic care.	December 2026	CHS CS	A national surgical care community of practice has been rolled out in all RRHs using a hub-and-spoke approach. Regional technical experts and mentors, including anesthesiologists, nurses, midwives and surgeons, have been identified to support it. Comprehensive indicators for monitoring the quality of surgical care are still under development, but a dashboard tracking acute care outcomes has been developed.

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
	b) Roll out clinical support and mentorships program for health workers at targeted health facilities c) Monitor and track indicators for quality surgical care provided at these facilities.			
27. Neonatal deaths remain a leading cause of mortality.	Establish, equip and operationalize neonatal care units at all CEmONC. (Targeting GH and HC IV including PNFPS) a. Map GH & HCIVs without neonatal care units. b. Phased establishment and equipment of the neonatal care units, prioritizing high burdened areas	June 2027	CHS RH	A FY 2025/26 assessment of 279 public facilities (HC IV and above) found that 63.8% have a neonatal care unit (NCU), 57% of which are functional. Only 21.9% provide Level 2 care, against an EWENE target of 80%, and no RRH offers Level 3 care. Coverage is lowest in Kigezi, Ankole, Bugisu, Bukedi and Teso. This year, 28 NCUs were upgraded (4 RRHs, 4 GHs and 20 HC IVs), raising the number of Level 3 units to five; caffeine citrate and surfactant were extended to lower levels; 380 health workers have been trained; and five neonatologists graduated. Priorities are to standardise NCU equipment by level, design adequate MNCH space and deploy trained staff.
	Conduct training and mentorship of health care workers in newborn care, especially targeting lower-level health facilities		CHS RH	138 nurses and midwives have been trained in the one-month comprehensive in-service newborn care course. Five paediatricians graduated with a Fellowship in Perinatal and Neonatal Medicine.
28. Malaria is the leading cause of	Scale up IRS in all the 66 high burdened LG (Phased)	June 2026	CHS CDP&C	MoH is implementing the Malaria Elimination Strategic Plan, which prioritizes high-burden districts for IRS.

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
mortality and OPD attendance.				Funding has been secured under the USG–MoH MOU and the Global Fund to scale up IRS from the current 20 districts to 48 in 2027, with USG covering 35 districts and the Global Fund 13. Total funding is US$43 million (Global Fund US$7 million; USG US$35.8 million).
	Scale up community case management for malaria among all age groups.	October 2026	CHS CDP&C	The programme plans to scale up community management of malaria from 80 to 108 LGs and progressively include all age groups beyond under-fives. Funding will come from USG and the Global Fund, with US$8.0 million allocated for iCCM/CCM operations under GC8.
Urban pollution and occupational health risks	Develop and implement a joint framework for surveillance and response to urban pollution and occupational health risks in urban areas.	Dec 2026	CHS EHD	The process has commenced. NEMA has just concluded development of air quality standards, which provide a basis for surveillance.

SECTION 7. HEALTH INFORMATION SYSTEMS, DIGITAL HEALTH & RESEARCH

Issue Identified	Recommendation / Action	Timeline	Responsibility	Progress
29. EMR systems not interoperable, precluding effective utilization of the EMR	Re-design, and roll out an interoperable EMR	Dec 2026	CHS HISM&E	No progress yet due to funding challenges. These will be prioritised when funds become available.
30. Weak research-policy translation	Establish MoH learning agenda aligned with NDP IV with annual synthesis cycles	June 2026	CHS HISM&E	No progress yet due to funding challenges. These will be prioritised when funds become available. Addtionally, MoH is undergoing restructuring and a reserach unit is planned.

ANNEX 1: NATIONAL LEAGUE TABLE FY 2025/26

DISTRICT	Total Population (UBOS Dec 2024)	FY 2025/26																														FY 24/25
		Coverage (40%)																Quality (30%)								Community		Mang		Summ		
		Under 1Hepatitis B vaccination (%)		DPT 3		TB treatment coverage (%)		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		% HIV+ Pregnant women initiated on ART		ART Retention rate at 12 months (%)		Average health facility client Satisfaction index		MR1 Coverage (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Average community outreaches conducted (%)		DLG management Composite scores (%)		Total Score	National Ranking	Ranking
			Score	%	Score	Ratio	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%		
Kabale	293,560	98.0	4.9	100.0	5.0	87.2	4.4	76.1	3.8	72.3	3.6	93.4	4.7	100.0	5.0	94.3	4.7	86.1	4.3	82.6	8.3	100.0	5.0	100.0	5.0	89.5	4.5	100.0	2.5	92.4	2.3	93.8	23.5	91.4	1	21
Bushenyi	291,900	80.4	4.0	100.0	5.0	99.1	5.0	90.8	4.5	88.6	4.4	117.2	5.0	100.0	5.0	99.0	5.0	93.9	4.7	89.5	8.9	100.0	5.0	100.0	5.0	71.4	3.6	100.0	2.5	101.3	2.5	84.7	21.2	91.3	2	42
Kiruhura	217,200	95.6	4.8	100.0	5.0	100.0	5.0	100.0	5.0	100.0	5.0	100.0	5.0	100.0	5.0	100.0	5.0	71.3	3.6	94.8	9.5	100.0	5.0	100.0	5.0	100.0	5.0	100.0	2.5	97.8	2.4	70.2	17.5	90.3	3	1
Bundibugyo	280,650	100.0	5.0	100.0	5.0	100.0	5.0	83.6	4.2	81.7	4.1	96.6	4.8	71.6	3.6	94.6	4.7	88.9	4.4	74.8	7.5	100.0	5.0	100.0	5.0	98.5	4.9	90.2	2.3	68.1	1.7	88.3	22.1	89.3	4	2
Rubanda	253,540	95.1	4.8	98.1	4.9	72.0	3.6	72.5	3.6	66.5	3.3	72.4	3.6	100.0	5.0	100.0	5.0	98.9	4.9	83.8	8.4	94.0	4.7	100.0	5.0	92.7	4.6	94.2	2.4	94.0	2.3	90.8	22.7	88.9	5	12
Oyam	499,840	89.4	4.5	99.9	5.0	95.7	4.8	86.9	4.3	76.4	3.8	77.4	3.9	69.0	3.5	94.8	4.7	91.8	4.6	81.0	8.1	89.2	4.5	90.0	4.5	95.2	4.8	100.0	2.5	59.5	1.5	90.5	22.6	87.5	6	17
Bunyangabu	232,560	87.7	4.4	100.0	5.0	95.7	4.8	76.7	3.8	64.1	3.2	100.0	5.0	79.3	4.0	100.0	5.0	75.2	3.8	80.8	8.1	100.0	5.0	100.0	5.0	83.7	4.2	66.1	1.7	69.4	1.7	88.7	22.2	86.7	7	7
Amolatar	196,630	58.0	2.9	100.0	5.0	100.0	5.0	87.6	4.4	81.0	4.1	85.7	4.3	77.0	3.8	94.8	4.7	88.3	4.4	84.1	8.4	100.0	5.0	100.0	5.0	81.5	4.1	100.0	2.5	77.3	1.9	84.4	21.1	86.7	7	5
Sheema	257,930	84.3	4.2	89.6	4.5	92.5	4.6	63.0	3.1	55.0	2.8	93.7	4.7	100.0	5.0	98.4	4.9	81.7	4.1	73.1	7.3	80.7	4.0	100.0	5.0	64.2	3.2	99.2	2.5	144.0	3.6	91.7	22.9	86.5	9	106
Nabilatuk	142,620	92.6	4.6	90.2	4.5	95.9	4.8	73.9	3.7	78.3	3.9	54.2	2.7	100.0	5.0	100.0	5.0	100.0	5.0	69.7	7.0	90.6	4.5	100.0	5.0	68.8	3.4	100.0	2.5	70.4	1.8	91.8	22.9	86.4	10	55
Mbale	301,270	100.0	5.0	100.0	5.0	85.3	4.3	86.0	4.3	77.7	3.9	81.2	4.1	57.0	2.9	98.2	4.9	78.9	3.9	66.1	6.6	100.0	5.0	100.0	5.0	91.5	4.6	89.4	2.2	58.3	1.5	92.5	23.1	86.2	11	3
Amuria	259,960	98.4	4.9	95.9	4.8	76.6	3.8	84.4	4.2	82.3	4.1	82.9	4.1	87.1	4.4	87.8	4.4	100.0	5.0	68.4	6.8	100.0	5.0	85.7	4.3	110.4	5.0	100.0	2.5	58.7	1.5	85.3	21.3	86.2	11	44
Mbarara City	290,340	76.3	3.8	100.0	5.0	100.0	5.0	80.5	4.0	74.7	3.7	100.0	5.0	77.2	3.9	105.6	5.0	71.8	3.6	67.9	6.8	96.3	4.8	80.0	4.0	57.7	2.9	96.7	2.4	101.5	2.5	93.0	23.2	85.7	13	61
Rubirizi	172,270	100.0	5.0	100.0	5.0	97.8	4.9	81.7	4.1	81.2	4.1	78.0	3.9	71.4	3.6	93.5	4.7	98.0	4.9	82.5	8.3	100.0	5.0	100.0	5.0	89.2	4.5	100.0	2.5	93.0	2.3	70.7	17.7	85.3	14	36
Nebbi	315,940	77.8	3.9	98.6	4.9	100.0	5.0	79.0	3.9	90.8	4.5	100.0	5.0	56.4	2.8	96.0	4.8	81.1	4.1	66.0	6.6	88.0	4.4	100.0	5.0	93.6	4.7	100.0	2.5	91.8	2.3	81.7	20.4	84.9	15	27
Lira City	260,360	93.5	4.7	100.0	5.0	78.2	3.9	88.5	4.4	82.1	4.1	100.0	5.0	95.2	4.8	75.0	3.8	83.6	4.2	74.5	7.5	100.0	5.0	100.0	5.0	61.9	3.1	100.0	2.5	76.5	1.9	79.1	19.8	84.5	16	4
Kibuku	263,490	95.1	4.8	100.0	5.0	64.9	3.2	69.6	3.5	60.3	3.0	93.6	4.7	100.0	5.0	100.0	5.0	53.4	2.7	77.3	7.7	100.0	5.0	100.0	5.0	86.4	4.3	100.0	2.5	61.9	1.5	85.4	21.3	84.3	17	43
Apac	234,560	100.0	5.0	100.0	5.0	69.5	3.5	85.8	4.3	75.1	3.8	71.5	3.6	64.5	3.2	92.5	4.6	82.6	4.1	88.2	8.8	93.4	4.7	66.7	3.3	48.4	2.4	98.7	2.5	98.5	2.5	91.8	23.0	84.2	18	38
Masaka	122,420	100.0	5.0	100.0	5.0	84.1	4.2	93.4	4.7	91.8	4.6	59.0	2.9	100.0	5.0	69.0	3.4	65.8	3.3	59.3	5.9	100.0	5.0	100.0	5.0	100.0	5.0	100.0	2.5	100.8	2.5	80.3	20.1	84.2	18	20
Manafwa	193,360	89.3	4.5	100.0	5.0	77.0	3.8	77.9	3.9	72.0	3.6	86.2	4.3	82.6	4.1	73.2	3.7	72.5	3.6	63.6	6.4	100.0	5.0	100.0	5.0	96.0	4.8	97.9	2.4	60.4	1.5	88.9	22.2	83.9	20	22
Kumi	301,660	100.0	5.0	100.0	5.0	100.0	5.0	66.3	3.3	57.1	2.9	71.0	3.5	62.2	3.1	100.0	5.0	86.8	4.3	60.9	6.1	89.9	4.5	80.0	4.0	64.3	3.2	100.0	2.5	95.6	2.4	95.4	23.9	83.7	21	52
Buhweju	175,590	69.4	3.5	100.0	5.0	67.5	3.4	62.2	3.1	55.6	2.8	67.9	3.4	76.0	3.8	98.4	4.9	76.2	3.8	84.2	8.4	100.0	5.0	100.0	5.0	81.0	4.0	100.0	2.5	100.0	2.5	89.9	22.5	83.6	22	49
Rukungiri	388,800	93.7	4.7	90.8	4.5	82.6	4.1	61.1	3.1	62.4	3.1	75.6	3.8	64.9	3.2	100.0	5.0	88.3	4.4	81.5	8.1	84.0	4.2	100.0	5.0	103.2	5.0	82.8	2.1	94.6	2.4	82.8	20.7	83.5	23	33
Bududa	272,800	100.0	5.0	100.0	5.0	78.3	3.9	98.2	4.9	100.0	5.0	100.0	5.0	100.0	5.0	97.3	4.9	79.1	4.0	84.0	8.4	100.0	5.0	100.0	5.0	20.2	1.0	90.8	2.3	90.4	2.3	67.0	16.8	83.3	24	6
Mitooma	228,570	100.0	5.0	100.0	5.0	74.7	3.7	82.0	4.1	75.5	3.8	80.3	4.0	100.0	5.0	102.3	5.0	73.8	3.7	69.1	6.9	100.0	5.0	100.0	5.0	90.9	4.5	90.3	2.3	98.2	2.5	71.0	17.8	83.2	25	16
Ibanda	322,780	87.5	4.4	97.3	4.9	94.6	4.7	81.4	4.1	74.3	3.7	81.4	4.1	78.7	3.9	100.0	5.0	74.3	3.7	72.8	7.3	87.0	4.3	100.0	5.0	92.4	4.6	100.0	2.5	86.8	2.2	74.9	18.7	83.1	26	10
Abim	149,470	92.4	4.6	100.0	5.0	97.2	4.9	68.2	3.4	76.8	3.8	97.9	4.9	100.0	5.0	89.5	4.5	73.2	3.7	63.4	6.3	100.0	5.0	100.0	5.0	100.0	5.0	98.8	2.5	89.2	2.2	69.2	17.3	83.1	26	11
Mbarara	177,070	86.8	4.3	100.0	5.0	78.0	3.9	52.3	2.6	43.5	2.2	51.2	2.6	71.3	3.6	98.7	4.9	72.1	3.6	75.8	7.6	91.5	4.6	100.0	5.0	107.1	5.0	68.8	1.7	98.3	2.5	94.7	23.7	82.7	28	130
Kazo	215,880	81.7	4.1	100.0	5.0	67.3	3.4	87.7	4.4	81.3	4.1	73.1	3.7	62.1	3.1	100.0	5.0	67.5	3.4	59.9	6.0	100.0	5.0	100.0	5.0	87.5	4.4	97.5	2.4	97.5	2.4	85.5	21.4	82.7	28	13
Dokolo	222,040	89.8	4.5	100.0	5.0	84.6	4.2	78.7	3.9	72.1	3.6	75.3	3.8	52.2	2.6	88.5	4.4	82.9	4.1	75.6	7.6	95.3	4.8	100.0	5.0	75.4	3.8	100.0	2.5	67.1	1.7	84.1	21.0	82.5	30	29
Kiboga	191,540	65.6	3.3	100.0	5.0	91.3	4.6	70.4	3.5	63.2	3.2	100.0	5.0	100.0	5.0	95.0	4.8	71.5	3.6	58.8	5.9	98.3	4.9	100.0	5.0	92.3	4.6	100.0	2.5	97.0	2.4	74.4	18.6	81.8	31	31
Lyantonde	138,870	94.1	4.7	100.0	5.0	100.0	5.0	67.2	3.4	74.5	3.7	92.3	4.6	59.7	3.0	100.0	5.0	86.9	4.3	72.6	7.3	100.0	5.0	100.0	5.0	80.7	4.0	100.0	2.5	65.6	1.6	70.1	17.5	81.7	32	71
Isingiro	666,180	79.1	4.0	97.9	4.9	78.4	3.9	54.1	2.7	49.7	2.5	68.6	3.4	100.0	5.0	100.0	5.0	73.1	3.7	78.4	7.8	92.7	4.6	100.0	5.0	97.3	4.9	100.0	2.5	79.5	2.0	79.3	19.8	81.7	32	15
Kibaale	246,670	74.4	3.7	100.0	5.0	87.8	4.4	82.8	4.1	55.8	2.8	66.7	3.3	72.4	3.6	96.2	4.8	79.4	4.0	75.8	7.6	100.0	5.0	100.0	5.0	66.0	3.3	99.1	2.5	95.8	2.4	80.4	20.1	81.6	34	93
Rwampara	168,200	67.8	3.4	100.0	5.0	87.3	4.4	63.3	3.2	51.8	2.6	55.8	2.8	82.1	4.1	100.0	5.0	66.4	3.3	75.3	7.5	100.0	5.0	100.0	5.0	37.5	1.9	97.7	2.4	100.0	2.5	92.9	23.2	81.3	35	113
Kabarole	235,770	98.3	4.9	85.8	4.3	100.0	5.0	51.3	2.6	54.2	2.7	62.5	3.1	77.5	3.9	99.1	5.0	71.3	3.6	85.4	8.5	74.9	3.7	100.0	5.0	75.0	3.8	100.0	2.5	96.7	2.4	80.0	20.0	81.0	36	102
Gulu City	247,560	78.3	3.9	94.2	4.7	100.0	5.0	79.5	4.0	73.5	3.7	100.0	5.0	74.0	3.7	73.0	3.7	55.5	2.8	66.4	6.6	90.8	4.5	89.2	4.5	72.5	3.6	100.0	2.5	77.9	1.9	80.9	20.2	80.3	37	14
Fort Portal City	144,120	100.0	5.0	100.0	5.0	99.1	5.0	80.8	4.0	75.0	3.8	100.0	5.0	100.0	5.0	94.4	4.7	77.3	3.9	66.2	6.6	100.0	5.0	100.0	5.0	47.0	2.3	14.1	0.4	97.8	2.4	68.9	17.2	80.3	37	33
Kole	307,030	93.9	4.7	100.0	5.0	84.7	4.2	64.7	3.2	56.6	2.8	67.2	3.4	56.2	2.8	95.5	4.8	94.8	4.7	81.0	8.1	100.0	5.0	100.0	5.0	25.6	1.3	100.0	2.5	83.2	2.1	82.4	20.6	80.2	39	89
Kitgum	242,410	93.3	4.7	93.4	4.7	100.0	5.0	66.4	3.3	57.0	2.8	77.9	3.9	41.8	2.1	71.9	3.6	67.5	3.4	68.4	6.8	79.2	4.0	100.0	5.0	79.9	4.0	97.4	2.4	75.0	1.9	90.4	22.6	80.2	39	82
Mbale City	313,060	63.5	3.2	100.0	5.0	94.0	4.7	83.9	4.2	74.7	3.7	100.0	5.0	61.9	3.1	94.4	4.7	72.1	3.6	78.1	7.8	93.6	4.7	93.5	4.7	61.9	3.1	20.3	0.5	81.5	2.0	80.2	20.1	80.1	41	25
Pakwach	221,460	100.0	5.0	100.0	5.0	92.3	4.6	98.1	4.9	63.7	3.2	79.2	4.0	83.7	4.2	100.0	5.0	89.6	4.5	0.0	0.0	93.9	4.7	100.0	5.0	93.5	4.7	100.0	2.5	87.6	2.2	81.9	20.5	79.9	42	18
Kwania	220,510	100.0	5.0	100.0	5.0	85.0	4.3	77.8	3.9	73.4	3.7	82.7	4.1	100.0	5.0	100.0	5.0	85.1	4.3	73.7	7.4	100.0	5.0	100.0	5.0	52.1	2.6	92.1	2.3	91.0	2.3	60.1	15.0	79.8	43	9
Kanungu	323,270	75.0	3.7	95.7	4.8	86.2	4.3	57.1	2.9	56.4	2.8	64.6	3.2	71.5	3.6	100.0	5.0	84.3	4.2	75.2	7.5	85.3	4.3	100.0	5.0	84.3	4.2	93.1	2.3	91.3	2.3	77.9	19.5	79.6	44	56

Lira	256,460	100.0	5.0	100.0	5.0	81.6	4.1	56.0	2.8	47.8	2.	55.8	2.8	93.6	4.7	72.2	3.6	87.7	4.4	79.0	7.9	100.0	5.0	100.0	5.0	70.6	3.5	100.0	2.5	79.4	2.0	75.0	18.7	79.4	45	53
Nwoya	242,910	100.0	5.0	95.5	4.8	100.0	5.0	68.9	3.4	66.0	3.3	58.2	2.9	43.2	2.2	94.4	4.7	73.7	3.7	73.9	7.4	100.0	5.0	100.0	5.0	102.7	5.0	100.0	2.5	80.4	2.0	69.8	17.5	79.4	45	63
Jinja City	302,140	62.0	3.1	100.0	5.0	82.1	4.1	89.1	4.5	77.0	3.9	100.0	5.0	61.4	3.1	100.0	5.0	82.0	4.1	55.2	5.5	100.0	5.0	61.9	3.1	47.3	2.4	94.7	2.4	64.1	1.6	86.4	21.6	79.2	47	8
Butambala	149,210	98.0	4.9	100.0	5.0	91.9	4.6	57.3	2.9	41.0	2.1	100.0	5.0	78.0	3.9	100.0	5.0	81.3	4.1	79.9	8.0	81.7	4.1	100.0	5.0	5.7	0.3	79.2	2.0	87.5	2.2	81.3	20.3	79.2	47	136
Pallisa	346,170	100.0	5.0	100.0	5.0	64.2	3.2	74.8	3.7	65.0	3.3	96.9	4.8	52.2	2.6	98.1	4.9	62.3	3.1	60.4	6.0	100.0	5.0	100.0	5.0	70.4	3.5	99.1	2.5	70.3	1.8	78.8	19.7	79.2	47	32
Ntungamo	572,060	61.2	3.1	76.9	3.8	93.6	4.7	54.1	2.7	43.7	2.2	72.0	3.6	60.3	3.0	96.5	4.8	77.6	3.9	86.5	8.7	72.3	3.6	71.4	3.6	56.5	2.8	100.0	2.5	98.0	2.5	94.8	23.7	79.1	50	101
Nakapiripirit	116,490	79.7	4.0	100.0	5.0	100.0	5.0	67.6	3.4	68.2	3.4	87.1	4.4	72.8	3.6	100.0	5.0	72.4	3.6	62.7	6.3	100.0	5.0	100.0	5.0	86.1	4.3	97.7	2.4	104.3	2.6	64.1	16.0	79.0	51	58
Arua City	412,360	100.0	5.0	92.0	4.6	96.0	4.8	58.2	2.9	53.0	2.6	88.0	4.4	56.8	2.8	77.9	3.9	83.5	4.2	72.1	7.2	78.5	3.9	100.0	5.0	32.0	1.6	100.0	2.5	93.5	2.3	84.6	21.1	79.0	51	41
Madi-Okollo	182,930	95.1	4.8	85.5	4.3	72.8	3.6	70.6	3.5	63.3	3.2	70.2	3.5	27.6	1.4	84.8	4.2	82.4	4.1	53.7	5.4	63.5	3.2	100.0	5.0	93.5	4.7	100.0	2.5	52.7	1.3	96.9	24.2	78.9	53	45
Adjumani	315,060	96.4	4.8	100.0	5.0	91.1	4.6	65.0	3.2	67.4	3.4	92.5	4.6	100.0	5.0	85.7	4.3	63.1	3.2	73.6	7.4	96.0	4.8	80.0	4.0	74.8	3.7	100.0	2.5	34.6	0.9	69.7	17.4	78.8	54	28
Sironko	309,630	73.3	3.7	100.0	5.0	100.0	5.0	62.2	3.1	66.3	3.3	81.6	4.1	68.9	3.4	95.3	4.8	66.2	3.3	70.5	7.0	96.3	4.8	100.0	5.0	87.8	4.4	84.3	2.1	32.3	0.8	75.5	18.9	78.7	55	35
Rukiga	138,480	100.0	5.0	78.8	3.9	63.1	3.2	49.9	2.5	41.6	2.1	44.0	2.2	94.3	4.7	95.3	4.8	87.6	4.4	84.7	8.5	75.7	3.8	0.0	0.0	103.4	5.0	99.2	2.5	104.2	2.6	94.6	23.6	78.7	55	64
Bukwo	118,430	91.3	4.6	100.0	5.0	100.0	5.0	65.3	3.3	51.9	2.6	93.6	4.7	100.0	5.0	95.2	4.8	64.9	3.2	52.3	5.2	100.0	5.0	100.0	5.0	54.5	2.7	97.6	2.4	57.1	1.4	74.3	18.6	78.5	57	19
Mukono	994,510	78.2	3.9	92.0	4.6	99.0	4.9	50.7	2.5	44.9	2.2	58.4	2.9	58.7	2.9	93.5	4.7	83.9	4.2	51.8	5.2	82.3	4.1	100.0	5.0	94.7	4.7	100.0	2.5	79.6	2.0	87.8	22.0	78.4	58	108
Buyende	424,400	100.0	5.0	100.0	5.0	69.5	3.5	72.2	3.6	78.3	3.9	77.2	3.9	97.1	4.9	87.3	4.4	81.5	4.1	60.8	6.1	100.0	5.0	100.0	5.0	42.4	2.1	100.0	2.5	93.6	2.3	68.3	17.1	78.3	59	67
Otuke	169,690	100.0	5.0	89.5	4.5	75.3	3.8	69.7	3.5	67.9	3.4	53.9	2.7	69.6	3.5	52.3	2.6	89.2	4.5	76.0	7.6	78.4	3.9	100.0	5.0	94.7	4.7	100.0	2.5	63.2	1.6	77.8	19.4	78.1	60	24
Ngora	216,330	101.9	5.0	100.0	5.0	83.2	4.2	58.9	2.9	47.2	2.4	75.3	3.8	40.9	2.0	95.5	4.8	100.0	5.0	50.3	5.0	100.0	5.0	100.0	5.0	25.0	1.3	71.7	1.8	93.6	2.3	90.5	22.6	78.1	60	141
Rakai	351,560	65.7	3.3	93.8	4.7	94.7	4.7	50.6	2.5	40.3	2.0	55.0	2.7	78.0	3.9	93.4	4.7	75.3	3.8	76.0	7.6	76.1	3.8	100.0	5.0	44.3	2.2	98.2	2.5	96.1	2.4	88.6	22.1	78.0	62	133
Agago	314,700	100.0	5.0	85.0	4.3	100.0	5.0	53.2	2.7	54.7	2.7	62.9	3.1	83.9	4.2	76.1	3.8	71.2	3.6	54.9	5.5	93.1	4.7	100.0	5.0	93.5	4.7	99.4	2.5	62.6	1.6	78.9	19.7	77.9	63	23
Lamwo	227,180	100.0	5.0	86.9	4.3	100.0	5.0	58.8	2.9	59.6	3.0	59.1	3.0	87.0	4.4	62.6	3.1	66.2	3.3	67.8	6.8	78.6	3.9	100.0	5.0	81.6	4.1	81.3	2.0	88.4	2.2	79.6	19.9	77.9	63	90
Amuru	261,130	97.6	4.9	100.0	5.0	78.4	3.9	63.4	3.2	57.4	2.9	58.1	2.9	28.3	1.4	72.5	3.6	86.9	4.3	69.4	6.9	100.0	5.0	66.7	3.3	83.9	4.2	97.7	2.4	105.5	2.6	85.1	21.3	77.9	63	60
Kamwenge	357,840	95.9	4.8	92.6	4.6	93.0	4.6	67.5	3.4	67.6	3.4	83.4	4.2	55.4	2.8	98.2	4.9	63.8	3.2	96.8	9.7	93.9	4.7	75.0	3.8	58.4	2.9	3.2	0.1	103.7	2.6	73.0	18.3	77.8	66	39
Kamuli	561,330	78.5	3.9	100.0	5.0	82.0	4.1	60.4	3.0	57.2	2.9	78.1	3.9	63.8	3.2	91.1	4.6	70.4	3.5	55.2	5.5	100.0	5.0	94.7	4.7	85.7	4.3	97.9	2.4	87.4	2.2	78.1	19.5	77.8	66	62
Budaka	290,640	83.7	4.2	100.0	5.0	76.6	3.8	71.6	3.6	55.8	2.8	98.1	4.9	47.3	2.4	95.7	4.8	86.5	4.3	56.6	5.7	88.1	4.4	100.0	5.0	31.3	1.6	100.0	2.5	69.2	1.7	83.4	20.9	77.5	68	91
Bulambuli	246,330	71.0	3.5	100.0	5.0	95.0	4.8	55.2	2.8	58.4	2.9	89.4	4.5	71.7	3.6	97.6	4.9	85.1	4.3	53.7	5.4	100.0	5.0	50.0	2.5	53.8	2.7	64.0	1.6	79.8	2.0	88.6	22.1	77.5	68	92
Tororo	637,620	91.7	4.6	97.9	4.9	74.5	3.7	73.0	3.6	62.8	3.1	83.6	4.2	66.5	3.3	83.5	4.2	78.6	3.9	61.5	6.2	94.3	4.7	85.7	4.3	95.5	4.8	87.6	2.2	127.1	3.2	65.8	16.5	77.4	70	51
Luwero	655,010	86.8	4.3	100.0	5.0	89.2	4.5	70.4	3.5	61.0	3.0	84.5	4.2	67.1	3.4	79.5	4.0	86.6	4.3	56.5	5.6	89.3	4.5	80.0	4.0	75.6	3.8	100.0	2.5	95.5	2.4	72.8	18.2	77.2	71	30
Mityana	432,260	94.8	4.7	81.2	4.1	97.4	4.9	59.2	3.0	48.5	2.4	66.1	3.3	57.9	2.9	96.8	4.8	76.9	3.8	76.4	7.6	83.1	4.2	100.0	5.0	54.9	2.7	75.5	1.9	74.2	1.9	80.0	20.0	77.2	71	97
Moyo	111,020	97.4	4.9	73.0	3.7	100.0	5.0	48.4	2.4	46.1	2.3	62.3	3.1	64.3	3.2	95.2	4.8	75.0	3.8	67.4	6.7	67.7	3.4	100.0	5.0	68.3	3.4	100.0	2.5	83.3	2.1	83.7	20.9	77.1	73	94
Kikuube	410,900	76.7	3.8	97.0	4.9	68.0	3.4	71.3	3.6	61.9	3.1	79.6	4.0	71.8	3.6	71.5	3.6	73.0	3.7	75.1	7.5	100.0	5.0	100.0	5.0	68.6	3.4	79.2	2.0	94.9	2.4	72.9	18.2	77.1	73	57
Mubende	551,320	91.3	4.6	100.0	5.0	92.8	4.6	61.6	3.1	53.5	2.7	64.2	3.2	83.3	4.2	100.0	5.0	84.5	4.2	41.2	4.1	100.0	5.0	94.1	4.7	2.9	0.1	48.9	1.2	90.6	2.3	92.1	23.0	77.1	73	99
Lwengo	346,400	61.7	3.1	79.1	4.0	76.8	3.8	56.0	2.8	52.6	2.6	60.6	3.0	94.6	4.7	100.6	5.0	83.4	4.2	69.6	7.0	69.4	3.5	100.0	5.0	42.5	2.1	98.5	2.5	94.2	2.4	85.8	21.4	77.1	73	122
Kayunga	461,700	81.7	4.1	82.5	4.1	96.1	4.8	60.2	3.0	55.3	2.8	72.4	3.6	32.0	1.6	87.6	4.4	73.5	3.7	56.1	5.6	66.0	3.3	76.5	3.8	59.4	3.0	94.4	2.4	125.0	3.1	95.2	23.8	77.1	73	118
Iganga	441,990	75.4	3.8	100.0	5.0	71.5	3.6	77.7	3.9	64.7	3.2	100.0	5.0	65.2	3.3	98.1	4.9	71.7	3.6	65.2	6.5	100.0	5.0	100.0	5.0	61.1	3.1	99.3	2.5	79.7	2.0	67.0	16.8	77.0	78	79
Moroto	108,040	92.9	4.6	100.0	5.0	90.3	4.5	60.1	3.0	54.8	2.7	66.8	3.3	77.9	3.9	100.0	5.0	60.0	3.0	69.6	7.0	96.6	4.8	100.0	5.0	77.0	3.8	91.7	2.3	79.7	2.0	66.9	16.7	76.8	79	100
Busia	434,380	61.3	3.1	96.7	4.8	84.0	4.2	67.0	3.4	60.1	3.0	88.0	4.4	43.3	2.2	90.3	4.5	77.8	3.9	66.3	6.6	92.6	4.6	100.0	5.0	36.4	1.8	99.2	2.5	92.2	2.3	81.7	20.4	76.7	80	68
Mpigi	346,390	78.4	3.9	92.3	4.6	79.6	4.0	65.8	3.3	57.0	2.9	72.9	3.6	56.5	2.8	97.7	4.9	75.0	3.7	50.9	5.1	88.3	4.4	100.0	5.0	95.0	4.8	91.1	2.3	81.6	2.0	76.2	19.1	76.4	81	84
Kampala	1,831,160	77.0	3.8	100.0	5.0	97.2	4.9	60.5	3.0	75.7	3.8	97.9	4.9	59.9	3.0	56.0	2.8	76.1	3.8	60.5	6.1	100.0	5.0	98.1	4.9	43.6	2.2	4.7	0.1	64.8	1.6	85.6	21.4	76.3	82	110
Napak	214,120	95.2	4.8	88.2	4.4	100.0	5.0	66.0	3.3	59.8	3.0	62.4	3.1	73.2	3.7	17.3	0.9	33.8	1.7	78.9	7.9	100.0	5.0	100.0	5.0	95.5	4.8	98.5	2.5	90.0	2.3	76.4	19.1	76.3	82	37
Kitagwenda	189,240	78.1	3.9	100.0	5.0	88.1	4.4	77.4	3.9	64.5	3.2	82.9	4.1	55.1	2.8	92.9	4.6	77.4	3.9	78.5	7.9	97.3	4.9	50.0	2.5	38.5	1.9	100.0	2.5	111.1	2.8	71.9	18.0	76.2	84	74
Kagadi	499,270	65.3	3.3	100.0	5.0	85.0	4.3	63.4	3.2	53.7	2.7	69.0	3.5	56.3	2.8	93.9	4.7	84.8	4.2	77.7	7.8	93.9	4.7	100.0	5.0	56.5	2.8	60.6	1.5	96.1	2.4	72.9	18.2	76.0	85	82
Kaberamaido	144,790	92.2	4.6	97.0	4.9	100.0	5.0	58.5	2.9	60.3	3.0	72.5	3.6	59.0	2.9	71.1	3.6	81.7	4.1	42.1	4.2	84.2	4.2	100.0	5.0	60.6	3.0	100.0	2.5	81.9	2.0	81.5	20.4	76.0	85	46
Obongi	146,600	100.0	5.0	70.3	3.5	78.5	3.9	48.8	2.4	47.0	2.3	55.8	2.8	100.0	5.0	100.0	5.0	64.4	3.2	77.5	7.8	72.5	3.6	100.0	5.0	64.3	3.2	96.3	2.4	85.8	2.1	73.5	18.4	75.8	87	66
Pader	248,910	100.0	5.0	85.2	4.3	100.0	5.0	60.3	3.0	49.7	2.5	51.5	2.6	62.2	3.1	86.1	4.3	66.6	3.3	59.2	5.9	80.5	4.0	100.0	5.0	71.8	3.6	87.5	2.2	61.1	1.5	80.7	20.2	75.5	88	69
Koboko	284,930	100.0	5.0	100.0	5.0	76.1	3.8	71.8	3.6	66.0	3.3	74.0	3.7	93.1	4.7	86.7	4.3	79.3	4.0	29.1	2.9	98.3	4.9	100.0	5.0	68.6	3.4	100.0	2.5	87.6	2.2	68.3	17.1	75.4	89	26
Mayuge	613,890	70.9	3.5	100.0	5.0	93.7	4.7	62.4	3.1	49.8	2.5	65.8	3.3	43.5	2.2	90.0	4.5	78.4	3.9	63.5	6.3	91.9	4.6	100.0	5.0	61.3	3.1	100.0	2.5	72.5	1.8	76.6	19.1	75.2	90	107
Zombo	334,030	98.0	4.9	82.1	4.1	80.8	4.0	68.6	3.4	57.8	2.9	59.1	3.0	46.6	2.3	90.8	4.5	88.2	4.4	51.5	5.1	80.7	4.0	100.0	5.0	75.9	3.8	98.7	2.5	96.8	2.4	74.7	18.7	75.1	91	76
Bugiri	512,300	91.4	4.6	100.0	5.0	78.9	3.9	63.3	3.2	51.8	2.6	77.3	3.9	70.5	3.5	96.2	4.8	84.8	4.2	75.0	7.5	97.2	4.9	100.0	5.0	60.2	3.0	96.7	2.4	90.5	2.3	57.4	14.4	75.1	91	34
Nakaseke	264,650	100.0	5.0	100.0	5.0	100.0	5.0	59.8	3.0	52.6	2.6	80.8	4.0	70.9	3.5	100.0	5.0	68.7	3.4	67.5	6.7	100.0	5.0	100.0	5.0	60.1	3.0	19.2	0.5	87.5	2.2	64.1	16.0	75.1	91	75
Kakumiro	455,790	79.1	4.0	100.0	5.0	94.2	4.7	64.7	3.2	54.4	2.7	86.8	4.3	58.7	2.9	100.5	5.0	79.2	4.0	50.1	5.0	100.0	5.0	100.0	5.0	52.9	2.6	88.8	2.2	77.5	1.9	69.1	17.3	74.9	94	40
Jinja	293,500	88.0	4.4	83.7	4.2	71.7	3.6	50.2	2.5	45.9	2.3	54.2	2.7	70.2	3.5	95.2	4.8	78.4	3.9	71.1	7.1	64.9	3.2	100.0	5.0	76.0	3.8	97.7	2.4	85.9	2.1	76.3	19.1	74.7	95	103
Kotido	232,340	99.0	4.9	96.7	4.8	72.5	3.6	66.7	3.3	71.4	3.6	71.3	3.6	78.1	3.9	100.0	5.0	70.8	3.5	72.4	7.2	100.0	5.0	100.0	5.0	67.3	3.4	97.6	2.4	74.2	1.9	53.0	13.2	74.5	96	86
Katakwi	245,010	91.8	4.6	90.2	4.5	66.1	3.3	64.9	3.2	57.1	2.9	71.5	3.6	53.4	2.7	76.3	3.8	100.0	5.0	63.6	6.4	85.5	4.3	100.0	5.0	35.2	1.8	98.2	2.5	80.1	2.0	75.5	18.9	74.3	97	72
Kyankwanzi	299,940	88.7	4.4	100.0	5.0	97.6	4.9	50.6	2.5	42.4	2.1	48.7	2.4	75.3	3.8	100.0	5.0	81.2	4.1	69.2	6.9	99.4	5.0	100.0	5.0	27.7	1.4	100.0	2.5	84.4	2.1	67.9	17.0	74.1	98	95
Kaliro	294,810	76.4	3.8	100.0	5.0	100.0	5.0	71.7	3.6	61.9	3.1	73.6	3.7	60.6	3.0	77.6	3.9	86.9	4.3	82.5	8.3	98.9	4.9	100.0	5.0	61.4	3.1	100.0	2.5	65.9	1.6	52.0	13.0	73.8	99	85
Bukwe	546,750	91.5	4.6	91.9	4.6	95.7	4.8	59.2	3.0	49.2	2.5	67.0	3.4	52.4	2.6	91.7	4.6	84.3	4.2	63.1	6.3	81.3	4.1	100.0	5.0	57.7	2.9	96.5	2.4	83.2	2.1	67.2	16.8	73.7	100	134
Hoima	264,710	93.6	4.7	84.1	4.2	77.6	3.9	61.7	3.1	52.5	2.6	50.4	2.5	46.0	2.3	42.9	2.1	70.5	3.5	71.3	7.1	71.6	3.6	100.0	5.0	70.0	3.5	77.6	1.9	95.9	2.4	83.0	20.7	73.3	101	143
Namutumba	329,770	78.1	3.9	99.2	5.0	94.5	4.7	53.7	2.7	45.7	2.3	63.6	3.2	40.0	2.0	78.2	3.9	67.4	3.4	54.8	5.5	78.0	3.9	100.0	5.0	56.8	2.8	85.6	2.1	90.8	2.3	81.3	20.3	73.0	102	96
Kween	133,490	85.3	4.3	100.0	5.0	104.9	5.0	55.1	2.8	54.0	2.7	81.9	4.1	85.7	4.3	95.7	4.8	76.9	3.8	62.4	6.2	100.0	5.0	100.0	5.0	38.5	1.9	100.0	2.5	71.9	1.8	55.1	13.8	73.0	102	59
Sembabule	321,870	52.5	2.6	100.0	5.0	76.9	3.8	49.6	2.5	42.3	2.1	52.0	2.6	45.7	2.3	97.5	4.9	77.6	3.9	51.9	5.2	94.8	4.7	100.0	5.0	93.5	4.7	56.4	1.4	120.0	3.0	76.4	19.1	72.8	104	135
Yumbe	966,310	100.0	5.0	100.0	5.0	69.3	3.5	68.3	3.4	57.7	2.9	73.7	3.7	69.0	3.5	65.2	3.3	85.1	4.3	76.8	7.7	91.2	4.6	100.0	5.0	46.5	2.3	98.4	2.5	84.3	2.1	56.4	14.1	72.7	105	70
Buvuma	119,520	95.4	4.8	87.0	4.3	87.4	4.4	40.5	2.0	34.6	1.7	50.6	2.5	81.2	4.1	100.0	5.0	65.2	3.3	63.3	6.3	84.6	4.2	100.0	5.0	80.0	4.0	100.0	2.5	90.2	2.3	64.6	16.2	72.6	106	140
Kassanda	337,270	93.3	4.7	99.1	5.0	89.8	4.5	67.2	3.4	63.7	3.2	79.5	4.0	76.5	3.8	100.0	5.0	77.1	3.9	66.2	6.6	100.0	5.0	100.0	5.0	0.0	0.0	48.5	1.2	83.0	2.1	61.3	15.3	72.5	107	105
Masaka City	315,750	66.8	3.3	86.0	4.3	89.8	4.5	51.3	2.6	51.5	2.6	87.7	4.4	47.2	2.4	95.8	4.8	88.0	4.4	55.7	5.6	74.8	3.7	100.0	5.0	20.5	1.0	99.3	2.5	89.6	2.2	77.1	19.3	72.5	107	125
Kisoro	438,950	82.4	4.1	60.2	3.0	100.0	5.0	39.7	2.0	31.4	1.6	52.5	2.6	44.3	2.2	97.2	4.9	78.1	3.9	71.5	7.1	58.5	2.9	100.0	5.0	55.8	2.8	79.4	2.0	82.1	2.1	85.2	21.3	72.5	107	139
Kyegegwa	523,770	82.9	4.1	100.0	5.0	97.1	4.9	59.9	3.0	53.1	2.7	77.3	3.9	90.0	4.5	100.0	5.0	91.4	4.6	53.6	5.4	98.2	4.9	75.0	3.8	40.7	2.0	20.6	0.5	96.8	2.4	63.6	15.9	72.5	107	83
Kiryandongo	393,650	98.8	4.9	90.3	4.5	82.1	4.1	60.9	3.0	52.3	2.6	69.9	3.5	57.3	2.9	100.8	5.0	67.7	3.4	57.0	5.7	78.3	3.9	100.0	5.0	51.4	2.6	81.0	2.0	94.4	2.4	67.4	16.8	72.4	111	109
Hoima City	153,850	95.0	4.7	94.7	4.7	90.6	4.5	35.2	1.8	30.7	1.5	100.0	5.0	68.5	3.4	99.2	5.0	73.9	3.7	81.0	8.1	95.4	4.8	100.0	5.0	31.7	1.6	32.8	0.8	104.9	2.6	59.6	14.9	72.2	112	111

Alebtong	291,070	100.0	5.0	89.5	4.5	92.5	4.6	61.4	3.1	57.0	2.8	58.3	2.9	64.0	3.2	91.3	4.6	95.3	4.8	76.9	7.7	79.8	4.0	50.0	2.5	78.7	3.9	97.4	2.4	79.3	2.0	55.6	13.9	71.9	113	54
Wakiso	3,697,600	100.0	5.0	82.4	4.1	99.2	5.0	32.5	1.6	30.8	1.5	37.8	1.9	45.5	2.3	86.9	4.3	73.6	3.7	66.5	6.7	81.5	4.1	85.0	4.3	33.2	1.7	84.4	2.1	97.8	2.4	83.6	20.9	71.5	114	123
Kyotera	285,660	48.5	2.4	100.0	5.0	84.7	4.2	59.2	3.0	49.5	2.5	84.9	4.2	42.8	2.1	100.0	5.0	74.4	3.7	70.4	7.0	100.0	5.0	100.0	5.0	72.1	3.6	100.0	2.5	84.4	2.1	56.0	14.0	71.5	114	47
Bugweri	222,040	69.9	3.5	97.5	4.9	79.0	3.9	54.4	2.7	51.3	2.6	62.2	3.1	49.2	2.5	87.9	4.4	82.0	4.1	82.5	8.2	82.0	4.1	75.0	3.8	6.9	0.3	100.0	2.5	84.7	2.1	74.9	18.7	71.4	116	137
Kyenjojo	580,670	69.1	3.5	76.3	3.8	89.9	4.5	48.9	2.4	39.4	2.0	65.7	3.3	62.2	3.1	94.3	4.7	81.7	4.1	68.1	6.8	73.5	3.7	88.9	4.4	39.6	2.0	10.7	0.3	94.0	2.4	82.2	20.5	71.4	116	121
Kaabong	267,680	78.7	3.9	56.3	2.8	86.1	4.3	33.3	1.7	34.5	1.7	44.5	2.2	57.7	2.9	80.0	4.0	75.0	3.8	60.7	6.1	51.5	2.6	100.0	5.0	100.0	5.0	100.0	2.5	76.7	1.9	83.5	20.9	71.2	118	117
Gulu	142,280	100.0	5.0	82.9	4.1	84.9	4.2	52.6	2.6	45.7	2.3	49.3	2.5	36.3	1.8	61.4	3.1	80.4	4.0	48.1	4.8	77.3	3.9	100.0	5.0	82.1	4.1	88.2	2.2	52.4	1.3	79.8	19.9	70.9	119	112
Kasese	894,320	78.9	3.9	90.9	4.5	83.5	4.2	65.3	3.3	61.1	3.1	81.7	4.1	50.5	2.5	69.1	3.5	89.6	4.5	36.4	3.6	79.1	4.0	88.6	4.4	57.2	2.9	98.5	2.5	76.0	1.9	70.6	17.6	70.4	120	80
Buliisa	177,190	98.0	4.9	77.8	3.9	79.9	4.0	49.8	2.5	43.5	2.2	53.2	2.7	36.2	1.8	98.3	4.9	57.0	2.9	56.4	5.6	59.0	2.9	100.0	5.0	84.0	4.2	75.0	1.9	95.2	2.4	74.8	18.7	70.4	120	131
Omoro	225,620	95.8	4.8	85.4	4.3	93.9	4.7	63.4	3.2	56.7	2.8	55.8	2.8	35.1	1.8	41.7	2.1	87.9	4.4	46.0	4.6	84.3	4.2	100.0	5.0	58.2	2.9	76.9	1.9	62.6	1.6	76.7	19.2	70.2	122	50
Kalungu	236,440	68.7	3.4	79.2	4.0	77.1	3.9	52.9	2.6	47.1	2.4	81.5	4.1	42.5	2.1	94.3	4.7	74.6	3.7	71.6	7.2	72.3	3.6	100.0	5.0	85.5	4.3	100.0	2.5	39.0	1.0	62.2	15.6	70.0	123	119
Bukedea	288,120	91.5	4.6	93.6	4.7	77.2	3.9	56.4	2.8	45.8	2.3	68.2	3.4	40.4	2.0	41.1	2.1	81.2	4.1	57.0	5.7	83.8	4.2	100.0	5.0	2.5	0.1	71.4	1.8	79.9	2.0	85.1	21.3	69.9	124	103
Namisindwa	263,160	89.7	4.5	100.0	5.0	100.0	5.0	51.3	2.6	51.4	2.6	94.6	4.7	38.6	1.9	89.7	4.5	71.2	3.6	65.2	6.5	100.0	5.0	100.0	5.0	2.4	0.1	70.5	1.8	79.7	2.0	60.2	15.0	69.8	125	78
Serere	368,960	74.7	3.7	98.5	4.9	67.4	3.4	48.8	2.4	42.4	2.1	69.0	3.5	69.4	3.5	35.5	1.8	100.0	5.0	59.3	5.9	87.3	4.4	66.7	3.3	38.6	1.9	100.0	2.5	70.1	1.8	77.5	19.4	69.5	126	48
Soroti	274,350	98.0	4.9	78.3	3.9	100.0	5.0	52.9	2.6	48.3	2.4	51.4	2.6	65.3	3.3	90.0	4.5	83.6	4.2	46.8	4.7	76.0	3.8	100.0	5.0	0.0	0.0	95.0	2.4	83.0	2.1	72.3	18.1	69.4	127	145
Maracha	240,630	100.0	5.0	88.1	4.4	71.2	3.6	67.3	3.4	58.4	2.9	62.3	3.1	39.2	2.0	82.1	4.1	73.3	3.7	16.1	1.6	78.7	3.9	100.0	5.0	96.9	4.8	100.0	2.5	101.3	2.5	66.7	16.7	69.2	128	88
Kapchorwa	137,920	83.4	4.2	88.5	4.4	96.4	4.8	51.2	2.6	45.5	2.3	90.1	4.5	76.4	3.8	82.9	4.1	73.4	3.7	32.3	3.2	83.0	4.1	100.0	5.0	49.1	2.5	4.3	0.1	71.0	1.8	71.4	17.8	69.0	129	87
Luuka	311,320	99.2	5.0	86.3	4.3	90.0	4.5	45.0	2.2	40.8	2.0	40.7	2.0	67.3	3.4	83.6	4.2	89.4	4.5	83.1	8.3	79.1	4.0	50.0	2.5	31.0	1.6	52.6	1.3	77.8	1.9	66.9	16.7	68.4	130	124
Bukomansimbi	206,760	62.0	3.1	83.2	4.2	89.1	4.5	44.8	2.2	39.2	2.0	56.8	2.8	37.7	1.9	96.4	4.8	76.4	3.8	81.8	8.2	68.1	3.4	100.0	5.0	0.0	0.0	100.0	2.5	100.0	2.5	70.2	17.5	68.4	130	143
Kalaki	154,270	72.4	3.6	73.2	3.7	80.9	4.0	51.3	2.6	45.1	2.3	51.9	2.6	47.3	2.4	32.4	1.6	91.1	4.6	57.8	5.8	64.6	3.2	100.0	5.0	86.8	4.3	100.0	2.5	100.0	2.5	70.2	17.5	68.2	132	132
Namayingo	287,090	96.0	4.8	100.0	5.0	80.5	4.0	73.6	3.7	55.2	2.8	61.5	3.1	68.3	3.4	80.3	4.0	72.1	3.6	59.8	6.0	86.4	4.3	0.0	0.0	31.0	1.5	100.0	2.5	88.2	2.2	68.5	17.1	68.0	133	98
Ntoroko	121,150	100.0	5.0	100.0	5.0	100.0	5.0	56.4	2.8	49.6	2.5	62.4	3.1	72.6	3.6	100.0	5.0	90.5	4.5	59.0	5.9	92.8	4.6	100.0	5.0	83.3	4.2	77.3	1.9	96.0	2.4	29.5	7.4	68.0	133	65
Amudat	215,350	88.7	4.4	80.2	4.0	91.3	4.6	52.4	2.6	38.3	1.9	52.2	2.6	57.1	2.9	75.0	3.8	68.1	3.4	63.9	6.4	83.9	4.2	100.0	5.0	54.7	2.7	96.2	2.4	89.4	2.2	59.2	14.8	67.9	135	114
Kapelebyong	152,940	82.2	4.1	74.2	3.7	37.6	1.9	49.7	2.5	38.2	1.9	55.2	2.8	32.2	1.6	79.2	4.0	100.0	5.0	74.2	7.4	63.2	3.2	0.0	0.0	55.0	2.8	98.2	2.5	51.6	1.3	91.8	23.0	67.5	136	129
Soroti City	143,970	82.1	4.1	81.5	4.1	78.3	3.9	69.5	3.5	63.8	3.2	100.0	5.0	32.8	1.6	76.5	3.8	84.2	4.2	62.7	6.3	72.1	3.6	100.0	5.0	7.3	0.4	57.5	1.4	55.9	1.4	63.6	15.9	67.4	137	126
Arua	168,680	100.0	5.0	74.8	3.7	100.0	5.0	67.6	3.4	53.2	2.7	58.8	2.9	31.7	1.6	96.7	4.8	76.4	3.8	16.7	1.7	54.1	2.7	100.0	5.0	92.5	4.6	100.0	2.5	80.0	2.0	61.3	15.3	66.8	138	146
Masindi	365,100	93.4	4.7	97.3	4.9	70.8	3.5	61.3	3.1	51.7	2.6	65.5	3.3	8.3	0.4	84.1	4.2	84.8	4.2	75.9	7.6	85.9	4.3	25.0	1.3	85.9	4.3	91.9	2.3	89.3	2.2	54.3	13.6	66.4	139	77
Terego	328,940	100.0	5.0	75.0	3.8	57.5	2.9	54.3	2.7	47.7	2.4	57.8	2.9	42.0	2.1	100.0	5.0	64.2	3.2	63.0	6.3	60.6	3.0	66.7	3.3	63.4	3.2	100.0	2.5	89.0	2.2	63.4	15.9	66.3	140	115
Butaleja	321,650	80.2	4.0	93.5	4.7	81.1	4.1	72.0	3.6	57.4	2.9	77.1	3.9	39.2	2.0	68.1	3.4	64.9	3.2	68.0	6.8	97.7	4.9	100.0	5.0	1.4	0.1	93.3	2.3	107.2	2.7	48.3	12.1	65.5	141	116
Kalangala	79,440	90.3	4.5	93.1	4.7	69.8	3.5	44.8	2.2	41.0	2.0	39.6	2.0	34.9	1.7	96.6	4.8	83.5	4.2	75.5	7.6	78.8	3.9	100.0	5.0	12.0	0.6	57.5	1.4	84.7	2.1	58.3	14.6	64.9	142	128
Gomba	212,820	74.0	3.7	92.2	4.6	91.0	4.5	54.9	2.7	44.0	2.2	47.4	2.4	42.2	2.1	96.6	4.8	79.7	4.0	74.0	7.4	76.1	3.8	0.0	0.0	0.0	0.0	100.0	2.5	70.8	1.8	61.7	15.4	62.0	143	120
Butebo	176,540	100.0	5.0	74.5	3.7	82.3	4.1	42.7	2.1	29.9	1.5	51.3	2.6	39.9	2.0	87.5	4.4	73.2	3.7	69.4	6.9	62.2	3.1	0.0	0.0	0.0	0.0	100.0	2.5	34.9	0.9	69.9	17.5	60.0	144	144
Nakasongola	242,500	65.1	3.3	86.8	4.3	100.0	5.0	59.0	3.0	46.4	2.3	64.7	3.2	40.4	2.0	68.2	3.4	66.7	3.3	27.8	2.8	73.0	3.6	100.0	5.0	0.0	0.0	8.3	0.2	100.0	2.5	38.1	9.5	53.5	145	124
Karenga	102,210	95.9	4.8	58.2	2.9	77.7	3.9	34.3	1.7	33.7	1.7	47.4	2.4	69.3	3.5	0.0	0.0	75.0	3.8	29.1	2.9	66.3	3.3	100.0	5.0	22.6	1.1	70.0	1.8	104.1	2.6	42.6	10.7	51.9	146	128
	48152090	87.7	4.6	98.5	5.0	173.3	5.0	62.0	6.5	56.4	3.0	73.1	7.7	65.7	3.5	85.9	4.5	127.5	5.0	9.2	9.1	92.1		93.5	4.9	56.2	3.0	**60.0**	1.5	20.0	0.5			63.7		

ANNEX 2: GENERAL HOSPITAL PERFORMANCE AGAINST APGS & DRGS

No.	Facility	ownership	No. of admissions	Total OPD	Bed Occupancy Rate (%)	Total APGs	Total DRGs Produced	Overall Score	Rank
1	St. Mary's Hospital Lacor	PNFP	25836	71680	76.0	112,950	45,588	52.0	1
2	St. Francis Nsambya Hospital	PNFP	10212	122931	18.9	67,111	32,519	50.7	2
3	Mengo Hospital	PNFP	11998	89644	37.8	243,807	16,241	46.2	3
4	Nakasero Hospital	PFP	7661	116450	70.5	80,525	18,153	44.6	4
5	Cure Children's Hospital	PNFP	1893	5964	89.2	11,956	32,560	43.4	5
6	Buwenge NGO Hospital	PNFP	3744	7232	74.0	20,074	1,983	41.8	6
7	Virika Hospital	PNFP	3197	30000	11.8	45,972	27,822	40.8	7
8	Iganga	GOV	18970	114616	76.6	164,926	21,118	40.6	8
9	Mukono	GOV	16119	70188	88.9	130,669	14,981	40.1	9
10	Nebbi	GOV	13937	121620	135.9	137,565	20,423	39.9	10
11	Gombe	GOV	15380	86411	74.5	77,111	21,754	38.9	11
12	St. Francis Naggalama Hospital	PNFP	4043	75989	31.5	96,803	6,876	38.8	12
13	Angal Hospital	PNFP	14431	23726	87.1	61,827	27,561	38.6	13
14	Kitgum	GOV	20408	93061	85.2	114,242	24,764	38.4	14
15	Buliisa	GOV	3111	22050	6.3	26,032	2,654	37.6	15
16	Tororo	GOV	17539	93837	70.8	120,648	23,416	37.5	16
17	Kawolo	GOV	21807	117564	75.2	96,371	19,694	37.0	17
18	Mukono COU Hospital	PNFP	3259	90793	45.4	67,255	5,807	36.4	18
19	Kampala Hospital	PFP	4354	58422	49.4	32,528	3,805	36.1	19
20	St. Kizito Matany Hospital	PNFP	12168	57342	91.1	64,697	25,839	36.0	20
21	Mityana	GOV	17526	46309	74.1	136,373	18,637	35.6	21
22	Bwera	GOV	19837	106267	129.1	48,125	14,310	34.1	22
23	Lubaga Hospital	PNFP	10371	169960	44.9	162,337	6,777	34.0	23
24	Ruharo Mission Hospital	PNFP	4802	50767	64.2	42,317	11,253	33.8	24
25	EDPA MEDICAL HOSPITAL	PFP	1248	16450	37.4	11,203	1,360	33.2	25
26	COU Kisiizi Hospital	PNFP	6686	46448	46.7	51,128	11,078	32.5	26
27	Atutur	GOV	15483	133418	87.7	80,383	14,449	32.5	27
28	Ggwatiro Nursing Home Hospital	PFP	3650	6981	49.8	9,166	2,118	32.3	28
29	Buwenge	GOV	9768	44822	96.1	119,770	6,196	31.9	29
30	TMR International Hospital	PFP	1773	74413	24.0	36,580	2,152	31.9	30
31	St. Joseph Hospital	PFP	3360	50671	50.0	47,431	2,977	31.8	31
32	Bundibugyo	GOV	34676	42794	101.0	69,007	3,198	31.6	32
33	Kisoro	GOV	8804	63373	45.1	53,201	14,898	31.5	33
34	Doctors Plaza Hospital	PFP	2311	19899	10.4	10,283	4,350	31.5	34
35	Nile International Hospital	PFP	2106	28057	57.3	19,264	3,159	31.2	35
36	Bombo General Military Hospital	GOV	10675	64982	61.2	87,541	16,577	31.0	36
37	Katakwi	GOV	14180	86137	24.8	72,871	8,075	30.9	37
38	Luwero	GOV	19700	69519	92.7	94,908	10,782	30.7	38
39	Rukoki	GOV	12403	34534	103.6	45,492	14,825	30.6	39
40	Kagadi	GOV	13033	31148	14.9	45,242	5,323	29.9	40
41	St. Catherine's Hospital	PFP	3182	73457	0.5	34,992	5,066	29.7	41
42	Bukedea Teaching Hospital	PNFP	1131	13034	9.2	7,536	1,621	29.5	42

No.	Facility	ownership	No. of admissions	Total OPD	Bed Occupancy Rate (%)	Total APGs	Total DRGs Produced	Overall Score	Rank
43	Rhema Hospital	PFP	237	2512	4.4	1,887	218	29.3	43
44	Mildmay Uganda Hospital	PNFP	800	57695	19.0	40,410	1,067	29.3	44
45	Kapchorwa	GOV	11028	48574	187.4	51,503	11,473	29.2	45
46	Hope Missionary Hospital	PFP	658	6657	17.9	7,909	704	29.1	46
47	UMC Victoria (Naguru) Hospital	PFP	2049	42350	0.0	25,836	1,533	29.0	47
48	Holy Innocent's Children's Hospital	PNFP	7558	49793	85.5	95,771	10,821	28.9	48
49	Rakai	GOV	10815	80739	79.4	33,726	9,944	28.9	49
50	Gary Holmes Hospital	PNFP	1613	35437	21.8	66,625	2,169	28.7	50
51	Kisubi Hospital	PNFP	6868	89772	50.8	57,789	8,485	28.7	51
52	Novafinia Medical Centre	PFP	1909	25529	19.4	19,118	1,890	28.7	52
53	Busolwe	GOV	13019	58248	45.8	83,688	12,425	28.6	53
54	Adjumani	GOV	12771	81919	47.3	70,431	15,379	28.4	54
55	Trinity Bajjo International Hospital	PFP	472	1313	20.1	1,641	1,796	28.3	55
56	Ishaka Adventist Hospital	PNFP	5191	28285	24.1	51,319	7,774	28.2	56
57	Benedictine Eye Hospital	PNFP	2713	29780	20.6	23,912	7,892	28.1	57
58	Kitagata	GOV	9287	29190	46.6	42,196	8,727	28.1	58
59	Mbale People's Hospital	PFP	2305	15078	84.2	12,026	2,769	28.0	59
60	Kakira Sugar Works Hospital	PNFP	3273	43705	30.9	48,209	1,847	27.9	60
61	Women's Hospital International and Fertility Centre	PFP	0	575	0.0	1,466	152	27.8	61
62	KIU Teaching Hospital	PFP	11367	51581	27.8	42,382	12,694	27.7	62
63	St. Ambrose Charity Hospital	PFP	1666	8698	16.7	10,718	2,425	27.6	63
64	Kihunde Hospital	PFP	818	9811	15.2	5,046	2,384	27.5	64
65	Kagando Hospital	PNFP	5792	13008	30.7	26,426	9,769	27.5	65
66	Bugiri	GOV	18396	123580	40.6	71,467	12,858	27.3	66
67	Nakaseke	GOV	9786	112769	39.8	64,288	8,213	27.2	67
68	Karoli Lwanga (Nyakibale) Hospital	PNFP	6332	17028	36.2	26,070	6,459	27.2	68
69	Apac	GOV	11016	64487	26.5	89,962	8,766	27.2	69
70	Mitooma	GOV	2246	20030	39.6	64,308	2,169	27.1	70
71	Lugazi Scoul Hospital	PNFP	3783	43420	58.0	26,946	3,231	27.1	71
72	Kiwoko Hospital	PNFP	5452	20644	57.0	41,559	9,027	27.1	72
73	Jaro Hospital	PFP	254	3896	17.4	3,118	216	26.9	73
74	Pallisa	GOV	15126	73579	22.6	57,503	7,710	26.8	74
75	Kumi (Ongino) Hospital	PNFP	2994	16718	24.5	22,872	4,990	26.8	75
76	Kibuli Hospital	PNFP	5346	82395	33.5	53,560	5,163	26.7	76
77	International Hospital Kampala Hospital	PFP	0	73669	0.0	20,309	-	26.7	77
78	Koboko	GOV	9750	51000	50.7	67,679	8,430	26.6	78
79	Masafu	GOV	9822	75166	108.4	88,726	8,170	26.5	79
80	St. Charles Lwanga Hospital	PNFP	2640	26661	22.9	32,606	5,263	26.4	80
81	Rukunyu	GOV	12057	41525	82.9	53,842	10,591	26.2	81
82	Kamuli	GOV	21325	112871	106.3	76,165	10,469	26.2	82
83	Medsafe Hospital	PFP	0	8795	0.0	14,324	-	26.2	83
84	Healingway Hospital	PFP	46	1155	3.1	1,505	132	26.0	84
85	Doctors Referral Hospital	PFP	1440	3976	9.0	8,251	1,722	25.9	85
86	St. John XXIII Hospital Aber	PNFP	9713	30551	59.8	42,105	15,180	25.9	86

No.	Facility	ownership	No. of admissions	Total OPD	Bed Occupancy Rate (%)	Total APGs	Total DRGs Produced	Overall Score	Rank
87	Kalisizo	GOV	11238	76904	109.6	44,875	7,104	25.9	87
88	Wynestone Medical centre	PFP	0	8298	0.0	9,950	-	25.8	88
89	Rugarama Hospital	PNFP	4869	29757	23.3	38,326	4,215	25.7	89
90	Iran Uganda Hospital	PNFP	0	12087	0.0	6,532	-	25.5	90
91	Ahamadiya Hospital	PNFP	526	3480	5.9	7,977	414	25.5	91
92	Kaberamaido	GOV	12511	53972	82.0	80,267	8,632	25.5	92
93	Medivine Hospital	PFP	0	2007	0.0	4,459	-	25.4	93
94	Le Memorial Medical Services Hospital	PFP	0	4204	0.0	4,235	-	25.3	94
95	Moyo	GOV	5117	31637	16.8	51,517	8,108	25.3	95
96	Lyantonde	GOV	11241	94852	34.9	51,596	6,517	25.3	96
97	Kiringente Community (KCH)	PNFP	0	106	0.0	700	-	25.1	97
98	Rubanda	GOV	2815	23574	57.5	41,023	1,583	25.0	98
99	Flower	PFP	162	1351	44.0	1,675	1,650	25.0	99
100	Pador	PFP	0	0	0.0	-	-	25.0	100
101	Masindi	GOV	10753	37553	43.6	54,683	8,049	25.0	101
102	Life Care Hospital	PFP	2333	28887	17.8	27,328	3,685	24.9	102
103	Double Cure Hospital	PNFP	1944	27175	7.3	29,007	2,705	24.9	103
104	Ibanda Hospital	PNFP	9581	20791	40.1	29,300	13,008	24.9	104
105	Dr. Ambrosoli Memorial Hospital Kalongo	PNFP	10948	30913	54.2	34,496	12,093	24.9	105
106	Kotido	GOV	7718	60833	140.6	58,617	1,501	24.7	106
107	Rushoroza Hospital	PNFP	4090	18337	45.2	18,498	3,890	24.7	107
108	Mayanja Memorial Hospital	PFP	1487	11309	1.2	18,177	2,011	24.7	108
109	Anbar Hospital	PFP	262	9220	9.8	4,392	403	24.6	109
110	Kampala Independent Hospital	PFP	291	3489	11.5	4,094	470	24.4	110
111	Kiboga	GOV	13158	122626	40.0	88,370	8,028	24.3	111
112	Kitovu Hospital	PNFP	6156	31331	42.9	27,256	8,188	24.1	112
113	Kabasa Memorial Hospital	PNFP	336	494	5.8	1,745	217	24.0	113
114	Peoples Medical Centre Hospital	PFP	2376	18409	52.1	19,115	4,323	24.0	114
115	Kyenjojo	GOV	7515	53713	81.7	91,536	4,977	23.7	115
116	Pag Mission Hospital	PNFP	7527	19989	40.0	39,690	10,915	23.7	116
117	Yot Kom Hospital	PNFP	2057	18770	50.6	20,849	3,412	23.6	117
118	Nkokonjeru Hospital	PNFP	1881	17635	19.4	20,293	2,617	23.5	118
119	Ntinda Hospital	PFP	62	3293	0.6	4,418	174	23.5	119
120	Namutumba Community Hospital	PFP	402	1727	10.9	2,689	361	23.4	120
121	Masindi Kitara Hospital	PNFP	2202	19891	23.6	16,205	3,228	23.3	121
122	Old Kampala Hospital	PNFP	554	12992	29.8	5,800	3,023	23.3	122
123	Bududa	GOV	12434	49327	51.8	58,646	8,328	23.3	123
124	Anaka	GOV	10364	64115	76.5	74,887	8,488	23.2	124
125	Bwindi Community Hospital	PNFP	4536	29696	28.5	32,069	6,537	22.9	125
126	Gulu Independent Hospital	PFP	599	4076	5.6	7,156	883	22.9	126
127	True Vine Hospital	PFP	708	4715	25.4	10,889	1,533	22.9	127
128	Bethesda (Soroti) Hospital	PFP	1281	15152	0.8	15,136	1,659	22.9	128
129	Villa Maria Hospital	PNFP	4658	37947	34.0	24,126	5,553	22.8	129
130	Divine Mercy (Kamukuzi) Hospital	PFP	2333	32296	23.5	20,070	3,295	22.8	130
131	Kanginima (Butebo) Hospital	PNFP	1519	3141	34.8	10,426	673	22.7	131

No.	Facility	ownership	No. of admissions	Total OPD	Bed Occupancy Rate (%)	Total APGs	Total DRGs Produced	Overall Score	Rank
132	Mukwaya Hospital	PFP	0	33967	0.0	16,134	-	22.7	132
133	Bamu Hospital	PFP	2256	4772	9.1	6,529	1,374	22.5	133
134	Murchision Bay Main Hospital	GOV	2503	16330	36.7	12,487	2,020	22.4	134
135	St. Josephs Maracha Hospital	PNFP	3911	11241	35.1	20,266	6,905	22.2	135
136	Amai Community Hospital	PNFP	2801	5752	20.9	20,419	3,311	22.1	136
137	Rubongi Military	GOV	2443	20301	48.0	25,876	2,545	22.0	137
138	Kyegegwa	GOV	7377	31468	73.0	59,978	5,490	21.9	138
139	Kambuga	GOV	7169	43256	37.8	28,766	5,820	21.9	139
140	Case Medical Centre Hospital	PFP	0	104575	0.0	16,708	-	21.8	140
141	Oriajini Hospital	PNFP	2022	6200	35.8	19,624	1,831	21.7	141
142	Master Cares Bethlehem Community Hospital	PNFP	1250	4807	18.8	6,581	2,675	21.6	142
143	St. Stephen's Mpererwe Hospital	PNFP	946	8662	19.5	13,179	1,404	21.5	143
144	Mutolere Hospital	PNFP	5364	8874	39.2	14,158	13,428	21.4	144
145	Roswell Women and Children Hospital	PFP	0	11066	0.0	16,197	-	21.3	145
146	Medicare (Mpigi) Hospital	PFP	93	1112	2.2	1,750	63	21.3	146
147	Amudat Hospital	PNFP	3859	16475	53.0	25,340	2,900	21.1	147
148	Mt. Elgon Hospital	PFP	862	12062	25.4	7,001	2,636	20.8	148
149	Rushere Community Hospital	PNFP	1362	10485	12.5	20,430	1,469	20.7	149
150	Ark Specialist Hospital	PFP	0	2234	0.0	5,748	-	20.7	150
151	Nakasongola Military Hospital	GOV	2120	22747	38.8	27,759	1,752	20.7	151
152	Lifeline Hospital	PFP	0	5778	0.0	4,228	-	20.6	152
153	Holy Cross Orthodox Mission Namungoona Hospital	PNFP	1044	13270	19.2	14,747	1,041	20.5	153
154	Victory Women's Medical Care	PFP	128	3517	9.7	7,138	546	20.4	154
155	Montana Hospital	PFP	445	3889	5.0	3,788	413	20.4	155
156	Kamuli Mission Hospital	PNFP	4617	31125	18.4	31,070	7,015	20.3	156
157	St. Paul (Kasese) Hospital	PNFP	3629	5451	24.5	17,355	4,902	20.3	157
158	Galilee Community Hospital	PFP	117	1498	1.2	6,257	186	20.3	158
159	Kitintale Hospital	PFP	0	470	0.0	2,636	-	20.2	159
160	1st Community Hospital	PNFP	0	2900	0.0	2,110	-	20.2	160
161	Addy Memorial Hospital	PFP	0	793	0.0	1,687	-	20.1	161
162	Gulu Military	GOV	4208	37951	59.1	40,152	3,227	20.1	162
163	Ankole Hospital	PFP	0	827	0.0	752	-	20.1	163
164	St. Theresa Lisieux Rwibaale General Hosptial	PNFP	4136	12102	19.6	18,343	3,784	20.1	164
165	Great Lakes Hospital	PFP	97	4066	7.2	6,098	122	19.9	165
166	Lwala Hospital	PNFP	3091	11403	29.1	15,699	4,502	19.8	166
167	Kida Hospital	PFP	1438	3114	19.1	7,068	1,685	19.7	167
168	Kibuli Hospital Kyanja Branch	PNFP	114	3515	7.1	2,813	61	19.7	168
169	Children's Surgical Hospital - Entebbe	GOV	2133	0	53.4		-	19.4	169
170	Holy Family Hospital Nyapea	PNFP	5855	7497	34.6	21,131	7,391	19.4	170
171	Restoration Gateway Hospital	PNFP	305	820	5.0	884	184	19.1	171
172	Lira University Hospital	GOV	2001	12662	19.0	14,880	2,639	18.8	172
173	Kasese Hospital	PFP	558	5113	9.3	5,697	273	18.8	173
174	Doctors Hospital Seguku Hospital	PFP	2310	91778	0.4	30,641	3,135	18.6	174
175	Bishop Ascili Hospital	PNFP	4656	27285	39.9	29,423	7,161	18.5	175

No.	Facility	ownership	No. of admissions	Total OPD	Bed Occupancy Rate (%)	Total APGs	Total DRGs Produced	Overall Score	Rank
176	Ngora Freda Carr Hospital	PNFP	4008	12603	34.7	32,800	5,618	18.3	176
177	Mother Of Mercy Hospital Kyengera	PNFP	242	10316	11.5	5,105	279	17.7	177
178	Spep Karl Hospital	PNFP	211	2213	7.3	2,165	324	17.7	178
179	Mt. St. Mary's Hospital-DOK	PNFP	4178	27262	17.4	23,923	6,262	17.7	179
180	Itojo	GOV	6610	54596	25.9	46,231	5,710	17.6	180
181	Kilembe Mines Hospital	PNFP	2017	18539	14.1	15,133	2,573	17.4	181
182	Norvik Hospital	PFP	1230	71601	7.9	21,322	310	17.4	182
183	St. Joseph's Kitgum Hospital	PNFP	4147	27523	13.0	23,523	7,020	17.2	183
184	LifeLink (Kyaliwajala) Hospital	PFP	1498	80844	0.0	43,112	980	17.0	184
185	St. Francis Nyenga Hospital	PNFP	2073	20902	21.9	24,915	2,016	16.9	185
186	Medi-Pal International Hospital	PFP	0	16555	0.0	13,963	-	16.9	186
187	Corsu Rehabilitation Hospital	PNFP	2840	47900	17.2	1,101	4,689	16.9	187
188	Kaabong	GOV	7952	44522	51.2	46,601	5,929	16.8	188
189	Comboni Hospital	PNFP	4067	16371	29.2	27,772	5,045	16.8	189
190	Lifelink (Ntinda) Hospital	PFP	0	34073	0.0	18,384	-	16.5	190
191	Nkozi Hospital	PNFP	3062	35444	28.4	31,566	3,927	16.0	191
192	Pioneer Hospital	PFP	384	2844	49.8	2,265	485	15.9	192
193	Amuria	GOV	11917	54746	56.7	56,249	3,793	15.9	193
194	Kiryandongo	GOV	33242	42472	38.4	46,239	3,140	15.9	194
195	Kuluva Hospital	PNFP	3657	8211	34.8	25,663	4,626	15.7	195
196	Dr Agarwal's Eye Hospital	PFP	0	11827	0.0	7,452	-	15.6	196
197	Abim	GOV	7191	40209	59.9	36,430	4,997	15.4	197
198	URO Care Hospital	PFP	0	12886	0.0	2,435	-	15.2	198
199	Makerere University Hospital	GOV	0	0	0.0	1,482	-	15.1	199
200	Bai Heath & Medical International Centre Hospital	PFP	0	877	0.0	690	-	15.1	200
201	ASG Eye Hospital	PFP	0	6201	0.0		-	15.0	201
202	Al-Shafa Hospital	PFP	340	8663	2.3	5,768	519	15.0	202
203	St. Anthony's Hospital	PNFP	1556	9182	13.0	15,482	1,132	14.7	203
204	Dabani Hospital	PNFP	4164	14083	31.8	24,608	2,816	14.6	204
205	Ayiko International Hospital	PNFP	497	2219	0.6	2,842	536	14.0	205
206	Tumu Hospital	PNFP	130	1008	13.4	1,056	101	13.9	206
207	Florence Nightingale Hospital	PFP	1036	2498	12.4	4,766	507	13.7	207
208	St. Andrea Kahwa Kooki Community Hospital	PFP	693	7250	19.5	5,311	456	13.4	208
209	MK International Hospital	PFP	206	1561	0.7	1,812	461	13.3	209
210	Terrewode Community Women Hospital	PNFP	237	612	32.1	183	384	13.2	210
211	Buluba Hospital	PNFP	2138	46691	14.9	27,100	2,728	12.7	211
212	Vine Hospital	PFP	186	1566	2.6	1,179	316	12.6	212
213	Mbarara Community Hospital	PFP	23	99	6.6	34	3	12.0	213
214	Kabarole COU Hospital	PNFP	2249	15043	16.8	13,204	1,708	10.8	214
215	Kumi Orthopaedic Centre Hospital	PFP	721	4226	6.0	3,830	2,443	10.7	215
216	Havana Orthopaedic Hospital	PFP	98	951	21.8	661	261	8.9	216

ANNEX 3: GENERAL HOSPITAL PERFORMANCE FOR QUALITY

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
1	St. Mary's Hospital Lacor	PNFP	25836	2747	10.6	6534	69	87	224	59.1	24	367.3	76.0	5.7
2	St. Francis Nsambya Hospital	PNFP	10212	793	7.8	1947	6	18	15	21.3	6	308.2	18.9	2.4
3	Mengo Hospital	PNFP	11998	388	3.2	3010	12	27	15	17.8	2	66.4	37.8	2.9
4	Nakasero Hospital	PFP	7661	365	4.8	1312	3	11	2	11.8	0	0.0	70.5	3.9
5	Cure Children's Hospital	PNFP	1893	27	1.4	0	0	0	0	0.0	0	0.0	89.2	11.6
6	Buwenge NGO Hospital	PNFP	3744	1	0.0	1011	0	0	0	0.0	0	0.0	74.0	3.1
7	Virika Hospital	PNFP	3197	232	7.3	619	5	8	7	32.2	2	323.1	11.8	2.2
8	Iganga	GOV	18970	1299	6.8	7996	119	165	85	46.8	11	137.6	76.6	2.9
9	Mukono	GOV	16119	284	1.8	9484	58	76	72	21.9	10	105.4	88.9	1.8
10	Nebbi	GOV	13937	433	3.1	3661	22	40	29	23.6	7	191.2	135.9	6.7
11	Gombe	GOV	15380	121	0.8	5909	95	92	107	51.4	12	203.1	74.5	2.3
12	St. Francis Naggalama Hospital	PNFP	4043	62	1.5	886	4	9	1	15.7	0	0.0	31.5	2.8
13	Angal Hospital	PNFP	14431	1199	8.3	4380	43	76	15	30.5	2	45.7	87.1	4.8
14	Kitgum	GOV	20408	1184	5.8	3496	31	49	34	32.9	4	114.4	85.2	3.9
15	Buliisa	GOV	3111	18	0.6	1262	13	10	5	35.3	0	0.0	6.3	0.2
16	Tororo	GOV	17539	967	5.5	4754	60	57	28	30.3	8	168.3	70.8	3.5
17	Kawolo	GOV	21807	672	3.1	5210	65	78	31	34.3	5	96.0	75.2	1.9
18	Mukono COU Hospital	PNFP	3259	61	1.9	1132	5	13	4	19.7	0	0.0	45.4	2.6
19	Kampala Hospital	PFP	4354	61	1.4	1422	0	2	0	1.4	0	0.0	49.4	2.9
20	St. Kizito Matany Hospital	PNFP	12168	955	7.8	1901	22	18	37	39.9	2	105.2	91.1	7.7
21	Mityana	GOV	17526	491	2.8	6848	65	60	11	20.3	10	146.0	74.1	3.0
22	Bwera	GOV	19837	807	4.1	6299	23	59	50	21.2	7	111.1	129.1	3.7
23	Lubaga Hospital	PNFP	10371	394	3.8	3817	13	41	25	20.6	4	104.8	44.9	3.1
24	Ruharo Mission Hospital	PNFP	4802	41	0.9	698	3	7	2	17.0	0	0.0	64.2	5.2
25	EDPA MEDICAL HOSPITAL	PFP	1248	3	0.2	91	0	0	0	0.0	0	0.0	37.4	2.5
26	COU Kisiizi Hospital	PNFP	6686	322	4.8	1061	8	11	22	38.5	0	0.0	46.7	7.1

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
27	Atutur	GOV	15483	226	1.5	2253	24	34	12	31.2	4	177.5	87.7	3.4
28	Ggwatiro Nursing Home Hospital	PFP	3650	26	0.7	579	0	0	0	0.0	0	0.0	49.8	3.7
29	Buwenge	GOV	9768	189	1.9	1864	41	47	25	62.4	4	214.6	96.1	2.7
30	TMR International Hospital	PFP	1773	88	5.0	406	1	0	1	5.2	0	0.0	24.0	2.0
31	St. Joseph Hospital	PFP	3360	21	0.6	1112	5	22	5	29.0	0	0.0	50.0	2.5
32	Bundibugyo	GOV	34676	1029	3.0	3107	0	0	5	2.6	1	32.2	101.0	11.5
33	Kisoro	GOV	8804	283	3.2	3869	26	33	6	17.3	0	0.0	45.1	2.7
34	Doctors Plaza Hospital	PFP	2311	114	4.9	551	0	1	0	1.8	1	181.5	10.4	0.9
35	Nile International Hospital	PFP	2106	54	2.6	234	1	2	0	12.7	0	0.0	57.3	3.4
36	Bombo General Military Hospital	GOV	10675	567	5.3	3771	51	88	4	39.3	6	159.1	61.2	4.6
37	Katakwi	GOV	14180	206	1.5	2546	30	22	12	25.3	3	117.8	24.8	0.8
38	Luwero	GOV	19700	436	2.2	4329	18	25	20	14.6	2	46.2	92.7	1.9
39	Rukoki	GOV	12403	306	2.5	4815	27	52	26	21.9	3	62.3	103.6	2.7
40	Kagadi	GOV	13033	576	4.4	4823	16	10	0	5.4	3	62.2	14.9	1.0
41	St. Catherine's Hospital	PFP	3182	23	0.7	459	1	1	0	5.0	0	0.0	0.5	0.0
42	Bukedea Teaching Hospital	PNFP	1131	1	0.1	256	3	5	5	53.9	0	0.0	9.2	2.2
43	Rhema Hospital	PFP	237	2	0.8	20	0	0	0	0.0	0	0.0	4.4	1.3
44	Mildmay Uganda Hospital	PNFP	800	33	4.1	346	1	2	0	8.7	0	0.0	19.0	2.4
45	Kapchorwa	GOV	11028	778	7.1	2927	31	40	29	35.0	2	68.3	187.4	8.2
46	Hope Missionary Hospital	PFP	658	3	0.5	65	0	0	0	0.0	0	0.0	17.9	2.2
47	UMC Victoria (Naguru) Hospital	PFP	2049	34	1.7	251	0	0	0	0.0	0	0.0	0.0	0.0
48	Holy Innocent's Children's Hospital	PNFP	7558	452	6.0	0	0	0	0	0.0	0	0.0	85.5	3.3
49	Rakai	GOV	10815	137	1.3	2848	16	15	3	11.8	0	0.0	79.4	2.4
50	Gary Holmes Hospital	PNFP	1613	6	0.4	607	0	3	0	4.9	1	164.7	21.8	3.0
51	Kisubi Hospital	PNFP	6868	239	3.5	1375	3	21	3	19.4	2	145.5	50.8	2.7
52	Novafinia Medical Centre	PFP	1909	13	0.7	68	0	0	0	0.0	0	0.0	19.4	1.4
53	Busolwe	GOV	13019	147	1.1	3344	13	10	1	7.2	4	119.6	45.8	1.6
54	Adjumani	GOV	12771	1007	7.9	3998	43	52	3	23.7	5	125.1	47.3	4.2

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
55	Trinity Bajjo International Hospital	PFP	472	32	6.8	5	0	0	0	0.0	0	0.0	20.1	2.6
56	Ishaka Adventist Hospital	PNFP	5191	176	3.4	1253	0	0	6	4.7	2	159.6	24.1	2.2
57	Benedictine Eye Hospital	PNFP	2713	1	0.0	0	0	0	0	0.0	0	0.0	20.6	2.6
58	Kitagata	GOV	9287	337	3.6	3183	11	11	9	9.7	2	62.8	46.6	1.8
59	Mbale People's Hospital	PFP	2305	4	0.2	271	1	4	0	20.2	1	369.0	84.2	5.0
60	Kakira Sugar Works Hospital	PNFP	3273	14	0.4	239	0	0	1	4.2	0	0.0	30.9	2.3
61	Women's Hospital International and Fertility Centre	PFP	0	1	0.0	62	0	0	0	0.0	0	0.0	0.0	0.0
62	KIU Teaching Hospital	PFP	11367	747	6.6	1017	13	36	94	142.3	6	590.0	27.8	3.1
63	St. Ambrose Charity Hospital	PFP	1666	90	5.4	312	7	10	10	91.5	0	0.0	16.7	2.2
64	Kihunde Hospital	PFP	818	21	2.6	82	1	2	1	49.4	0	0.0	15.2	2.7
65	Kagando Hospital	PNFP	5792	576	9.9	997	14	22	54	90.8	9	902.7	30.7	4.0
66	Bugiri	GOV	18396	433	2.4	4925	47	38	9	19.3	6	121.8	40.6	2.2
67	Nakaseke	GOV	9786	42	0.4	3648	40	50	18	30.2	7	191.9	39.8	2.9
68	Karoli Lwanga (Nyakibale) Hospital	PNFP	6332	215	3.4	1089	4	34	59	89.8	4	367.3	36.2	3.8
69	Apac	GOV	11016	161	1.5	3152	40	39	32	36.5	7	222.1	26.5	2.7
70	Mitooma	GOV	2246	45	2.0	2217	5	5	1	4.9	0	0.0	39.6	2.2
71	Lugazi Scoul Hospital	PNFP	3783	8	0.2	463	0	1	0	2.3	0	0.0	58.0	2.2
72	Kiwoko Hospital	PNFP	5452	336	6.2	1665	22	32	15	41.6	2	120.1	57.0	6.1
73	Jaro Hospital	PFP	254	13	5.1	97	0	0	0	0.0	0	0.0	17.4	5.0
74	Pallisa	GOV	15126	401	2.7	4065	78	58	48	45.7	5	123.0	22.6	0.8
75	Kumi (Ongino) Hospital	PNFP	2994	124	4.1	520	6	4	8	35.0	0	0.0	24.5	7.9
76	Kibuli Hospital	PNFP	5346	27	0.5	1594	0	0	0	0.0	0	0.0	33.5	3.4
77	International Hospital Kampala Hospital	PFP	0	1299	0.0	664	0	0	0	0.0	0	0.0	0.0	0.0
78	Koboko	GOV	9750	464	4.8	4085	54	47	30	32.1	4	97.9	50.7	2.8
79	Masafu	GOV	9822	301	3.1	2806	23	39	29	33.2	4	142.6	108.4	3.9
80	St. Charles Lwanga Hospital	PNFP	2640	117	4.4	589	14	11	6	59.2	0	0.0	22.9	2.3
81	Rukunyu	GOV	12057	300	2.5	3889	21	10	17	11.9	2	51.4	82.9	3.1
82	Kamuli	GOV	21325	567	2.7	3201	35	65	53	48.4	12	374.9	106.3	2.9

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
83	Medsafe Hospital	PFP	0	1	0.0	113	0	0	0	0.0	0	0.0	0.0	0.0
84	Healingway Hospital	PFP	46	12	26.1	49	0	0	0	0.0	0	0.0	3.1	3.7
85	Doctors Referral Hospital	PFP	1440	75	5.2	603	0	0	0	0.0	0	0.0	9.0	2.9
86	St. John XXIII Hospital Aber	PNFP	9713	896	9.2	3100	48	40	114	65.9	6	193.5	59.8	5.0
87	Kalisizo	GOV	11238	80	0.7	3145	27	32	3	19.7	0	0.0	109.6	3.6
88	Wynestone Medical centre	PFP	0	1	0.0	156	0	0	0	0.0	0	0.0	0.0	0.0
89	Rugarama Hospital	PNFP	4869	201	4.1	500	3	5	31	77.5	0	0.0	23.3	2.8
90	Iran Uganda Hospital	PNFP	0	1299	0.0	91	0	0	0	0.0	0	0.0	0.0	0.0
91	Ahamadiya Hospital	PNFP	526	1	0.2	72	1	0	0	15.9	0	0.0	5.9	1.1
92	Kaberamaido	GOV	12511	206	1.6	1769	14	22	15	29.4	3	169.6	82.0	2.9
93	Medivine Hospital	PFP	0	1	0.0	146	0	0	0	0.0	0	0.0	0.0	0.0
94	Le Memorial Medical Services Hospital	PFP	0	199	0.0	39	0	0	0	0.0	0	0.0	0.0	0.0
95	Moyo	GOV	5117	220	4.3	1599	5	13	14	20.2	2	125.1	16.8	2.6
96	Lyantonde	GOV	11241	131	1.2	2997	47	32	26	35.5	5	166.8	34.9	1.2
97	Kiringente Community (KCH)	PNFP	0	62	0.0	2	0	0	0	0.0	0	0.0	0.0	0.0
98	Rubanda	GOV	2815	12	0.4	1831	11	15	10	19.6	0	0.0	57.5	2.1
99	Flower	PFP	162	31	19.1	128	2	1	0	23.6	0	0.0	44.0	2.8
100	Pador	PFP	0	90	0.0	0	0	0	0	0.0	0	0.0	0.0	0.0
101	Masindi	GOV	10753	501	4.7	4712	28	68	9	24.5	1	21.2	43.6	2.1
102	Life Care Hospital	PFP	2333	13	0.6	704	3	1	3	10.0	0	0.0	17.8	2.7
103	Double Cure Hospital	PNFP	1944	41	2.1	271	3	5	2	37.5	1	369.0	7.3	1.7
104	Ibanda Hospital	PNFP	9581	657	6.9	2109	37	50	44	65.0	4	189.7	40.1	3.2
105	Dr. Ambrosoli Memorial Hospital Kalongo	PNFP	10948	501	4.6	2423	21	39	50	45.4	2	82.5	54.2	5.5
106	Kotido	GOV	7718	15	0.2	1325	28	15	18	46.4	3	226.4	140.6	2.4
107	Rushoroza Hospital	PNFP	4090	116	2.8	986	1	4	3	8.0	2	202.8	45.2	4.1
108	Mayanja Memorial Hospital	PFP	1487	35	2.4	335	4	6	0	30.5	0	0.0	1.2	0.2
109	Anbar Hospital	PFP	262	10	3.8	47	0	0	0	0.0	0	0.0	9.8	3.1
110	Kampala Independent Hospital	PFP	291	27	9.3	37	0	1	0	27.0	0	0.0	11.5	2.0

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
111	Kiboga	GOV	13158	180	1.4	4235	43	33	52	30.7	3	70.8	40.0	3.1
112	Kitovu Hospital	PNFP	6156	418	6.8	1257	6	33	15	40.8	5	397.8	42.9	4.6
113	Kabasa Memorial Hospital	PNFP	336	95	28.3	99	0	0	0	0.0	0	0.0	5.8	2.3
114	Peoples Medical Centre Hospital	PFP	2376	37	1.6	529	0	1	0	2.0	0	0.0	52.1	3.4
115	Kyenjojo	GOV	7515	199	2.6	3745	32	43	7	23.5	3	80.1	81.7	2.7
116	Pag Mission Hospital	PNFP	7527	284	3.8	906	5	2	2	10.0	2	220.8	40.0	3.9
117	Yot Kom Hospital	PNFP	2057	218	10.6	301	1	2	0	10.0	0	0.0	50.6	5.0
118	Nkokonjeru Hospital	PNFP	1881	108	5.7	584	2	8	3	22.2	0	0.0	19.4	2.5
119	Ntinda Hospital	PFP	62	40	64.5	81	0	0	0	0.0	0	0.0	0.6	0.2
120	Namutumba Community Hospital	PFP	402	11	2.7	96	1	2	0	32.3	0	0.0	10.9	1.9
121	Masindi Kitara Hospital	PNFP	2202	114	5.2	489	3	3	5	22.7	2	409.0	23.6	2.3
122	Old Kampala Hospital	PNFP	554	10	1.8	35	0	1	1	57.1	0	0.0	29.8	8.6
123	Bududa	GOV	12434	304	2.4	1471	13	11	13	25.6	6	407.9	51.8	1.7
124	Anaka	GOV	10364	197	1.9	3822	36	36	33	26.9	5	130.8	76.5	3.9
125	Bwindi Community Hospital	PNFP	4536	317	7.0	1023	9	10	6	24.6	1	97.8	28.5	3.9
126	Gulu Independent Hospital	PFP	599	74	12.4	68	0	0	1	15.9	0	0.0	5.6	2.5
127	True Vine Hospital	PFP	708	44	6.2	135	5	5	1	88.0	0	0.0	25.4	2.2
128	Bethesda (Soroti) Hospital	PFP	1281	12	0.9	135	0	2	0	14.8	0	0.0	0.8	0.1
129	Villa Maria Hospital	PNFP	4658	229	4.9	988	26	23	28	81.0	1	101.2	34.0	3.5
130	Divine Mercy (Kamukuzi) Hospital	PFP	2333	331	14.2	1232	2	11	1	18.0	0	0.0	23.5	2.4
131	Kanginima (Butebo) Hospital	PNFP	1519	12	0.8	234	7	1	6	57.1	0	0.0	34.8	2.7
132	Mukwaya Hospital	PFP	0	284	0.0	417	1	2	1	5.7	0	0.0	0.0	0.0
133	Bamu Hospital	PFP	2256	9	0.4	844	0	0	0	0.0	0	0.0	9.1	0.9
134	Murchision Bay Main Hospital	GOV	2503	191	7.6	0	0	0	0	0.0	0	0.0	36.7	6.6
135	St. Josephs Maracha Hospital	PNFP	3911	316	8.1	982	25	21	47	99.3	1	101.8	35.1	6.5
136	Amai Community Hospital	PNFP	2801	152	5.4	593	3	3	0	10.2	3	505.9	20.9	2.7
137	Rubongi Military	GOV	2443	43	1.8	201	0	1	0	5.0	0	0.0	48.0	3.9
138	Kyegegwa	GOV	7377	235	3.2	3205	53	52	6	35.3	1	31.2	73.0	3.2

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
139	Kambuga	GOV	7169	51	0.7	2138	20	19	19	28.0	1	46.8	37.8	2.9
140	Case Medical Centre Hospital	PFP	0	317	0.0	574	0	9	1	20.2	0	0.0	0.0	0.0
141	Oriajini Hospital	PNFP	2022	90	4.5	652	12	6	5	36.2	0	0.0	35.8	2.6
142	Master Cares Bethlehem Community Hospital	PNFP	1250	10	0.8	210	1	0	0	4.7	0	0.0	18.8	4.1
143	St. Stephen's Mpererwe Hospital	PNFP	946	4	0.4	297	1	2	1	13.5	0	0.0	19.5	2.2
144	Mutolere Hospital	PNFP	5364	244	4.5	1222	23	18	24	52.5	5	409.2	39.2	5.3
145	Roswell Women and Children Hospital	PFP	0	2	0.0	720	0	1	0	1.5	0	0.0	0.0	0.0
146	Medicare (Mpigi) Hospital	PFP	93	1	1.1	40	0	0	0	0.0	0	0.0	2.2	1.4
147	Amudat Hospital	PNFP	3859	89	2.3	1112	23	15	19	51.5	0	0.0	53.0	4.4
148	Mt. Elgon Hospital	PFP	862	29	3.4	63	0	2	0	34.5	0	0.0	25.4	3.6
149	Rushere Community Hospital	PNFP	1362	82	6.0	335	4	14	3	64.8	0	0.0	12.5	2.4
150	Ark Specialist Hospital	PFP	0	161	0.0	29	0	1	0	35.7	0	0.0	0.0	0.0
151	Nakasongola Military Hospital	GOV	2120	11	0.5	200	0	3	0	14.9	0	0.0	38.8	6.2
152	Lifeline Hospital	PFP	0	13	0.0	40	0	1	0	30.3	0	0.0	0.0	0.0
153	Holy Cross Orthodox Mission Namungoona Hospital	PNFP	1044	31	3.0	328	3	1	3	22.0	0	0.0	19.2	2.4
154	Victory Women's Medical Care	PFP	128	34	26.6	131	1	1	0	15.3	1	763.4	9.7	3.0
155	Montana Hospital	PFP	445	11	2.5	89	0	0	0	0.0	0	0.0	5.0	0.9
156	Kamuli Mission Hospital	PNFP	4617	234	5.1	1160	19	20	62	87.1	4	344.8	18.4	2.3
157	St. Paul (Kasese) Hospital	PNFP	3629	262	7.2	780	18	16	0	44.9	0	0.0	24.5	3.2
158	Galilee Community Hospital	PFP	117	6	5.1	74	0	1	0	12.8	0	0.0	1.2	1.0
159	Kitintale Hospital	PFP	0	1184	0.0	19	0	0	0	0.0	0	0.0	0.0	0.0
160	1st Community Hospital	PNFP	0	0	0.0	53	0	0	0	0.0	0	0.0	0.0	0.0
161	Addy Memorial Hospital	PFP	0	274	0.0	5	0	0	0	0.0	0	0.0	0.0	0.0
162	Gulu Military	GOV	4208	123	2.9	515	33	7	0	77.8	1	194.2	59.1	4.5
163	Ankole Hospital	PFP	0	1199	0.0	6	0	1	0	200.0	0	0.0	0.0	0.0
164	St. Theresa Lisieux Rwibaale General Hosptial	PNFP	4136	117	2.8	808	10	10	7	33.3	2	247.5	19.6	2.1
165	Great Lakes Hospital	PFP	97	121	124.7	98	0	0	0	0.0	0	0.0	7.2	2.5
166	Lwala Hospital	PNFP	3091	103	3.3	614	13	7	6	42.7	1	162.9	29.1	4.2

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
167	Kida Hospital	PFP	1438	29	2.0	208	2	4	1	34.0	0	0.0	19.1	2.4
168	Kibuli Hospital Kyanja Branch	PNFP	114	27	23.7	81	0	1	0	13.9	0	0.0	7.1	3.4
169	Children's Surgical Hospital - Entebbe	GOV	2133	0	0.0	0	0	0	0	0.0	0	0.0	53.4	6.6
170	Holy Family Hospital Nyapea	PNFP	5855	369	6.3	2630	37	43	16	37.2	1	38.0	34.6	3.0
171	Restoration Gateway Hospital	PNFP	305	22	7.2	52	2	0	1	69.8	0	0.0	5.0	2.7
172	Lira University Hospital	GOV	2001	80	4.0	352	0	3	3	18.1	0	0.0	19.0	3.3
173	Kasese Hospital	PFP	558	2	0.4	738	1	3	2	11.1	1	135.5	9.3	1.8
174	Doctors Hospital Seguku Hospital	PFP	2310	8	0.3	626	4	1	0	8.7	1	159.7	0.4	0.0
175	Bishop Ascili Hospital	PNFP	4656	163	3.5	1816	29	20	33	45.4	3	165.2	39.9	3.4
176	Ngora Freda Carr Hospital	PNFP	4008	262	6.5	812	13	22	12	58.5	1	123.2	34.7	2.8
177	Mother Of Mercy Hospital Kyengera	PNFP	242	11	4.5	125	1	0	0	8.0	0	0.0	11.5	2.7
178	Spep Karl Hospital	PNFP	211	15	7.1	24	0	0	0	0.0	0	0.0	7.3	2.7
179	Mt. St. Mary's Hospital-DOK	PNFP	4178	260	6.2	822	8	2	15	30.9	1	121.7	17.4	3.2
180	Itojo	GOV	6610	394	6.0	1989	13	35	18	33.4	4	201.1	25.9	2.4
181	Kilembe Mines Hospital	PNFP	2017	62	3.1	466	3	4	0	15.1	1	214.6	14.1	5.2
182	Norvik Hospital	PFP	1230	5	0.4	97	0	0	0	0.0	0	0.0	7.9	0.6
183	St. Joseph's Kitgum Hospital	PNFP	4147	208	5.0	876	15	10	15	45.7	2	228.3	13.0	3.2
184	LifeLink (Kyaliwajala) Hospital	PFP	1498	11	0.7	418	3	1	0	9.7	1	239.2	0.0	0.0
185	St. Francis Nyenga Hospital	PNFP	2073	85	4.1	487	7	7	8	44.5	2	410.7	21.9	3.4
186	Medi-Pal International Hospital	PFP	0	1	0.0	233	0	3	0	14.9	1	429.2	0.0	0.0
187	Corsu Rehabilitation Hospital	PNFP	2840	131	4.6	0	0	0	0	0.0	0	0.0	17.2	3.1
188	Kaabong	GOV	7952	397	5.0	1041	23	11	23	53.6	3	288.2	51.2	3.3
189	Comboni Hospital	PNFP	4067	131	3.2	1026	8	3	16	26.1	1	97.5	29.2	2.6
190	Lifelink (Ntinda) Hospital	PFP	0	11	0.0	0	0	0	0	0.0	0	0.0	0.0	0.0
191	Nkozi Hospital	PNFP	3062	97	3.2	903	13	10	11	37.9	3	332.2	28.4	3.4
192	Pioneer Hospital	PFP	384	24	6.3	0	0	0	0	0.0	0	0.0	49.8	4.8
193	Amuria	GOV	11917	368	3.1	2814	28	24	11	30.7	6	213.2	56.7	3.7
194	Kiryandongo	GOV	33242	149	0.4	3085	48	35	46	42.7	9	291.7	38.4	2.0

No.	Facility	ownership	No. of admissions	Number of Deaths	Inpatient Case Fatality Rate	Total deliveries	Fresh Still birth	Macerated still birth	Newborn deaths	Perinatal Deaths/1000	Maternal deaths	MMR/100,000	Bed Occupancy Rate (%)	ALOS= Patient Days/Admissions
195	Kuluva Hospital	PNFP	3657	239	6.5	1037	10	11	11	31.2	1	96.4	34.8	7.3
196	Dr Agarwal's Eye Hospital	PFP	0	41	0.0	0	0	0	0	0.0	0	0.0	0.0	0.0
197	Abim	GOV	7191	274	3.8	962	11	4	8	24.1	3	311.9	59.9	3.5
198	URO Care Hospital	PFP	0	34	0.0	0	0	0	0	0.0	0	0.0	0.0	0.0
199	Makerere University Hospital	GOV	0	131	0.0	0	0	0	0	0.0	0	0.0	0.0	0.0
200	Bai Heath & Medical International Centre Hospital	PFP	0	16	0.0	0	0	0	0	0.0	0	0.0	0.0	0.0
201	ASG Eye Hospital	PFP	0	161	0.0	0	0	0	0	0.0	0	0.0	0.0	0.0
202	Al-Shafa Hospital	PFP	340	15	4.4	32	1	0	0	31.3	0	0.0	2.3	2.0
203	St. Anthony's Hospital	PNFP	1556	58	3.7	372	0	3	3	16.2	0	0.0	13.0	2.2
204	Dabani Hospital	PNFP	4164	132	3.2	852	14	8	9	36.4	4	469.5	31.8	2.0
205	Ayiko International Hospital	PNFP	497	16	3.2	78	0	0	0	0.0	0	0.0	0.6	0.3
206	Tumu Hospital	PNFP	130	44	33.8	0	0	0	0	0.0	0	0.0	13.4	2.0
207	Florence Nightingale Hospital	PFP	1036	31	3.0	95	1	4	1	88.2	0	0.0	12.4	2.1
208	St. Andrea Kahwa Kooki Community Hospital	PFP	693	6	0.9	59	3	0	0	52.6	0	0.0	19.5	1.9
209	MK International Hospital	PFP	206	33	16.0	9	0	0	0	0.0	0	0.0	0.7	0.4
210	Terrewode Community Women Hospital	PNFP	237	117	49.4	0	0	0	0	0.0	0	0.0	32.1	12.4
211	Buluba Hospital	PNFP	2138	165	7.7	575	7	8	9	42.9	1	173.9	14.9	3.3
212	Vine Hospital	PFP	186	24	12.9	0	0	0	0	0.0	0	0.0	2.6	0.4
213	Mbarara Community Hospital	PFP	23	4	17.4	0	0	0	0	0.0	0	0.0	6.6	3.0
214	Kabarole COU Hospital	PNFP	2249	95	4.2	342	2	5	3	29.2	1	292.4	16.8	2.4
215	Kumi Orthopaedic Centre Hospital	PFP	721	10	1.4	0	0	0	0	0.0	0	0.0	6.0	3.7
216	Havana Orthopaedic Hospital	PFP	98	30	30.6	0	0	0	0	0.0	0	0.0	21.8	7.3
217			1089069	47474	4.4	277095.0	2575.0	3112.0	2476	30.1	358	129.2	47.6	3.5

ANNEX 4: HC IV PERFORMANCE AGAINST APGS AND DRGS

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
1	Panyadoli Health Centre IV	GOV	15,217	123,299	556.0	3.7	26.6	0.0	0.2	0.44%	264	37.3	2.4	64.5
2	Kidera Health Centre IV	GOV	8,982	42,724	45.0	0.5	15.0	78.9	0.1	0.00%	55	95.4	2.1	63.5
3	Bujubuli Health Centre IV	GOV	10,719	52,245	7.0	0.1	7.0	46.8	0.3	0.00%	230	18.7	1.5	62.1
4	Butenga Health Centre IV	GOV	8,560	23,968	87.0	1.0	17.6	30.9	0.3	0.41%	55	87.6	2.1	60.7
5	Rwashamaire Health Centre IV	GOV	2,725	19,231	18.0	0.7	3.2	0.0	0.1	0.00%	26	47.9	1.7	59.9
6	Sebbi Medical Health Centre IV	PFP	2,577	24,911	7.0	0.3	1.4	0.0	0.6	0.00%	100	13.7	1.9	57.2
7	Namwendwa Health Centre IV	GOV	5,552	22,180	29.0	0.5	9.4	0.0	0.3	0.12%	56	62.1	2.3	57.1
8	Serere Health Centre IV	GOV	12,850	31,253	191.0	1.5	10.4	89.8	0.4	0.41%	91	117.0	3.0	57.1
9	Kyangwali Health Centre IV	GOV	11,583	27,117	35.0	0.3	15.4	0.0	0.4	0.14%	133	70.2	2.9	56.9
10	Semuto Health Centre IV	GOV	7,038	34,473	2.0	0.0	8.6	0.0	0.2	0.00%	20	179.5	1.9	54.8
11	Budadiri Health Centre IV	GOV	7,417	23,959	94.0	1.3	12.8	0.0	0.3	0.30%	61	83.0	2.5	54.7
12	Nyabirongo Health Centre IV	GOV	5,973	28,602	13.0	0.2	6.5	35.8	0.4	0.00%	41	102.2	2.6	54.6
13	Karugutu Health Centre IV	GOV	5,518	22,538	26.0	0.5	11.2	50.2	0.4	0.00%	53	80.0	2.8	54.5
14	Busiu Health Centre IV	GOV	10,118	27,903	27.0	0.3	13.2	39.0	0.3	0.10%	55	83.4	1.7	54.3
15	Ssembabule Health Centre IV	GOV	7,471	30,555	23.0	0.3	19.0	0.0	0.4	0.00%	38	87.1	1.6	54.2
16	Nabiganda Health Centre IV	GOV	8,483	33,227	4.0	0.0	7.2	0.0	0.0	0.00%	25	105.8	1.1	54.1
17	Budaka Health Centre IV	GOV	18,732	59,060	281.0	1.5	13.0	104.1	0.2	0.48%	61	219.1	2.6	54.0
18	Kibuku Health Centre IV	GOV	11,329	58,576	31.0	0.3	8.1	71.2	0.3	0.12%	36	150.2	1.7	53.6
19	Kiyumba Health Centre IV	GOV	1,372	10,488	36.0	2.6	11.1	0.0	0.3	0.00%	13	27.7	1.0	53.6
20	Kisenyi Health Centre IV	GOV	7,810	43,263	54.0	0.7	3.9	10.4	0.4	0.00%	72	66.4	2.2	53.3
21	Bufumbo Health Centre IV	GOV	5,707	28,862	40.0	0.7	17.3	0.0	0.2	0.15%	34	117.4	2.6	53.2
22	Kikuube Health Centre IV	GOV	3,811	15,585	31.0	0.8	10.1	0.0	0.3	0.76%	29	74.2	2.1	53.2
23	Amolatar Health Centre IV	GOV	6,126	33,269	25.0	0.4	14.7	56.1	0.2	0.00%	49	73.0	2.1	53.1

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
24	Alebtong Health Centre IV	GOV	3,916	37,412	29.0	0.7	12.0	0.0	0.3	0.24%	49	52.8	2.4	53.0
25	Dokolo Health Centre IV	GOV	7,264	42,792	229.0	3.2	10.5	0.0	0.1	1.12%	75	129.5	4.9	52.6
26	Henrob Family Clinic	PFP	2,451	23,006	14.0	0.6	8.4	0.0	0.6	0.00%	52	2.3	0.2	52.5
27	Aboke Health Centre IV	GOV	3,099	34,268	0.0	0.0	7.8	0.0	0.3	0.60%	25	105.8	3.1	52.4
28	Ntuusi Health Centre IV	GOV	2,188	15,013	23.0	1.1	13.8	0.0	0.4	0.00%	25	42.8	1.8	52.1
29	Luzira Staff Clinic	GOV	2,982	82,565	10.0	0.3	2.9	73.0	0.2	0.00%	78	23.7	2.3	52.1
30	Bukasakya Health Centre IV	GOV	638	13,669	4.0	0.6	11.0	0.0	0.1	0.00%	10	35.9	2.0	51.8
31	Apapai Health Centre IV	GOV	7,990	26,855	22.0	0.3	1.6	0.0	0.3	0.12%	37	157.9	2.7	51.6
32	Bugobero Health Centre IV	GOV	6,978	31,985	1.0	0.0	19.7	38.3	0.3	0.00%	42	0.8	0.0	51.4
33	St. Andrews Bkira Maria Health Centre IV	PNFP	5,365	16,545	44.0	0.8	13.8	0.0	0.4	0.25%	87	38.1	2.2	51.3
34	Nsinze Health Centre IV	GOV	7,131	22,682	86.0	1.2	26.7	47.6	0.3	0.57%	49	112.6	2.8	51.1
35	Kiganda Health Centre IV	GOV	6,437	17,151	6.0	0.1	14.3	0.0	0.3	0.10%	34	103.7	2.0	50.9
36	Kebisoni Health Centre IV	GOV	1,985	16,920	46.0	2.3	10.9	0.0	0.2	0.00%	37	10.8	0.7	50.8
37	Busia Health Centre IV	GOV	9,759	53,230	38.0	0.4	2.5	0.0	0.2	0.17%	45	57.5	1.0	50.7
38	Kapelebyong Health Centre IV	GOV	8,327	22,350	74.0	0.9	27.8	0.0	0.3	0.05%	83	41.5	1.5	50.7
39	Kangulumira Health Centre IV	GOV	6,573	45,485	19.0	0.3	6.2	0.0	0.2	0.00%	65	53.1	1.9	50.5
40	Ngora Health Centre IV	GOV	7,261	24,911	8.0	0.1	14.1	94.7	0.3	0.00%	66	9.9	0.3	50.0
41	Bugono Health Centre IV	GOV	3,763	29,245	25.0	0.7	18.5	0.0	0.2	0.46%	33	53.6	1.7	50.0
42	Mpumudde Health Centre IV	GOV	4,104	31,117	18.0	0.4	13.0	0.0	0.2	0.00%	40	59.3	2.1	49.9
43	Bukulula Health Centre IV	GOV	3,384	13,587	6.0	0.2	17.8	0.0	0.4	0.00%	26	52.9	1.5	49.8
44	Rwamwanja Health Centre IV	GOV	15,733	50,386	67.0	0.4	50.3	0.0	0.3	0.00%	168	76.8	3.0	49.7
45	Lamu Medical Centre	PFP	459	2,364	2.0	0.4	14.5	0.0	0.6	0.00%	12	17.2	1.7	49.7
46	Bukuku Health Centre IV	GOV	2,979	15,473	5.0	0.2	15.5	0.0	0.3	0.00%	29	59.3	2.1	49.4
47	Kakumiro Health Centre IV	GOV	7,821	15,312	56.0	0.7	22.7	0.0	0.2	0.00%	57	72.5	1.9	49.3
48	Kolonyi Health Centre IV	PNFP	2,457	11,448	58.0	2.4	25.7	213.2	0.4	0.30%	59	32.6	2.9	49.3

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
49	Kassanda Health Centre IV	GOV	5,621	21,769	5.0	0.1	18.4	25.6	0.3	0.00%	26	32.1	0.5	49.2
50	Mparo Health Centre IV	GOV	3,049	14,378	19.0	0.6	15.0	0.0	0.2	0.00%	45	53.7	2.9	49.1
51	Nagongera Health Centre IV	GOV	12,731	39,885	8.0	0.1	2.3	0.0	0.1	0.00%	34	187.7	1.8	49.0
52	Namayumba Health Centre IV	GOV	6,291	19,705	13.0	0.2	16.3	32.8	0.3	0.00%	33	0.5	0.0	49.0
53	Span Medicare	PFP	378	33,351	7.0	1.9	0.0	0.0	0.4	0.00%	13	7.0	0.9	49.0
54	Nankandulo Health Centre IV	GOV	6,001	34,465	38.0	0.6	8.7	88.3	0.1	0.15%	63	80.5	3.1	48.9
55	Kakindo Health Centre IV	GOV	5,939	23,709	56.0	0.9	11.9	0.0	0.2	0.19%	45	79.4	2.2	48.8
56	Mayuge Health Centre IV	GOV	12,604	38,518	103.0	0.8	38.4	26.3	0.2	0.37%	74	130.4	2.8	48.8
57	Kinoni Health Centre IV	GOV	1,749	12,192	57.0	3.3	4.4	0.0	0.3	0.00%	19	0.8	0.0	48.8
58	Buwenge Health Centre IV	GOV	4,111	21,640	10.0	0.2	16.1	0.0	0.2	0.00%	33	46.9	1.4	48.7
59	Maziba Health Centre IV	GOV	1,502	22,271	2.0	0.1	7.3	0.0	0.2	0.00%	48	9.5	1.1	48.7
60	Kibiito Health Centre IV	GOV	5,566	23,042	109.0	2.0	13.3	79.9	0.3	0.00%	49	93.9	3.0	48.6
61	Rubare Health Centre IV	GOV	1,966	13,116	4.0	0.2	0.0	68.7	0.2	0.00%	25	44.1	2.0	48.6
62	Palabek-Kal Health Centre IV	GOV	3,891	20,993	58.0	1.5	17.0	0.0	0.2	0.94%	49	63.7	2.9	48.5
63	Franciscan Health Centre IV	PNFP	1,247	6,532	11.0	0.9	39.0	0.0	0.5	0.00%	26	21.7	1.7	48.5
64	Ntwetwe Health Centre IV	GOV	4,929	19,622	76.0	1.5	13.9	46.1	0.2	1.12%	49	82.0	3.0	48.5
65	Busaru Health Centre IV	PNFP	6,036	10,305	308.0	5.1	25.3	0.0	0.7	0.83%	112	46.5	3.2	48.4
66	Kazo Health Centre IV	GOV	3,717	31,551	46.0	1.2	13.3	121.9	0.2	0.22%	47	18.9	0.9	48.3
67	Anyeke Health Centre IV	GOV	6,779	33,838	104.0	1.5	27.4	42.5	0.2	1.29%	64	65.4	2.3	48.2
68	Budondo Health Centre IV	GOV	4,800	24,546	3.0	0.1	13.3	0.0	0.2	0.00%	52	58.1	2.3	48.2
69	Kakuuto Health Centre IV	GOV	6,336	17,200	43.0	0.7	27.0	0.0	0.3	0.00%	61	63.7	2.2	48.2
70	Chahafi Health Centre IV	GOV	2,419	18,488	1.0	0.0	9.5	0.0	0.2	0.00%	36	48.3	2.6	48.1
71	St. Francis Health Care Services Health Centre	PNFP	2,376	12,242	11.0	0.5	2.7	0.0	0.3	0.00%	101	16.2	2.5	48.0
72	Bwizibwera Health Centre IV	GOV	3,037	18,085	68.0	2.2	18.2	0.0	0.2	0.44%	37	42.8	1.9	47.9

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
73	Kabubbu Health Centre IV	PNFP	2,045	14,100	13.0	0.6	18.8	0.0	0.2	0.00%	24	6.3	0.3	47.9
74	Kalaki Health Centre IV	GOV	4,484	32,724	2.0	0.0	10.3	0.0	0.1	0.00%	36	101.1	2.9	47.8
75	Buwambo Health Centre IV	GOV	6,739	41,627	4.0	0.1	1.6	0.0	0.2	0.00%	21	166.3	1.9	47.8
76	Buyende Bugaya Health Centre IV	GOV	5,686	35,522	13.0	0.2	7.2	0.0	0.1	0.00%	38	86.7	2.1	47.7
77	Musana Community Health Centre IV	PNFP	1,881	18,548	8.0	0.4	0.0	0.0	0.3	0.00%	22	27.0	1.2	47.6
78	Kiruhura Health Centre IV	GOV	3,866	14,960	54.0	1.4	3.2	64.1	0.2	0.00%	32	68.1	2.1	47.6
79	IPI Health Center IV - Katulaga	PNFP	1,571	9,416	3.0	0.2	0.0	0.0	0.2	0.00%	22	0.5	0.0	47.5
80	Kitwe Health Centre IV	GOV	4,464	18,619	64.0	1.4	13.4	46.4	0.3	0.50%	40	23.4	0.8	47.4
81	Bugolobi Medical Centre	PFP	585	40,715	19.0	3.2	34.9	0.0	0.5	0.00%	21	2.8	0.4	47.4
82	Kyarusozi Health Centre IV	GOV	3,603	26,215	54.0	1.5	13.1	0.0	0.2	1.13%	32	57.4	1.9	47.2
83	Kiyunga Health Centre IV	GOV	5,778	40,174	42.0	0.7	14.8	101.6	0.3	0.15%	29	97.3	1.8	47.2
84	Nyahuka Health Centre IV	GOV	9,244	29,754	23.0	0.2	10.0	0.0	0.1	0.00%	64	144.6	3.7	47.1
85	Kihihi Health Centre IV	GOV	5,510	27,311	56.0	1.0	14.9	98.6	0.2	0.00%	84	55.9	3.1	47.1
86	River Oli Health Centre IV	GOV	4,390	22,483	5.0	0.1	13.7	115.7	0.2	0.00%	47	36.5	1.4	47.1
87	Butebo Health Centre IV	GOV	6,653	27,336	16.0	0.2	11.3	106.8	0.2	0.00%	43	109.3	2.6	47.0
88	Kajjansi Health Centre IV	GOV	5,085	41,821	41.0	0.8	8.8	0.0	0.3	0.00%	20	93.2	1.3	46.8
89	Holy Cross - Kikyusa Health Centre IV	PNFP	1,661	11,094	9.0	0.5	15.5	0.0	0.3	0.00%	50	16.9	1.8	46.8
90	Kiwangala Health Centre IV	GOV	2,123	23,548	5.0	0.2	11.0	0.0	0.4	0.00%	26	38.0	1.7	46.8
91	Ruteete Health Centre IV	GOV	2,475	13,311	15.0	0.6	3.7	74.3	0.2	0.00%	25	56.0	2.1	46.8
92	Nankoma Health Centre IV	GOV	7,335	26,418	40.0	0.5	19.0	0.0	0.2	0.00%	52	74.6	1.9	46.7
93	Herona Medical Centre	PFP	2,487	66,576	14.0	0.6	1.3	0.0	0.3	0.00%	50	31.6	2.3	46.7
94	Mulanda Health Centre IV	GOV	5,864	31,006	20.0	0.3	9.4	0.0	0.2	0.00%	41	116.3	3.0	46.6
95	Kyazanga Health Centre IV	GOV	4,274	27,677	4.0	0.1	5.9	0.0	0.4	0.00%	26	134.0	3.0	46.4
96	Benedict Health Centre	PNFP	683	19,913	8.0	1.2	7.7	0.0	0.4	0.00%	67	6.2	2.2	46.4

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
97	Bugembe Health Centre IV	GOV	4,901	34,464	5.0	0.1	10.6	46.1	0.1	0.00%	42	60.5	1.9	46.4
98	Bubulo Health Centre IV	GOV	3,284	22,316	2.0	0.1	4.3	0.0	0.2	0.00%	23	78.9	2.0	46.3
99	Kamukira Health Centre IV	GOV	2,901	26,367	9.0	0.3	1.7	0.0	0.1	0.00%	34	46.0	2.0	46.2
100	Ogur Health Centre IV	GOV	5,657	32,805	120.0	2.1	14.9	0.0	0.1	0.88%	38	56.3	1.4	46.2
101	Bukomero Health Centre IV	GOV	5,393	30,128	37.0	0.7	11.9	0.0	0.2	0.44%	46	61.8	1.9	46.2
102	Kaserem Health Centre IV	GOV	3,071	12,420	17.0	0.6	8.2	102.8	0.1	0.00%	22	0.9	0.0	46.2
103	Lwengo Health Centre IV	GOV	3,066	34,771	18.0	0.6	14.1	0.0	0.3	0.73%	30	63.7	2.3	46.1
104	Rugazi Health Centre IV	GOV	7,176	28,009	56.0	0.8	10.6	0.0	0.4	0.00%	62	77.5	2.4	46.1
105	Nyimbwa Health Centre IV	GOV	4,106	22,637	19.0	0.5	3.5	0.0	0.3	0.00%	27	125.0	3.0	46.0
106	Busesa Health Centre IV	GOV	6,719	21,084	15.0	0.2	20.5	142.0	0.2	0.22%	33	113.0	2.0	46.0
107	Tiriri Health Centre IV	GOV	4,952	30,818	45.0	0.9	24.8	73.3	0.4	0.28%	44	100.6	3.3	46.0
108	Buvuma Health Centre IV	GOV	2,687	25,352	29.0	1.1	14.4	109.5	0.2	0.32%	21	63.7	1.8	46.0
109	Adumi Health Centre IV	GOV	2,605	28,063	24.0	0.9	14.1	90.9	0.4	0.00%	32	45.5	2.0	46.0
110	Ndejje Health Centre IV	GOV	6,498	63,204	12.0	0.2	4.3	0.0	0.3	0.00%	20	0.0	0.0	45.9
111	Mwera Health Centre IV	GOV	1,867	11,232	4.0	0.2	4.8	0.0	0.2	0.00%	24	62.2	2.9	45.9
112	Kikyo Health Centre IV	GOV	3,130	9,526	14.0	0.4	0.0	0.0	0.0	0.00%	28	65.6	2.2	45.9
113	Muyembe Health Centre IV	GOV	7,343	23,455	196.0	2.7	23.9	49.5	0.3	0.81%	40	42.1	0.8	45.9
114	Delight Medical Centre Mukura	PFP	730	988	10.0	1.4	0.0	0.0	0.3	0.00%	17	4.2	0.4	45.9
115	Omugo Health Centre IV	GOV	3,683	29,759	34.0	0.9	24.3	44.4	0.2	2.17%	34	85.2	2.9	45.9
116	Kataraka Health Centre IV	GOV	890	12,729	5.0	0.6	12.5	0.0	0.3	0.00%	10	31.8	1.3	45.7
117	Rwebisengo Health Centre IV	GOV	3,136	16,573	22.0	0.7	13.3	0.0	0.2	0.00%	21	63.0	1.5	45.5
118	Buwasa Health Centre IV	GOV	3,327	14,521	10.0	0.3	9.0	111.6	0.3	0.00%	21	127.8	2.9	45.5
119	Kanungu Health Centre IV	GOV	4,018	20,887	51.0	1.3	20.5	0.0	0.4	0.00%	52	58.3	2.8	45.4
120	Awach Health Centre IV	GOV	6,609	25,171	48.0	0.7	10.6	82.0	0.1	0.34%	46	105.0	2.7	45.4

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
121	Nakasongola Heath Centre IV	GOV	6,262	23,891	74.0	1.2	28.7	54.2	0.4	0.30%	52	97.7	3.0	45.4
122	Kigorobya Health Centre IV	GOV	1,995	29,670	15.0	0.8	8.0	0.0	0.0	0.00%	12	62.3	1.4	45.3
123	Orient Medical Centre	PNFP	1,005	6,562	6.0	0.6	12.2	0.0	0.3	0.00%	10	50.0	1.8	45.3
124	State House Health Centre IV	GOV	3,272	60,861	22.0	0.7	13.0	0.0	0.3	0.00%	53	49.2	2.9	45.2
125	Bwijanga Health Centre IV	GOV	2,322	8,526	18.0	0.8	15.6	79.6	0.2	0.47%	26	50.0	2.0	45.0
126	Rugaaga Health Centre IV	GOV	2,880	14,720	43.0	1.5	8.8	0.0	0.2	0.25%	36	51.8	2.3	45.0
127	Bukedea Health Centre IV	GOV	9,659	30,330	102.0	1.1	22.0	132.9	0.3	0.04%	66	108.3	2.7	45.0
128	Rubaya Health Centre IV	GOV	1,650	18,041	14.0	0.8	5.9	0.0	0.2	0.00%	44	24.8	2.4	44.9
129	Rhino Camp Health Centre IV	GOV	3,810	18,232	40.0	1.0	25.9	0.0	0.2	0.78%	33	65.8	2.1	44.8
130	Pakwach Health Centre IV	GOV	6,873	18,286	98.0	1.4	27.0	37.1	0.3	1.41%	57	81.4	2.4	44.8
131	St. Francis (Mityana) Health Centre IV	PNFP	209	5,258	6.0	2.9	7.1	0.0	0.0	0.00%	10	8.6	1.5	44.7
132	Yumbe Health Centre IV	GOV	7,535	30,629	54.0	0.7	7.7	0.0	0.2	0.46%	63	67.5	2.1	44.6
133	Aduku Health Centre IV	GOV	5,826	26,023	67.0	1.2	28.0	92.3	0.2	0.00%	52	112.6	3.6	44.5
134	Pajule Health Centre IV	GOV	5,291	13,366	75.0	1.4	19.9	63.6	0.1	0.89%	46	86.0	2.7	44.5
135	Nsiika Health Centre IV	GOV	3,449	19,360	35.0	1.0	10.9	64.6	0.1	0.85%	33	64.2	2.3	44.5
136	Kawaala Health Centre IV	GOV	857	35,708	4.0	0.5	4.6	31.8	0.3	0.00%	28	0.0	0.0	44.5
137	Kojja Health Centre IV	GOV	3,461	25,726	13.0	0.4	5.4	0.0	0.4	0.00%	26	1.4	0.0	44.4
138	Rugyeyo Health Centre IV	GOV	1,222	13,105	13.0	1.1	4.4	0.0	0.2	0.00%	21	29.1	1.8	44.4
139	Tokora Health Centre IV	GOV	6,647	24,081	229.0	3.4	32.4	119.3	0.2	1.36%	44	118.8	2.9	44.1
140	Obongi Health Centre IV	GOV	7,043	18,767	58.0	0.8	26.7	94.5	0.3	0.51%	77	53.9	2.2	44.0
141	Kyanamukaaka Health Centre IV	GOV	3,828	25,443	2.0	0.1	5.0	0.0	0.3	0.00%	33	63.4	2.0	44.0
142	Padibe Health Centre IV	GOV	2,851	22,525	89.0	3.1	14.9	116.1	0.1	1.93%	109	14.6	2.0	44.0
143	Bumanya Health Centre IV	GOV	7,097	33,759	106.0	1.5	21.2	0.0	0.3	0.54%	42	136.8	3.0	43.8
144	Buyinja Health Centre IV	GOV	6,325	38,400	40.0	0.6	24.6	40.7	0.3	0.10%	27	164.4	2.5	43.8

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
145	Midigo Health Centre IV	GOV	3,857	17,965	39.0	1.0	7.9	61.6	0.2	0.00%	106	24.9	2.5	43.8
146	Nyamirami Health Centre IV	GOV	3,196	17,558	23.0	0.7	13.6	59.0	0.3	0.00%	30	89.5	3.0	43.7
147	Kyabugimbi Health Centre IV	GOV	4,673	18,212	11.0	0.2	2.9	32.0	0.2	0.00%	30	59.3	1.4	43.7
148	Bbaale Health Centre IV	GOV	3,422	32,785	87.0	2.5	34.9	172.9	0.1	0.31%	35	80.7	3.0	43.7
149	Mungula Health Centre IV	GOV	2,660	31,321	25.0	0.9	5.3	0.0	0.2	0.00%	65	29.9	2.7	43.5
150	Nalujja Health Centre IV	PFP	400	5,840	74.0	18.5	0.0	0.0	0.2	0.00%	8	3.9	0.3	43.5
151	Mpigi Health Centre IV	GOV	6,538	59,120	19.0	0.3	6.1	0.0	0.3	0.00%	45	64.0	1.6	43.5
152	Ntungamo Health Centre IV	GOV	3,526	23,992	1.0	0.0	4.0	50.0	0.2	0.00%	27	1.0	0.0	43.4
153	Warr Health Centre IV	GOV	3,396	28,261	32.0	0.9	21.7	0.0	0.2	0.00%	41	40.9	1.8	43.4
154	Bugangari Health Centre IV	GOV	2,123	19,812	3.0	0.1	10.2	59.9	0.3	9.09%	32	50.7	2.8	43.2
155	Magale (UCMB) Health Centre IV	PNFP	1,904	7,938	33.0	1.7	20.1	0.0	0.3	1.87%	83	21.7	3.4	43.2
156	Kyadondo Medical Centre	PFP	801	6,181	11.0	1.4	0.0	0.0	0.2	0.00%	35	11.3	1.8	43.0
157	Azur Health Centre IV	PNFP	1,400	11,166	9.0	0.6	12.6	0.0	0.3	0.00%	71	11.9	2.2	43.0
158	Lalogi Health Centre IV	GOV	5,813	38,092	143.0	2.5	26.3	103.7	0.2	2.55%	72	56.6	2.6	42.9
159	Patongo Health Centre IV	GOV	5,204	21,800	173.0	3.3	11.8	0.0	0.0	0.49%	56	72.9	2.9	42.8
160	Kasangati Health Centre IV	GOV	7,368	66,525	24.0	0.3	21.9	23.7	0.3	0.00%	35	75.4	1.3	42.8
161	St. Mary's Kakindo Health Centre IV	PNFP	2,898	3,760	49.0	1.7	30.5	0.0	0.4	0.09%	40	45.5	2.3	42.8
162	Nyamuyanja Health Centre IV	GOV	2,084	14,051	19.0	0.9	16.9	0.0	0.1	0.00%	33	40.6	2.4	42.8
163	Amach Health Centre IV	GOV	4,485	30,859	6.0	0.1	3.4	83.2	0.1	0.00%	34	104.1	2.9	42.7
164	K.T Medical Centre	PFP	268	2,867	7.0	2.6	0.0	0.0	0.1	0.00%	20	1.7	0.5	42.7
165	Buliisa Health Centre IV	GOV	3,714	20,060	10.0	0.3	11.4	0.0	0.1	0.10%	35	44.4	1.5	42.7
166	Moyo Mission Health Centre IV	PNFP	1,382	4,467	3.0	0.2	4.0	0.0	0.0	0.00%	39	25.2	2.6	42.6
167	St. Joseph Of the Good Shepherd Health Centre	PNFP	3,018	9,203	38.0	1.3	22.7	0.0	0.3	0.00%	73	40.8	3.6	42.5
168	Kyetume CBHC Health Centre IV	PNFP	1,261	4,348	1.0	0.1	4.7	0.0	0.3	0.00%	36	21.5	2.3	42.5

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
169	Ssekanyonyi Health Centre IV	GOV	2,286	30,616	4.0	0.2	8.0	0.0	0.2	0.00%	21	57.5	2.0	42.3
170	Kabuyanda Health Centre IV	GOV	4,477	13,116	35.0	0.8	8.9	68.3	0.1	0.75%	44	71.3	2.6	42.2
171	Nabilatuk Health Centre IV	GOV	5,820	32,434	106.0	1.8	24.1	134.4	0.1	0.56%	37	134.3	3.2	42.1
172	Ruhoko Health Centre IV	GOV	4,023	15,252	65.0	1.6	10.8	0.0	0.2	0.00%	44	47.1	1.9	42.1
173	Osepadel Medical Centre	PNFP	339	1,069	1.0	0.3	0.0	0.0	0.2	0.00%	27	1.2	0.3	42.0
174	Josiah People's Health Centre IV	PFP	423	3,649	14.0	3.3	14.9	0.0	0.4	0.00%	5	4.2	0.2	42.0
175	Karenga Health Centre IV	GOV	2,902	20,500	34.0	1.2	32.0	173.6	0.0	0.52%	43	5.5	0.3	41.9
176	Shuuku Health Centre IV	GOV	2,495	13,764	7.0	0.3	3.5	0.0	0.1	0.00%	32	47.9	2.2	41.9
177	Kibaale Health Centre IV	GOV	4,483	20,621	59.0	1.3	32.0	46.9	0.2	1.12%	54	56.5	2.5	41.9
178	Maddu Health Centre IV	GOV	2,673	13,612	29.0	1.1	28.0	68.0	0.3	0.88%	43	45.0	2.6	41.7
179	Bukasa Health Centre IV	GOV	787	24,058	4.0	0.5	7.0	0.0	0.2	0.00%	17	31.6	2.5	41.4
180	Ishongororo Health Centre IV	GOV	3,516	25,910	10.0	0.3	12.8	52.7	0.2	0.17%	73	25.4	1.9	41.4
181	Michoes Medical Health Centre IV	PFP	367	698	6.0	1.6	0.0	0.0	1.1	0.00%	11	53.8	5.8	41.3
182	Kyantungo Health Centre IV	GOV	1,949	17,347	55.0	2.8	18.3	202.8	0.3	0.12%	23	53.5	2.3	41.2
183	St. Luke Namaliga Health Centre IV	PNFP	1,100	4,870	7.0	0.6	6.5	0.0	0.2	0.00%	38	19.7	2.5	41.1
184	Lodonga Health Centre IV	PNFP	3,158	7,640	19.0	0.6	3.2	0.0	0.1	0.00%	69	35.4	2.8	41.1
185	Wagagai Health Centre IV	PFP	888	26,275	3.0	0.3	14.3	0.0	0.3	0.00%	19	28.9	2.3	41.1
186	Kalagala Health Centre IV	GOV	4,647	26,507	31.0	0.7	14.5	0.0	0.5	0.39%	31	87.1	2.2	41.0
187	Kalangala Health Centre IV	GOV	1,932	17,914	147.0	7.6	25.5	0.0	0.4	0.00%	41	28.4	2.2	41.0
188	Toroma Health Centre IV	GOV	5,351	25,409	7.0	0.1	6.9	0.0	0.0	0.00%	33	134.3	3.0	40.9
189	City Medicals Health Centre IV	PFP		21,586	10.0	0.0	15.9	0.0	0.5	0.00%	6	0.0	0.0	40.8
190	Kumi Health Centre IV	GOV	7,318	58,093	15.0	0.2	11.2	45.5	0.2	0.00%	55	88.1	2.4	40.8
191	North Kigezi Health Centre	PNFP	2,304	7,802	17.0	0.7	4.3	0.0	0.2	0.00%	28	57.8	2.6	40.8
192	Musana Community Health Centre IV (Kaliro)	PFP	569	17,826	8.0	1.4	13.3	0.0	0.0	0.00%	11	16.5	1.2	40.7

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
193	UPDF 2nd Div. Health Centre IV	GOV	1,666	17,945	17.0	1.0	16.3	0.0	0.1	0.00%	35	15.3	1.2	40.7
194	Namatala Health Centre IV	GOV	6,402	26,649	1.0	0.0	12.5	33.7	0.2	0.00%	40	155.8	3.6	40.4
195	Mulagi Health Centre IV	PNFP	2,302	5,917	12.0	0.5	14.3	0.0	0.2	0.00%	40	30.8	2.0	40.4
196	Rwekubo Health Centre IV	GOV	4,066	17,784	53.0	1.3	32.8	0.0	0.4	0.00%	58	58.4	3.1	40.3
197	Kityerera Health Centre IV	GOV	7,123	29,039	20.0	0.3	24.9	0.0	0.3	0.07%	22	114.3	1.3	40.3
198	Mother Francisca Lechner Health Centre IV	PNFP	736	4,335	3.0	0.4	23.3	0.0	0.6	0.00%	20	30.2	3.0	40.3
199	Kaproron Health Centre IV	GOV	2,655	13,602	17.0	0.6	16.6	103.6	0.1	0.00%	31	14.4	0.6	40.3
200	Orum Health Centre IV	GOV	3,735	16,151	166.0	4.4	30.3	0.0	0.4	3.30%	35	109.3	3.7	40.2
201	Njovu Ismalic Medical Centre	PNFP	2,663	11,553	43.0	1.6	0.0	0.0	0.1	0.29%	24	49.7	1.6	40.1
202	Mbarara Municipal Council Health Centre IV	GOV	2,410	11,200	2.0	0.1	6.3	0.0	0.2	0.00%	12	107.1	2.0	40.1
203	Princess Diana Health Centre IV	GOV	4,261	37,595	141.0	3.3	21.6	0.0	0.2	0.29%	30	108.9	2.8	40.1
204	Saidina Abubakar Islamic Hospital	PNFP	689	8,479	28.0	4.1	0.0	387.6	0.3	0.00%	60	4.9	1.5	40.0
205	Bugamba Health Centre IV	GOV	1,984	12,502	2.0	0.1	2.7	0.0	0.1	0.00%	27	34.8	1.7	40.0
206	Kabwohe Health Centre IV	GOV	4,850	25,600	41.0	0.8	11.3	0.0	0.2	0.00%	48	49.6	1.8	39.7
207	Ntara Health Centre IV	GOV	5,226	20,367	38.0	0.7	6.7	39.5	0.2	0.50%	44	71.5	2.2	39.6
208	Mpara Health Centre IV	GOV	3,615	20,929	5.0	0.1	6.2	0.0	0.1	0.00%	23	63.3	1.5	39.5
209	Bukwo Health Centre IV	GOV	3,726	24,048	98.0	2.6	30.1	107.6	0.3	0.00%	43	70.0	2.9	39.5
210	Alanyi Health Centre IV	PNFP	1,785	3,131	37.0	2.1	9.6	239.8	0.3	0.00%	84	22.9	3.9	39.0
211	Doctors Case Medicals Health Centre IV	PFP	796	9,653	26.0	3.3	42.7	0.0	0.5	0.00%	15	27.2	1.9	38.9
212	Hamurwa Health Centre IV	GOV	2,403	18,570	7.0	0.3	8.0	0.0	0.2	0.00%	42	51.6	3.3	38.9
213	Padre Pio Health Centre IV	PNFP	2,345	5,967	36.0	1.5	31.1	0.0	0.3	0.65%	49	32.9	2.5	38.5
214	Wakiso Health Centre IV	GOV	9,204	51,357	9.0	0.1	13.0	0.0	0.3	0.00%	37	165.2	2.5	38.5
215	Senta Medicare Health Centre IV	PFP	6	704	4.0	66.7	0.0	0.0	0.1	0.00%	2	1.6	1.8	38.2
216	Red Rose Health Centre IV	PFP	1,911	9,625	14.0	0.7	30.4	0.0	0.5	0.00%	46	35.4	3.1	38.1

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
217	Rukungiri Health Centre IV	GOV	2,291	21,592	3.0	0.1	1.0	0.0	0.2	0.00%	34	41.6	2.2	38.0
218	Bushenyi Health Centre IV	GOV	5,009	25,784	15.0	0.3	6.1	40.8	0.3	0.00%	33	112.6	2.7	38.0
219	Maracha Health Centre IV	GOV	1,475	13,842	2.0	0.1	18.2	110.3	0.1	0.00%	15	41.0	1.5	37.9
220	Bisozi Health Centre IV	GOV	2,544	21,450	3.0	0.1	2.3	0.0	0.2	0.00%	40	42.2	2.4	37.8
221	Namulundu Medical Health Centre	PFP	476	6,896	20.0	4.2	0.0	0.0	0.3	0.00%	26	21.4	4.3	37.8
222	Kamwezi Health Centre IV	GOV	2,148	16,562	11.0	0.5	18.1	0.0	0.2	0.00%	34	62.2	3.6	37.7
223	Karita Health Centre IV	GOV	2,884	30,565	11.0	0.4	17.4	107.5	0.0	0.00%	11	166.3	2.3	37.5
224	Rwesande Health Centre IV	PNFP	2,288	3,767	51.0	2.2	26.8	348.4	0.6	1.32%	60	33.5	3.2	37.4
225	Masindi Military Barracks Health Centre	GOV	2,874	23,893	2.0	0.1	17.2	0.0	0.2	0.00%	46	51.8	3.0	37.3
226	Buhunga Health Centre IV	GOV	2,931	14,569	7.0	0.2	4.1	0.0	0.2	0.00%	19	97.0	2.3	37.3
227	Love 4 Bukwo Health Centre IV	PFP	693	1,203	21.0	3.0	117.6	0.0	0.6	0.00%	50	5.3	1.4	37.3
228	Goli Health Centre IV	PNFP	3,705	7,588	149.0	4.0	24.8	0.0	0.3	2.85%	88	30.7	2.7	37.3
229	Ober Health Centre IV	GOV	1,833	30,668	2.0	0.1	9.6	0.0	0.0	0.00%	26	57.9	3.0	37.2
230	Bukwo NGO Health Centre IV	PNFP	1,542	3,596	10.0	0.6	8.7	143.1	0.1	0.00%	29	23.7	1.6	37.2
231	Sikyomu Doctors Medical Centre	PFP	238	21,281	7.0	2.9	7.5	1459.9	0.2	0.00%	8	12.4	1.6	37.2
232	Atiak Health Centre IV	GOV	3,070	11,881	18.0	0.6	22.9	0.0	0.1	0.00%	31	69.4	2.5	37.0
233	Mugabi Health Centre IV	PFP	207	1,071	20.0	9.7	0.0	0.0	1.1	12.00%	15	3.3	0.8	37.0
234	Bondo Health Centre IV	GOV	1,194	11,172	2.0	0.2	9.9	0.0	0.0	0.00%	4	80.1	1.0	37.0
235	Kairos Medical Centre (Mukono)	PFP	14	5,397	41.0	0.0	0.0	0.0	0.0	0.00%	2	7.0	4.3	36.8
236	Wanda Matugga Health Centre IV	PNFP	647	21,670	9.0	1.4	26.3	0.0	0.2	0.00%	27	9.0	1.4	36.8
237	Mukuju Health Centre IV	GOV	8,674	21,691	41.0	0.5	3.1	0.0	0.1	5.16%	37	268.2	4.1	36.7
238	Kitanga Hilbe Health Centre IV	PNFP	621	3,871	1.0	0.2	7.4	0.0	0.1	0.00%	54	6.2	2.0	36.4
239	Rubuguri Health Centre IV	GOV	1,243	19,470	11.0	0.9	1.6	159.0	0.3	0.00%	37	22.8	2.4	36.1
240	St. Mary's Kalule Health Centre IV	PNFP	1,162	5,642	2.0	0.2	0.0	0.0	0.2	0.00%	39	17.0	2.1	36.1

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
241	Walukuba Health Centre IV	GOV	4,510	30,046	9.0	0.2	0.0	0.0	0.2	0.00%	25	129.4	2.7	35.8
242	Madi-Opei Health Centre IV	GOV	2,470	25,498	82.0	3.3	24.8	0.0	0.0	1.39%	45	37.7	2.5	35.5
243	Salaama Memorial Medical Health Centre	PFP	260	1,656	30.0	11.5	31.7	0.0	0.4	0.00%	17	3.7	0.9	35.3
244	Bulucheke Health Centre IV	GOV	1,989	12,980	10.0	0.5	1.8	0.0	0.0	0.00%	10	39.2	0.7	35.3
245	St. Cyprian Ngoma Health Centre IV	PNFP	184	2,644	6.0	3.3	90.9	0.0	0.3	0.00%	12	11.0	2.6	35.0
246	Ngoma Health Centre IV	GOV	874	18,764	5.0	0.6	10.8	0.0	0.2	0.00%	13	36.0	1.9	34.8
247	Namokora Health Centre IV	GOV	5,543	30,556	139.0	2.5	29.4	0.0	0.1	0.00%	62	123.0	5.0	34.6
248	Midas Torch Health Centre IV	PFP	889	5,423	52.0	5.8	47.3	0.0	0.6	3.26%	28	18.8	2.2	34.2
249	Kakomo Health Centre IV	GOV	369	12,570	1.0	0.3	4.4	0.0	0.0	0.00%	12	13.0	1.5	34.1
250	Arahmah Medical Centre	PNFP	516	4,665	5.0	1.0	45.5	0.0	0.2	0.00%	13	37.7	3.5	33.7
251	Kira Health Centre IV	GOV	4,826	55,806	4.0	0.1	4.2	0.0	0.0	0.00%	10	248.3	1.9	33.6
252	Bitereko Health Centre IV	GOV	92	13,232	2.0	2.2	1.2	0.0	0.0	0.00%	13	2.0	1.0	33.4
253	Kigandalo Health Centre IV	GOV	3,377	33,552	3.0	0.1	21.0	0.0	0.2	0.00%	28	83.2	2.5	33.2
254	St. Luke Health Centre	PNFP	615	2,924	38.0	6.2	6.0	0.0	0.3	0.00%	26	18.1	2.8	33.0
255	Biiso Health Centre IV	GOV	9,611	22,157	175.0	1.8	14.2	282.9	0.2	0.10%	117	58.0	2.6	33.0
256	IPI Health Centre IV	PFP	418	2,103	3.0	0.7	36.7	847.5	0.3	0.00%	11	26.9	2.6	32.7
257	Ngogwe Health Centre IV	GOV	1,234	17,750	5.0	0.4	10.9	0.0	0.0	0.00%	17	33.9	1.7	32.5
258	Busanza Health Centre IV	GOV	738	14,305	106.0	14.4	0.0	0.0	0.0	0.00%	17	35.2	3.0	32.5
259	Nadunget Health Centre IV	GOV	2,790	18,074	106.0	3.8	21.5	0.0	0.0	0.00%	26	69.6	2.4	32.2
260	Bbosa Medical Centre	PFP	275	10,863	87.0	31.6	19.5	0.0	0.1	0.00%	7	31.5	2.8	31.9
261	Akokoro Health Centre IV	GOV	1,868	8,951	4.0	0.2	0.0	0.0	0.0	0.00%	10	114.5	2.2	31.7
262	Abii Clinic Health Centre	PFP	64	8,370	0.0	0.0	0.0	0.0	0.0	0.00%	6	3.1	1.1	31.3
263	Mpungu Health Centre IV	GOV	1,033	14,200	5.0	0.5	0.0	0.0	0.0	0.00%	12	7.1	0.3	31.3
264	Kimuli Health Centre IV	GOV	970	8,840	14.0	1.4	0.0	0.0	0.0	0.00%	6	93.2	2.1	31.1

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
265	Bukuya Health Centre IV	GOV	3,802	20,272	9.0	0.2	3.8	0.0	0.0	0.00%	12	258.9	3.0	30.9
266	St. Mary's Kasaala Health Centre IV	PNFP	989	10,048	12.0	1.2	20.5	505.1	0.1	0.00%	57	6.4	1.3	30.7
267	Ndiwalana Medical Centre	PFP	406	799	12.0	3.0	0.0	0.0	0.0	0.00%	8	32.6	2.5	30.7
268	Lwebitakuli Gvt Health Centre IV	GOV	477	7,848	10.0	2.1	0.0	0.0	0.0	0.00%	15	11.3	1.3	30.2
269	Jehova Rapha Health Centre IV	PFP	264	13,074	59.0	22.3	0.0	0.0	0.0	0.00%	8	20.8	2.2	30.1
270	Emmanuel Medical Health Centre	PFP	64		4.0	6.3	0.0	0.0	0.0	14.29%	3	18.3	2.6	30.0
271	EDPA (Buliisa) Health Centre IV	PFP	45	5,436	229.0	0.0	0.0	0.0	0.0	0.00%	5	3.9	1.6	29.3
272	Nabiswera Health Centre IV	GOV	939	14,850	106.0	11.3	16.9	0.0	0.2	0.00%	10	43.6	1.6	29.1
273	Kalapata Health Centre IV	GOV	1,679	15,667	13.0	0.8	9.6	0.0	0.0	0.20%	13	87.2	2.4	28.3
274	Iriri Health Centre IV	GOV	3,736	20,742	16.0	0.4	4.5	0.0	0.0	0.18%	18	209.9	3.8	27.9
275	Namalu Health Centre IV	GOV	2,049	23,929	74.0	3.6	5.8	0.0	0.0	0.00%	19	43.7	1.5	27.5
276	Hiima UCI Health Centre IV	PNFP	153	2,348	14.0	9.2	0.0	0.0	0.0	0.00%	4	19.4	1.8	27.3
277	Kitante Medical Centre	PFP	257	16,485	12.0	4.7	0.0	0.0	0.0	0.00%	7	26.4	2.8	27.0
278	Victoria Medical Services Health Centre IV	PFP	57	2,860	17.0	29.8	0.0	0.0	0.7	0.00%	10	0.0	0.0	26.3
279	5th Military Division Health Centre IV	GOV	1,698	11,099	0.0	0.0	20.8	0.0	0.0	0.00%	36	44.5	3.4	26.1
280	Wera Health Centre IV	GOV	385	25,585	32.0	8.3	3.1	0.0	0.0	0.00%	3	58.0	1.5	26.1
281	Bujuko Hosipital	PFP		581	7.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	25.0
282	Midas Touch Health Centre IV	PFP		5,285	52.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	25.0
283	Naguru Police Health Centre IV	GOV		27,024	8.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	25.0
284	Nziwa Health Centre IV	PNFP		2,158	19.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	25.0
285	Alsalam International Medical Centre	PFP		15,329	29.0	0.0	15.9	389.1	0.0	0.00%		0.0	0.0	21.0
286	Kacheri Health Centre IV	GOV	1,388	15,564	41.0	3.0	3.9	0.0	0.0	0.00%	8	0.0	0.0	20.0
287	Astu Health Centre IV	GOV		8,606	5.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
288	Frost Hospital	PFP		17,448	11.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0

No	Health Centre IV	Ownership	No. of admissions	Total OPD	Number of Deaths	Inpatient Case Fatality Rate	Perinatal Death rate /1000	MMR/100,000	Caesarean section rate	Malaria Case Fatality Rate	No. of beds	Bed Occupancy Rate	ALOS	Facility Score
289	Hope Health Centre	PFP		1,357	9.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
290	John William Kigundu Intl Hospital	PFP		894	59.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
291	Kachumbala Health Centre IV	GOV		24,544	41.0	0.0	4.8	0.0	0.0	0.00%		0.0	0.0	20.0
292	Kingsley Children's Medical Centre	PFP		8,403	14.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
293	Kisadha Memorial Health Centre IV	PNFP			54.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
294	Medik Health Centre	PFP		943	2.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
295	Nim Health Centre IV	PFP		-	8.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
296	Nsambya Police HC IV	GOV		52,099	17.0	0.0	3.6	0.0	0.0	0.00%		0.0	0.0	20.0
297	Platinum Medical Centre	PFP		21,895	173.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
298	SAS Clinic	PFP		1,223	30.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
299	Social Doctors Health Centre IV	PFP		6,078	7.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
300	Spring Medicare Health Centre IV	PFP		2,524	7.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
301	Ultra Medical Centre	PFP		3,475	7.0	0.0	0.0	0.0	0.0	0.00%		0.0	0.0	20.0
302	Naluvule Medical Health Centre	PFP		1,484	74.0	0.0	10.1	0.0	0.0	0.00%		0.0	0.0	19.0
303	Pearl Medical Centre HC IV	PFP		1,419	173.0	0.0	21.5	0.0	0.0	0.00%		0.0	0.0	16.0
304	Tonady Medical Centre	PFP		475	229.0	0.0	250.0	0.0	0.0	0.00%		0.0	0.0	15.0

ANNEX 5: HC IV FUNCTIONALITY BASED ON PROVISION OF CEMNOC

S/N	Local Government	Health Facility	Owner Ship	No. of Deliveries	Caesarean Sections	C/S Rate (%)	Transfusion Done
1	Kampala	Kisenyi Health Centre IV	GOV	9,612	3,524	36.7	YES
2	Kampala	Kawaala Health Centre IV	GOV	9,437	2,786	29.5	YES
3	Wakiso	Wakiso Health Centre IV	GOV	4,681	1,501	32.1	YES
4	Wakiso	Kasangati Health Centre IV	GOV	4,228	1,470	34.8	NO
5	Kikuube	Kyangwali Health Centre IV	GOV	3,492	1,335	38.2	YES
6	Kyegegwa	Bujubuli Health Centre IV	GOV	4,274	1,255	29.4	NO
7	Kamwenge	Rwamwanja Health Centre IV	GOV	4,076	1,250	30.7	YES
8	Sironko	Budadiri Health Centre IV	GOV	3,954	1,224	31.0	NO
9	Mpigi	Mpigi Health Centre IV	GOV	3,730	1,217	32.6	NO
10	Wakiso	Ndejje Health Centre IV	GOV	4,156	1,127	27.1	YES
11	Kasese	Nyabirongo Health Centre IV	GOV	2,793	1,122	40.2	YES
12	Kassanda	Kassanda Health Centre IV	GOV	3,899	1,108	28.4	NO
13	Kalungu	Bukulula Health Centre IV	GOV	2,460	1,104	44.9	YES
14	Rubirizi	Rugazi Health Centre IV	GOV	2,635	1,045	39.7	YES
15	Wakiso	Namayumba Health Centre IV	GOV	3,049	1,008	33.1	YES
16	Sembabule	Ssembabule Health Centre IV	GOV	2,437	980	40.2	YES
17	Budaka	Budaka Health Centre IV	GOV	3,841	947	24.7	YES
18	Kibuku	Kibuku Health Centre IV	GOV	2,810	947	33.7	NO
19	Lwengo	Kyazanga Health Centre IV	GOV	2,362	924	39.1	NO
20	Kassanda	Kiganda Health Centre IV	GOV	2,731	903	33.1	YES
21	Bukomansimbi	Butenga Health Centre IV	GOV	3,237	875	27.0	YES
22	Bunyangabu	Kibiito Health Centre IV	GOV	3,755	860	22.9	YES
23	Serere	Serere Health Centre IV	GOV	2,226	857	38.5	YES
24	Manafwa	Bugobero Health Centre IV	GOV	2,614	856	32.7	NO
25	Mayuge	Mayuge Health Centre IV	GOV	3,802	832	21.9	YES
26	Luwero	Kalagala Health Centre IV	GOV	1,599	806	50.4	YES
27	Kakumiro	Kakumiro Health Centre IV	GOV	3,115	774	24.8	NO
28	Mbale	Busiu Health Centre IV	GOV	2,565	767	29.9	YES
29	Ntoroko	Karugutu Health Centre IV	GOV	1,991	766	38.5	YES
30	Pakwach	Pakwach Health Centre IV	GOV	2,695	755	28.0	YES
31	Mbarara City	Mbarara Municipal Council Health Centre IV	GOV	3,191	745	23.3	YES
32	Bundibugyo	Busaru Health Centre IV	PNFP	1,107	744	67.2	YES
33	Bukedea	Bukedea Health Centre IV	GOV	2,257	731	32.4	NO
34	Sembabule	Ntuusi Health Centre IV	GOV	1,754	711	40.5	YES
35	Nakasongola	Nakasongola Heath Centre IV	GOV	1,845	705	38.2	YES
36	Isingiro	Rwekubo Health Centre IV	GOV	1,848	700	37.9	NO
37	Namayingo	Buyinja Health Centre IV	GOV	2,460	697	28.3	NO
38	Ngora	Ngora Health Centre IV	GOV	2,112	682	32.3	YES
39	Kole	Aboke Health Centre IV	GOV	2,290	672	29.3	NO
40	Mukono	Kojja Health Centre IV	GOV	1,861	662	35.6	NO
41	Wakiso	Kajjansi Health Centre IV	GOV	2,491	652	26.2	YES
42	Bushenyi	Bushenyi Health Centre IV	GOV	2,448	642	26.2	YES
43	Busia	Busia Health Centre IV	GOV	3,873	617	15.9	YES
44	Sheema	Kabwohe Health Centre IV	GOV	2,585	614	23.8	NO
45	Bushenyi	Kyabugimbi Health Centre IV	GOV	3,125	609	19.5	NO
46	Kakumiro	Kakindo Health Centre IV	GOV	2,634	607	23.0	YES
47	Kasese	Nyamirami Health Centre IV	GOV	1,695	593	35.0	NO
48	Soroti	Tiriri Health Centre IV	GOV	1,364	593	43.5	NO
49	Kiryandongo	Panyadoli Health Centre IV	GOV	3,484	589	16.9	YES

S/N	Local Government	Health Facility	Owner Ship	No. of Deliveries	Caesarean Sections	C/S Rate (%)	Transfusion Done
50	Wakiso	State House Health Centre IV	GOV	1,787	576	32.2	YES
51	Bugiri	Nankoma Health Centre IV	GOV	2,885	568	19.7	YES
52	Kyotera	Kakuuto Health Centre IV	GOV	1,752	561	32.0	NO
53	Ntungamo	Kitwe Health Centre IV	GOV	2,154	557	25.9	YES
54	Kitagwenda	Ntara Health Centre IV	GOV	2,532	556	22.0	NO
55	Kayunga	Kangulumira Health Centre IV	GOV	2,207	536	24.3	YES
56	Rukungiri	Bugangari Health Centre IV	GOV	1,669	535	32.1	YES
57	Kwania	Aduku Health Centre IV	GOV	2,168	527	24.3	YES
58	Namutumba	Nsinze Health Centre IV	GOV	2,100	527	25.1	YES
59	Kapelebyong	Kapelebyong Health Centre IV	GOV	1,586	526	33.2	NO
60	Mbale City	Namatala Health Centre IV	GOV	2,971	520	17.5	NO
61	Luuka	Kiyunga Health Centre IV	GOV	1,968	519	26.4	YES
62	Yumbe	Yumbe Health Centre IV	GOV	3,111	518	16.7	YES
63	Bulambuli	Muyembe Health Centre IV	GOV	2,020	517	25.6	YES
64	Arua City	River Oli Health Centre IV	GOV	2,594	517	19.9	NO
65	Kaliro	Bumanya Health Centre IV	GOV	1,466	507	34.6	YES
66	Kibaale	Kibaale Health Centre IV	GOV	2,133	506	23.7	YES
67	Fort Portal City	Bukuku Health Centre IV	GOV	1,485	504	33.9	YES
68	Kikuube	Kikuube Health Centre IV	GOV	1,590	497	31.3	YES
69	Kyankwanzi	Ntwetwe Health Centre IV	GOV	2,169	493	22.7	YES
70	Mbarara	Bwizibwera Health Centre IV	GOV	2,099	485	23.1	YES
71	Luwero	Nyimbwa Health Centre IV	GOV	1,412	482	34.1	YES
72	Kasese	Rwesande Health Centre IV	PNFP	861	479	55.6	NO
73	Kanungu	Kihihi Health Centre IV	GOV	2,029	478	23.6	YES
74	Kyotera	St. Andrews Bkira Maria Health Centre IV	PNFP	1,313	478	36.4	YES
75	Terego	Omugo Health Centre IV	GOV	2,250	463	20.6	NO
76	Mayuge	Kityerera Health Centre IV	GOV	1,694	461	27.2	YES
77	Ntungamo	Ntungamo Health Centre IV	GOV	2,000	459	22.9	YES
78	Ibanda	Ishongororo Health Centre IV	GOV	1,898	453	23.9	YES
79	Lwengo	Lwengo Health Centre IV	GOV	1,361	447	32.8	NO
80	Omoro	Lalogi Health Centre IV	GOV	1,928	444	23.0	YES
81	Kanungu	Kanungu Health Centre IV	GOV	1,236	443	35.8	YES
82	Oyam	Anyeke Health Centre IV	GOV	2,353	426	18.1	YES
83	Lwengo	Kiwangala Health Centre IV	GOV	1,281	426	33.3	NO
84	Alebtong	Alebtong Health Centre IV	GOV	1,582	424	26.8	NO
85	Soroti City	Princess Diana Health Centre IV	GOV	1,808	414	22.9	YES
86	Wakiso	Henrob Family Clinic	PFP	715	411	57.5	YES
87	Butebo	Butebo Health Centre IV	GOV	1,872	408	21.8	YES
88	Wakiso	Buwambo Health Centre IV	GOV	1,898	400	21.1	YES
89	Arua City	Adumi Health Centre IV	GOV	1,100	395	35.9	YES
90	Kiboga	Bukomero Health Centre IV	GOV	2,171	392	18.1	YES
91	Nebbi	Goli Health Centre IV	PNFP	1,469	389	26.5	YES
92	Serere	Apapai Health Centre IV	GOV	1,226	388	31.6	NO
93	Gomba	Maddu Health Centre IV	GOV	1,470	381	25.9	YES
94	Otuke	Orum Health Centre IV	GOV	916	377	41.2	NO
95	Mbale City	Bufumbo Health Centre IV	GOV	1,635	371	22.7	NO
96	Amolatar	Amolatar Health Centre IV	GOV	1,784	366	20.5	YES
97	Kumi	Kumi Health Centre IV	GOV	2,196	365	16.6	NO
98	Wakiso	Sebbi Medical Health Centre IV	PFP	615	365	59.3	NO
99	Kamuli	Namwendwa Health Centre IV	GOV	1,365	361	26.4	YES
100	Ibanda	Ruhoko Health Centre IV	GOV	1,759	357	20.3	YES
101	Kakumiro	St. Mary's Kakindo Health Centre IV	PNFP	805	346	43.0	YES

S/N	Local Government	Health Facility	Owner Ship	No. of Deliveries	Caesarean Sections	C/S Rate (%)	Transfusion Done
102	Bugweri	Busesa Health Centre IV	GOV	2,113	343	16.2	YES
103	Kazo	Kazo Health Centre IV	GOV	1,641	338	20.6	YES
104	Rwampara	Kinoni Health Centre IV	GOV	1,138	335	29.4	YES
105	Jinja City	Mpumudde Health Centre IV	GOV	1,930	333	17.3	YES
106	Obongi	Obongi Health Centre IV	GOV	1,058	332	31.4	NO
107	Iganga	Bugono Health Centre IV	GOV	1,605	329	20.5	YES
108	Dokolo	Dokolo Health Centre IV	GOV	2,196	327	14.9	YES
109	Jinja	Buwenge Health Centre IV	GOV	1,680	326	19.4	YES
110	Tororo	Mulanda Health Centre IV	GOV	1,894	325	17.2	NO
111	Kalungu	St. Joseph Of the Good Shepherd Health Centre	PNFP	1,032	322	31.2	NO
112	Manafwa	Bubulo Health Centre IV	GOV	2,081	320	15.4	NO
113	Bundibugyo	Nyahuka Health Centre IV	GOV	2,530	313	12.4	YES
114	Masaka City	Kiyumba Health Centre IV	GOV	899	311	34.6	NO
115	Ntungamo	Rubare Health Centre IV	GOV	1,455	307	21.1	YES
116	Jinja City	Bugembe Health Centre IV	GOV	2,170	303	14.0	YES
117	Masaka	Kyanamukaaka Health Centre IV	GOV	1,191	301	25.3	YES
118	Kalangala	Kalangala Health Centre IV	GOV	792	297	37.5	YES
119	Masindi	Bwijanga Health Centre IV	GOV	1,256	285	22.7	NO
120	Buyende	Kidera Health Centre IV	GOV	2,535	281	11.1	YES
121	Sironko	Buwasa Health Centre IV	GOV	896	280	31.2	NO
122	Zombo	Warr Health Centre IV	GOV	1,310	280	21.4	YES
123	Jinja City	Budondo Health Centre IV	GOV	1,498	278	18.6	NO
124	Rukungiri	Buhunga Health Centre IV	GOV	1,472	278	18.9	NO
125	Nakaseke	Semuto Health Centre IV	GOV	1,415	272	19.2	NO
126	Rukungiri	Kebisoni Health Centre IV	GOV	1,470	268	18.2	YES
127	Yumbe	Midigo Health Centre IV	GOV	1,624	267	16.4	NO
128	Kiruhura	Kiruhura Health Centre IV	GOV	1,561	263	16.8	YES
129	Adjumani	Mungula Health Centre IV	GOV	1,347	261	19.4	YES
130	Mayuge	Kigandalo Health Centre IV	GOV	1,220	254	20.8	YES
131	Rubanda	Hamurwa Health Centre IV	GOV	1,371	252	18.4	NO
132	Bukwo	Bukwo Health Centre IV	GOV	929	251	27.0	YES
133	Kassanda	Red Rose Health Centre IV	PFP	478	243	50.8	YES
134	Kabarole	Ruteete Health Centre IV	GOV	1,345	243	18.1	YES
135	Kyenjojo	Kyarusozi Health Centre IV	GOV	1,224	239	19.5	YES
136	Kampala	Luzira Staff Clinic	GOV	1,369	233	17.0	YES
137	Isingiro	Rugaaga Health Centre IV	GOV	1,016	226	22.2	NO
138	Buikwe	St. Francis Health Care Services Health Centre	PNFP	734	224	30.5	NO
139	Jinja City	Walukuba Health Centre IV	GOV	1,273	224	17.6	YES
140	Isingiro	Kabuyanda Health Centre IV	GOV	1,464	219	15.0	YES
141	Namisindwa	Magale (UCMB) Health Centre IV	PNFP	808	217	26.9	YES
142	Pader	Pajule Health Centre IV	GOV	1,573	217	13.8	YES
143	Madi-Okollo	Rhino Camp Health Centre IV	GOV	1,180	216	18.3	NO
144	Lira	Ogur Health Centre IV	GOV	1,615	212	13.1	YES
145	Nakasongola	Nabiswera Health Centre IV	GOV	953	210	22.0	YES
146	Mbale City	Kolonyi Health Centre IV	PNFP	469	208	44.3	YES
147	Rukungiri	North Kigezi Health Centre	PNFP	923	206	22.3	YES
148	Mityana	Ssekanyonyi Health Centre IV	GOV	993	205	20.6	NO
149	Kisoro	Chahafi Health Centre IV	GOV	845	197	23.3	YES
150	Mukono	Herona Medical Centre	PFP	752	195	25.9	NO
151	Tororo	Nagongera Health Centre IV	GOV	2,177	195	9.0	YES
152	Kisoro	Rubuguri Health Centre IV	GOV	629	194	30.8	NO
153	Buyende	Buyende Bugaya Health Centre IV	GOV	1,672	193	11.5	YES

S/N	Local Government	Health Facility	Owner Ship	No. of Deliveries	Caesarean Sections	C/S Rate (%)	Transfusion Done
154	Ntungamo	Mother Francisca Lechner Health Centre IV	PNFP	345	192	55.7	YES
155	Buhweju	Nsiika Health Centre IV	GOV	1,549	190	12.3	YES
156	Wakiso	Kabubbu Health Centre IV	PNFP	853	186	21.8	YES
157	Fort Portal City	Kataraka Health Centre IV	GOV	640	183	28.6	YES
158	Hoima City	Azur Health Centre IV	PNFP	566	177	31.3	YES
159	Rukungiri	Rukungiri Health Centre IV	GOV	1,015	175	17.2	NO
160	Kabale	Kamukira Health Centre IV	GOV	1,157	165	14.3	YES
161	Ntungamo	Rwashamaire Health Centre IV	GOV	1,545	164	10.6	NO
162	Buliisa	Biiso Health Centre IV	GOV	707	157	22.2	YES
163	Tororo	Mukuju Health Centre IV	GOV	1,593	154	9.7	NO
164	Ntoroko	Rwebisengo Health Centre IV	GOV	912	151	16.6	YES
165	Buvuma	Buvuma Health Centre IV	GOV	913	150	16.4	NO
166	Kayunga	Bbaale Health Centre IV	GOV	1,157	147	12.7	NO
167	Nakasongola	Franciscan Health Centre IV	PNFP	286	143	50.0	NO
168	Alebtong	Alanyi Health Centre IV	PNFP	417	142	34.1	NO
169	Luwero	Holy Cross - Kikyusa Health Centre IV	PNFP	446	141	31.6	YES
170	Mityana	Kyantungo Health Centre IV	GOV	453	140	30.9	YES
171	Kyegegwa	Mpara Health Centre IV	GOV	1,944	139	7.2	NO
172	Kamwenge	Bisozi Health Centre IV	GOV	856	138	16.1	NO
173	Kween	Kaproron Health Centre IV	GOV	965	133	13.8	YES
174	Maracha	Maracha Health Centre IV	GOV	907	132	14.6	YES
175	Mbale City	Bukasakya Health Centre IV	GOV	1,372	129	9.4	YES
176	Nakapiripirit	Tokora Health Centre IV	GOV	838	129	15.4	YES
177	Lamwo	Palabek-Kal Health Centre IV	GOV	771	127	16.5	NO
178	Nakaseke	Ngoma Health Centre IV	GOV	649	123	19.0	NO
179	Kabale	Rubaya Health Centre IV	GOV	677	123	18.2	YES
180	Lamwo	Padibe Health Centre IV	GOV	861	122	14.2	NO
181	Yumbe	Lodonga Health Centre IV	PNFP	1,853	118	6.4	YES
182	Sheema	Shuuku Health Centre IV	GOV	1,425	117	8.2	YES
183	Kalaki	Kalaki Health Centre IV	GOV	968	116	12.0	YES
184	Isingiro	Nyamuyanja Health Centre IV	GOV	777	114	14.7	YES
185	Kamwenge	Padre Pio Health Centre IV	PNFP	358	114	31.8	YES
186	Rukiga	Mparo Health Centre IV	GOV	733	112	15.3	YES
187	Amuru	Atiak Health Centre IV	GOV	746	107	14.3	NO
188	Butaleja	Mulagi Health Centre IV	PNFP	622	105	16.9	YES
189	Rwampara	Bugamba Health Centre IV	GOV	1,118	104	9.3	YES
190	Kamuli	Nankandulo Health Centre IV	GOV	1,132	104	9.2	NO
191	Kapchorwa	Kaserem Health Centre IV	GOV	973	101	10.4	YES
192	Kitgum	Namokora Health Centre IV	GOV	1,455	99	6.8	NO
193	Kyenjojo	Midas Torch Health Centre IV	PFP	166	97	58.4	YES
194	Jinja	Lamu Medical Centre	PFP	160	96	60.0	YES
195	Lira	Amach Health Centre IV	GOV	1,202	93	7.7	NO
196	Rukiga	Kamwezi Health Centre IV	GOV	500	93	18.6	YES
197	Kampala	Benedict Health Centre	PNFP	256	91	35.5	YES
198	Wakiso	Saidina Abubakar Islamic Hospital	PNFP	258	85	32.9	NO
199	Bukwo	Bukwo NGO Health Centre IV	PNFP	699	83	11.9	NO
200	Mityana	Mwera Health Centre IV	GOV	404	82	20.3	YES
201	Luwero	St. Luke Namaliga Health Centre IV	PNFP	337	81	24.0	NO
202	Kabale	Maziba Health Centre IV	GOV	362	67	18.5	YES
203	Wakiso	Mugabi Health Centre IV	PFP	63	67	106.3	YES
204	Gulu	Awach Health Centre IV	GOV	1,219	63	5.2	NO

S/N	Local Government	Health Facility	Owner Ship	No. of Deliveries	Caesarean Sections	C/S Rate (%)	Transfusion Done
205	Rukungiri	Doctors Case Medicals Health Centre IV	PFP	120	61	50.8	YES
206	Kamuli	Musana Community Health Centre IV	PNFP	172	60	34.9	NO
207	Kampala	St. Luke Health Centre	PNFP	182	60	33.0	NO
208	Mbarara City	UPDF 2nd Div. Health Centre IV	GOV	452	60	13.3	YES
209	Nabilatuk	Nabilatuk Health Centre IV	GOV	744	59	7.9	NO
210	Mukono	Kyetume CBHC Health Centre IV	PNFP	212	57	26.9	NO
211	Luwero	Njovu Ismalic Medical Centre	PNFP	549	56	10.2	NO
212	Masindi	Masindi Military Barracks Health Centre	GOV	293	54	18.4	NO
213	Butaleja	Nabiganda Health Centre IV	GOV	2,082	51	2.4	NO
214	Wakiso	Salaama Memorial Medical Health Centre	PFP	130	51	39.2	YES
215	Luwero	St. Mary's Kalule Health Centre IV	PNFP	235	46	19.6	YES
216	Kampala	Bugolobi Medical Centre	PFP	88	44	50.0	NO
217	Wakiso	Wanda Matugga Health Centre IV	PNFP	247	43	17.4	NO
218	Kanungu	Rugyeyo Health Centre IV	GOV	226	41	18.1	NO
219	Wakiso	Wagagai Health Centre IV	PFP	143	37	25.9	NO
220	Mukono	Jehova Rapha Health Centre IV	PFP	N/A	36	N/A	YES
221	Mpigi	IPI Health Centre IV	PFP	118	34	28.8	YES
222	Wakiso	Sikyomu Doctors Medical Centre	PFP	137	34	24.8	NO
223	Hoima City	City Medicals Health Centre IV	PFP	63	33	52.4	YES
224	Wakiso	Namulundu Medical Health Centre	PFP	99	33	33.3	NO
225	Kumi	Michoes Medical Health Centre IV	PFP	28	32	114.3	YES
226	Hoima	Kigorobya Health Centre IV	GOV	1,876	31	1.7	YES
227	Nakaseke	Josiah People's Health Centre IV	PFP	68	30	44.1	YES
228	Buliisa	Buliisa Health Centre IV	GOV	529	27	5.1	YES
229	Luwero	Orient Medical Centre	PNFP	79	25	31.6	NO
230	Kalangala	Bukasa Health Centre IV	GOV	146	22	15.1	YES
231	Bukwo	Love 4 Bukwo Health Centre IV	PFP	38	21	55.3	YES
232	Rukiga	Kitanga Hilbe Health Centre IV	PNFP	136	20	14.7	NO
233	Agago	Patongo Health Centre IV	GOV	1,354	20	1.5	YES
234	Kiboga	Bbosa Medical Centre	PFP	208	18	8.7	YES
235	Wakiso	IPI Health Center IV - Katulaga	PNFP	119	18	15.1	YES
236	Karenga	Karenga Health Centre IV	GOV	576	17	3.0	YES
237	Luwero	St. Mary's Kasaala Health Centre IV	PNFP	198	16	8.1	NO
238	Nakaseke	St. Cyprian Ngoma Health Centre IV	PNFP	48	15	31.2	YES
239	Lamwo	Madi-Opei Health Centre IV	GOV	559	13	2.3	YES
240	Kaliro	Musana Community Health Centre IV (Kaliro)	PFP	302	13	4.3	YES
241	Kampala	Span Medicare	PFP	33	13	39.4	YES
242	Wakiso	Emmanuel Medical Health Centre	PFP	N/A	9	N/A	YES
243	Bundibugyo	Kikyo Health Centre IV	GOV	432	8	1.9	YES
244	Masaka City	Arahmah Medical Centre	PNFP	44	7	15.9	YES
245	Kampala	Kyadondo Medical Centre	PFP	32	7	21.9	YES
246	Moyo	Moyo Mission Health Centre IV	PNFP	254	7	2.8	YES
247	Wakiso	Nalujja Health Centre IV	PFP	43	7	16.3	YES

S/N	Local Government	Health Facility	Owner Ship	No. of Deliveries	Caesarean Sections	C/S Rate (%)	Transfusion Done
248	Mityana	St. Francis (Mityana) Health Centre IV	PNFP	141	7	5.0	YES
249	Wakiso	Victoria Medical Services Health Centre IV	PFP	10	7	70.0	YES
250	Masindi	Osepadel Medical Centre	PNFP	21	5	23.8	YES
251	Kisoro	Busanza Health Centre IV	GOV	284	4	1.4	YES
252	Ngora	Delight Medical Centre Mukura	PFP	78	4	5.1	YES
253	Wakiso	K.T Medical Centre	PFP	45	3	6.7	YES
254	Moroto	Nadunget Health Centre IV	GOV	234	2	0.9	YES
255	Mukono	Kairos Medical Centre (Mukono)	PFP	136	1	0.7	NO
256	Wakiso	Senta Medicare Health Centre IV	PFP	7	1	14.3	YES
257	Pader	5th Military Division Health Centre IV	GOV	45	0	0.0	NO
258	Kampala	Abii Clinic Health Centre	PFP	3	0	0.0	NO
259	Apac	Akokoro Health Centre IV	GOV	772	0	0.0	YES
260	Kampala	Alsalam International Medical Centre	PFP	257	0	0.0	NO
261	Mitooma	Bitereko Health Centre IV	GOV	812	0	0.0	NO
262	Arua	Bondo Health Centre IV	GOV	708	0	0.0	YES
263	Wakiso	Bujuko Hosipital	PFP	10	0	0.0	N/A
264	Kassanda	Bukuya Health Centre IV	GOV	1,585	0	0.0	NO
265	Bududa	Bulucheke Health Centre IV	GOV	1,126	0	0.0	YES
266	Buliisa	EDPA (Buliisa) Health Centre IV	PFP	1	0	0.0	YES
267	Wakiso	Frost Hospital	PFP	62	0	0.0	NO
268	Kasese	Hiima UCI Health Centre IV	PNFP	N/A	0	N/A	YES
269	Luwero	Hope Health Centre	PFP	85	0	0.0	YES
270	Napak	Iriri Health Centre IV	GOV	441	0	0.0	YES
271	Wakiso	John William Kigundu Intl Hospital	PFP	17	0	0.0	YES
272	Kotido	Kacheri Health Centre IV	GOV	765	0	0.0	YES
273	Bukedea	Kachumbala Health Centre IV	GOV	1,918	0	0.0	YES
274	Kabale	Kakomo Health Centre IV	GOV	226	0	0.0	NO
275	Kaabong	Kalapata Health Centre IV	GOV	420	0	0.0	YES
276	Amudat	Karita Health Centre IV	GOV	930	0	0.0	YES
277	Rakai	Kimuli Health Centre IV	GOV	356	0	0.0	YES
278	Mukono	Kingsley Children's Medical Centre	PFP	N/A	0	N/A	YES
279	Wakiso	Kira Health Centre IV	GOV	1,186	0	0.0	YES
280	Namutumba	Kisadha Memorial Health Centre IV	PNFP	N/A	0	N/A	YES
281	Kampala	Kitante Medical Centre	PFP	31	0	0.0	NO
282	Sembabule	Lwebitakuli Gvt Health Centre IV	GOV	335	0	0.0	NO
283	Kampala	Medik Health Centre	PFP	46	0	0.0	YES
284	Kanungu	Mpungu Health Centre IV	GOV	572	0	0.0	NO
285	Kampala	Naguru Police Health Centre IV	GOV	N/A	0	N/A	NO
286	Wakiso	Naluvule Medical Health Centre	PFP	100	0	0.0	YES
287	Nakapiripirit	Namalu Health Centre IV	GOV	1,067	0	0.0	YES
288	Bukomansimbi	Ndiwalana Medical Centre	PFP	26	0	0.0	YES
289	Buikwe	Ngogwe Health Centre IV	GOV	729	0	0.0	NO
290	Mukono	Nim Health Centre IV	PFP	N/A	0	N/A	YES
291	Kampala	Nsambya Police HC IV	GOV	552	0	0.0	YES
292	Mbale City	Nziwa Health Centre IV	PNFP	146	0	0.0	NO
293	Lira City	Ober Health Centre IV	GOV	942	0	0.0	NO
294	Kampala	Pearl Medical Centre HC IV	PFP	102	0	0.0	NO
295	Kampala	Platinum Medical Centre	PFP	12	0	0.0	YES
296	Kampala	SAS Clinic	PFP	N/A	0	N/A	YES

S/N	Local Government	Health Facility	Owner Ship	No. of Deliveries	Caesarean Sections	C/S Rate (%)	Transfusion Done
297	Mukono	Social Doctors Health Centre IV	PFP	51	0	0.0	NO
298	Wakiso	Spring Medicare Health Centre IV	PFP	91	0	0.0	YES
299	Masindi	Tonady Medical Centre	PFP	6	0	0.0	NO
300	Katakwi	Toroma Health Centre IV	GOV	582	0	0.0	YES
301	Mukono	Ultra Medical Centre	PFP	59	0	0.0	YES
302	Amuria	Wera Health Centre IV	GOV	355	0	0.0	YES
303	Katakwi	Astu Health Centre IV	GOV	0	0	0.0	NO