



PARLIAMENT OF UGANDA



PARLIAMENT OF THE REPUBLIC OF UGANDA

REPORT OF THE COMMITTEE ON HEALTH TO SELECTED HEALTH FACILITIES IN BUSOGA, ELGON, BUKEDI, ANKOLE & BUGANDA SUB-REGIONS TO ASSESS THE STATE OF HEALTH SERVICE DELIVERY

Office of the Clerk to Parliament,
July, 2022

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LIST OF ABBREVIATIONS

ART – Anti-retrovirals
BP machine – Blood pressure machine
CAO – Chief Administrative Officer
CBC- Complete Blood Count
Cemnoc – Comprehensive Emergency Obstetric and Newborn Care
CF – Consolidated Fund
C-section – caesarean section
CT scan – Computed Tomography scan
DHO – District Health Officer
FY- Financial Year
GKMA – Greater Kampala Metropolitan Area
HC – Health Centre
IPD – In Patient Department
MARPs – Most at Risk Populations
NCDs – Non-communicable diseases
NMS – National Medical Stores
NTR – Non-tax revenue
OPD – Out Patient Department
PCR – Polymer Chain Reaction
PHC – Primary Health Care
PNFPs – Private not for Profit
PPE – Personal Protective Equipment
RBF – Results Based Financing
SDGs – Sustainable Development Goals
TASO- The Aids Support Organisation
TB – Tuberculosis
TC – Town Council
UGX – Ugandan Shillings
US-Sscan – ultra sound scan

VHTS- Village Health Teams

WHO – World Health Organisation














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HHG

EXECUTIVE SUMMARY

The Committee undertook a field visit in the last week of May and first week of June, 2022 to assess health service delivery and assess progress of construction works in selected health facilities in Busoga, Bukedi, Elgon, Ankole and Buganda sub-regions. The Committee visited 3 general hospitals, 15 HC IVs, 13 HC IIIs and 1 HC II.

In order to get the required information, the Committee held meetings, conducted guided tours of the health facilities, reviewed documents and administered a questionnaire at each health facility.

Key findings and recommendations from the field visit

Performance in regard to key health indicators

Key health indicators include: caesarean sections, evacuations, total number of deliveries, maternal deaths, perinatal deaths, fresh still births, macerated still births, early neonatal deaths, obstetric referrals in and obstetric referrals out.

The number of normal deliveries in health facilities greatly surpasses c-sections. There are many still births and many evacuations. However, maternal deaths have greatly reduced to figures below 10.

In order to improve performance on the above indicators, theatres at HC IVs should be well-equipped and adequately staffed to handle maternal issues. The HC IVs should be provided with ambulances to facilitate referrals to higher level units.

Staffing levels in the health facilities

The Committee found out that no health facility has fully filled its structure; many facilities lack anaesthetic officers and specialists; midwives and nurses are key in the operations of the facilities; the health facilities have been waiting for a new staffing structure for a long time and some staff are paid by donors.

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The staff shortage and lack of morale can be addressed by effecting the salary increment for medical workers effective this FY, finalising the new staffing norms and filling of vacant positions by the district service commissions.

Accommodation for staff

The need to handle health matters can crop up at any time of the day or night; hence necessitating health workers to stay at the health facilities. However, many health workers do not reside within the precincts of the health facility due to an acute shortage of housing units; some accommodation facilities pose a risk to the occupants because they are very old and dilapidated and there were no plans to address the housing challenge. The scope of some infrastructure projects by donors includes construction of staff houses but that was at very few facilities.

The Committee recommends that Government should continue with its efforts of building the stock of houses for health workers' accommodation and the dilapidated buildings should be urgently renovated.

Availability of pharmaceuticals and medical supplies

All health facilities visited have a perennial problem of stock-outs of pharmaceuticals and medical supplies. The issue is not limited to the facilities assessed, but is a national problem. The stock of critical drugs like anti-malarials, antibiotics and NCD drugs is used up fast, leaving the patients with no option but to buy the medicines. There is no proper stock-taking of the drugs and the storage space is very small. Development partners support some health facilities to purchase more medicines and supplies.

The Committee reiterates its earlier recommendations that the budget for National Medical Stores should be increased to match the increasing number of health facilities and growing catchment population served by the health units.

Availability of imaging services

X-ray machines which are only for hospitals, were found in Tororo and Busolwe hospitals but were not functioning. A few HC IVs had US scans provided by well-wishers and NGOs. These helped in reducing referrals of pregnant mothers in need of imaging services.

It is important to note that HC IVs do not have sonographers in their structures. Those that had US scan services improvised by hiring & training midwives. The above challenges can be mitigated by adopting committee proposals on equipment management and maintenance and human resources for health.

Adequacy and reliability of utilities

The Committee confirmed that all health facilities are grappling with inadequate, unreliable and unstable provision of water and electricity. The facilities are mitigating the challenges above by harvesting rain water and acquiring generators. The generators, however, are expensive to use given the meagre PHC funds at the disposal of the medical units.

The Committee encourages health facilities which do not have enough water to consider the option of rain water harvesting and those experiencing power problems to adopt solar power solutions.

An inter-ministerial committee should be set up comprising the Ministry of Health, Ministry of Energy and Mineral Development, Ministry of Local Government and Ministry of Water and Environment to develop a masterplan to address the issue of persistent power black-outs, inadequate supply of water and high utility bills at the health facilities.

Progress of ongoing construction projects

Gombe Hospital

The Committee conducted an assessment of construction and renovation works at Gombe Hospital in Butambala district. The works are supposed to last four years and started in the FY 2019/2020. During the second FY (2020/21), progress was hampered by insufficient capacity of the contractor and sub-standard works. In the last FY, implementation of the Presidential

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State of maternity wards

It was evident to the Committee that maternity wards which are usually congested, are the busiest units in the health facilities after the outpatient departments. However, the majority lack incubators and only have two (2) beds. The wards are well-stocked with thermometers and BP machines. The major reason for referrals from the maternity wards is lack of blood transfusion services and semi-functional theatres.

The Committee therefore recommends that the Ministry of Health should develop an expansion plan for maternity wards countrywide beginning with the most under-served areas. The plan should be implemented in the medium and long term. This will go a long way in reducing congestion.

State of theatres

An assessment of the state of theatres revealed that some were functioning and others were not. Non-functionality of the theatres was due to shortage of supplies, breakdown of key equipment like anaesthetic machines and autoclaves and lack of critical cadres like anaesthetic officers. It is only Nagongera HC IV without a functional theatre. All the theatres have a sufficient number of oxygen cylinders and C-section kits.

The Committee strongly recommends that the Ministry of Health should carry out a study about functionality of theatres in health centre IVs and immediately undertake the necessary action.

Functionality of laboratories

The Committee found out that laboratories under the national hub system are more functional compared to those which are not. The most common tests which the laboratories are unable to conduct include CBC, chemistry analysis, PCR and blood grouping. There is a shortage of reagents due to insufficient supplies. The servicing of safety cabinets is long overdue.

In order to improve functionality of the laboratories; the budget for NMS should be increased to enable it supply sufficient reagents and the laboratory equipment should be fixed or replaced.

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construction projects slowed down commencement of works since there was no official mode of engagement with the Army.

The Committee observed that the unsatisfactory works were partly due to weak supervision by the responsible officers.

The Committee recommends that supervision efforts should be intensified and the in-charge of Gombe Hospital should play a key role in the entire process. Subsequent payments should be based on completion of works.

Busolwe Hospital

The Committee visited Busolwe hospital which is being renovated in two phases, i.e the staff quarters by UPDF and then the main hospital structure. An unidentified contractor was procured for renovation of the main but commencement of works is awaiting clearance from the PS/ST to approve reflection of the contract sum in US dollars not Ugandan shillings.

There were complaints by the local community who were employed as casual labourers about their daily payment rates being reduced. There was also lack of proper coordination between the UPDF, MOH, the local political and technical staff and the hospital management.

The committee guided that there should be monthly joint supervision and coordination meetings of key stakeholders including the community representative like a hospital board member.

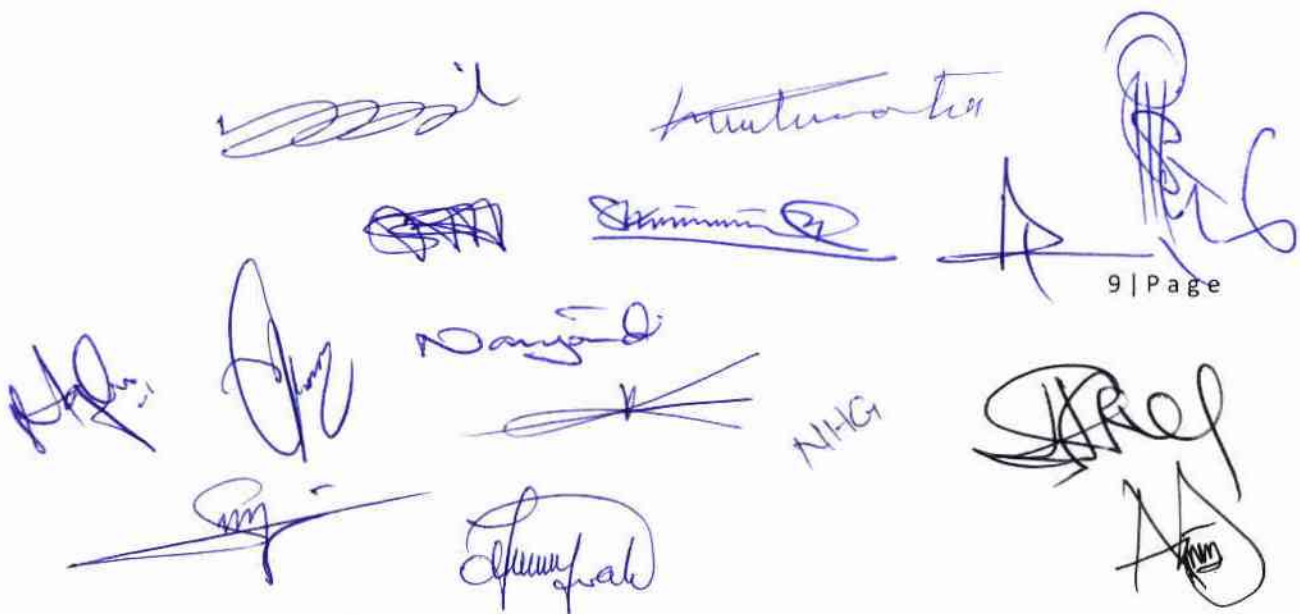
Ambulance services

An assessment of the availability of ambulances in health centre IVs reveals that 46% (6) have ambulances and 54% lack ambulances (7). Eight (8) of the 13 HC IVs assessed by the Committee had type B ambulances and only 4 had type C which are old and are duo-purpose vehicles for transportation of patients and health workers. This reveals a loophole in provision of services to the people by the Ministry of Health.

The Committee reiterates its earlier recommendation that *Government should increase the budget for the National Ambulance System Service.*

CONCLUSION

Health Centre IVs and HC IIIs serve the majority of Ugandans who are located in the rural areas. Investment in those facilities will go a long way in improving health service delivery countrywide. The investment can be financial and non-financial and the amounts and effort required vary. However, collaboration of the different stakeholders is key in the transformation.



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1.0 INTRODUCTION

Rt. Hon. Speaker and Hon. Members,

In accordance with Rule 159(c), 159(d), 189(a), 189(b), 189 (e) and 189 (f) of the Rules of Procedure of Parliament; the Committee on Health undertook a field visit to selected health facilities in Busoga, Elgon, Bukedi, Ankole and Buganda sub-regions region in the last week of May and first week of June, 2022 and now begs to report as stipulated in Rule 159 (e) and 34(1) and 34(2).

2.0 BACKGROUND

According to the Uganda National Service Delivery Survey, 2018, over 90% of health facilities (public, private, PNFPs) in the country are located in the Greater Kampala Metropolitan Area (GKMA); an inequality which threatens the country's efforts towards achieving SDG 3 – which aims at ensuring healthy lives and promoting well-being for all at all ages. The uneven distribution of health facilities where majority are found in GKMA puts a strain on health service delivery in rural areas.

The current health system is organised under four levels of health care: primary, secondary, tertiary and quaternary. About 27% of the population of the country are within 5kms of the nearest health facility while about 57% are within 10kms.

The table below shows the health service delivery standards by level of health facility

Table 1 - Health service delivery structure by level

Level	Target population	Number of beds	Staffing	Services provided
HC III	Sub-county level 20,000	20 8-maternity 6-children 4-female 2-male	19	Community-based preventive and promotive health services, outpatient, curative, maternity, in patient, laboratory
HC IV	Constituency level 100,000	50 16-maternity 12-female 12-children 10-male	49	Community-based preventive and promotive health services, outpatient, curative, maternity, in patient, laboratory, Obstetrics, US scan, emergency, simple surgery (C-section & life-saving operations), blood transfusion, mortuary
General Hospital	500,000	100-200 25-obstetirics & gynaecology 25-paediatricians	185	Community-based preventive and promotive health services, outpatient, curative, maternity, in patient,

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Maternal & Child Health

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		25-medical 25-surgery 50-others		laboratory, Obstetrics, us sound scan, emergency, simple surgery (C- section & life-saving operations), blood transfusion, mortuary Specialist services in medicine, surgery, paediatricians, community medicine, obstetrics & gynaecology, in- service training & basic research
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Source: Ministry of Health

Uganda's doctor to patient and nurse to patient ratio is approximately 1:25,000 and 1:11,000 respectively. This is way below the WHO recommended doctor to patient ratio of 1:1000. Though there is no official WHO recommended nurse to patient ratio, 1:11,000 is still inappropriate considering that most developed health care systems have a doctor to nurse ratio of 1:2-5.

According to the Annual Health Sector Budget Performance FY 2020-21, many Health Centre IVs have remained non-functional due to various reasons. Out of a total of 218 HC IVs that reported, only 187 (86%) were able to carry out caesarean sections. However, 87 of them do not have blood transfusion services. In addition, almost all new HC IVs do not provide Comprehensive Emergency Obstetric and Newborn Care (CeMNOC) services due to lack of staff and equipment.

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It is against the background above that the Committee on Health conducted a field visit to selected health facilities in Busoga, Bukedi, Elgon, Ankole and Buganda sub-regions.

3.0 OBJECTIVES OF THE FIELD VISIT

The field visit was guided by the following Terms of Reference:

- To assess performance of the health facility in relation to key health indicators;
- To establish the levels of staffing in the health facilities;
- To ascertain availability and state of accommodation facilities for medical personnel;
- To ascertain availability of pharmaceuticals and medical supplies;
- To analyse provision of maternity services;
- To establish the current state of theatres;
- To assess functionality of laboratories;
- To ascertain the level of provision of imaging services;
- To establish availability and reliability of utilities;
- To assess ongoing construction projects in the health facilities;
- To establish availability of ambulances.



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4.0 METHODOLOGY

During the field visit, the Committee utilised the following methods:

4.1 BRIEFING SESSIONS

The Committee paid courtesy calls to the district headquarters and had face to face interactions at the health facilities with the following stakeholders: District officials like the LCV Chairpersons, Chief Administrative Officers (CAO), Deputy CAOs, Resident District Commissioners, Deputy Resident District Commissioners, contractors, Ministry of Health officials, District secretaries for Health & Education, District Health Officers, Hospital Administrators, In-charge of the health facilities, District Communication Officers, Medical Workers like heads of the respective units like theatre, maternity ward, laboratory and members of the Health Management Teams of the health facilities.

4.2 GUIDED TOURS

The Committee conducted guided tours of the following facilities at the various health centers and hospitals: maternity wards, laboratories, theaters, general wards, outpatient departments, construction sites, records rooms, pharmacies, dispensaries, places of convenience, health facility compounds & staff houses.

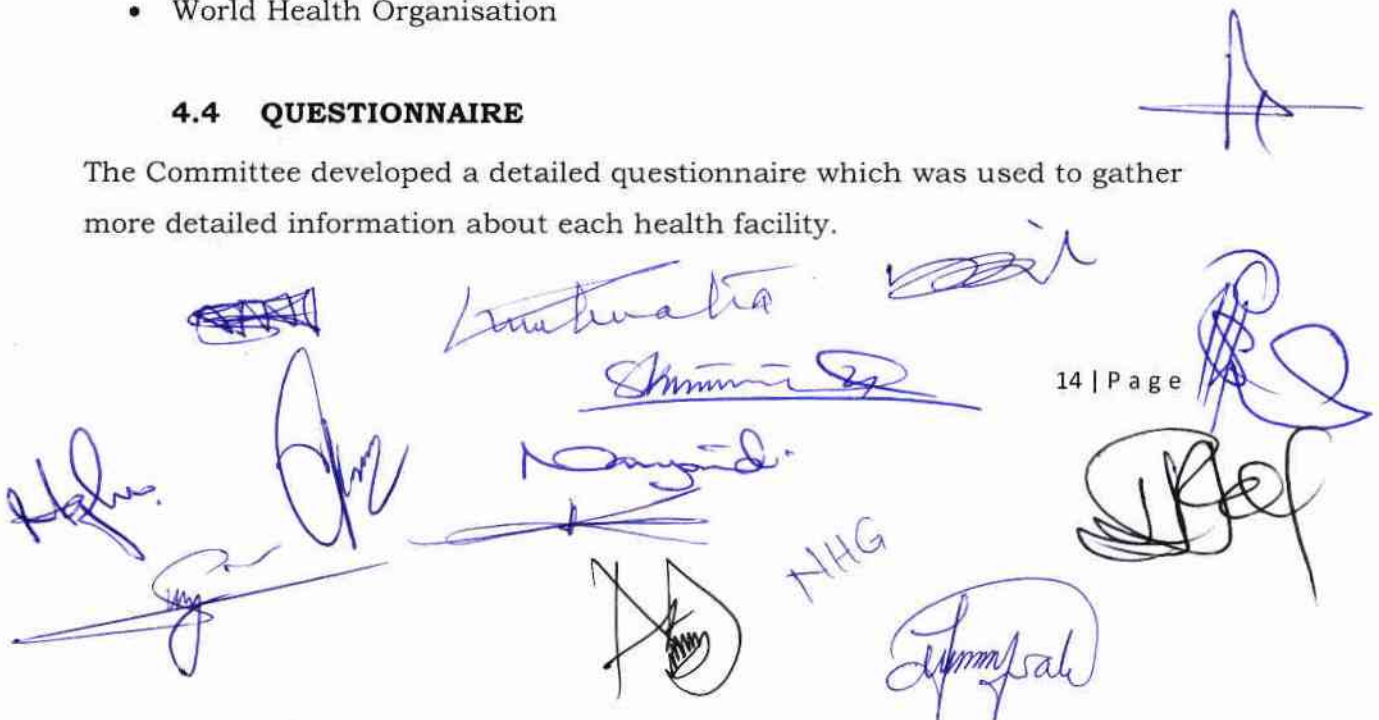
4.3 DOCUMENT REVIEW

The Committee reviewed and made reference to the following:

- Documents submitted by the hospital administrators and DHOs
- Uganda National Service Delivery Survey, 2018
- Annual Health Sector Budget Performance Report FY 2020/21
- World Health Organisation

4.4 QUESTIONNAIRE

The Committee developed a detailed questionnaire which was used to gather more detailed information about each health facility.



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The collated data collection tool for all the health facilities is attached as

Annex 1.

5.0 SCOPE

5.1 GEOGRAPHICAL SCOPE

The Committee visited the following HC II, HC IIIs, HC IVs and general hospitals.

Table 2- Health facilities visited by the Committee

S/NO	Health Facility	District
1.	Buwama HC III	Mpigi
2.	Gombe Hospital	Butambala
3.	Kifampa HC III	Gomba
4.	Butenga HC IV	Bukomansimbi
5.	Kiruhura HC IV	Kiruhura
6.	Kazo HC IV	Kazo
7.	Bwizibwera HC IV	Mbarara
8.	Rwekubo HC IV	Isingiro
9.	Kinoni HC IV	Rwampara
10.	Kikyenkye HC III	Ibanda
11.	Bugembe HC IV	Jinja
12.	Wakitaka HC III	Jinja
13.	Buyende HC III	Buyende
14.	Irundu HC III	Buyende
15.	Kaliro Town Council HC II	Kaliro
16.	Busesa HC IV	Bugweri
17.	Busembatia HC III	Bugweri
18.	Nsinze HC IV	Namutumba
19.	Magada HC III	Namutumba
20.	Kibuku HC IV	Kibuku
21.	Busasira HC III	Kibuku
22.	Budaka HC IV	Budaka
23.	Ikiiki HC III	Budaka

24.	Muyembe HC IV	Bulambuli
25.	Gamatimbei HC III	Bulambuli
26.	Busolwe General Hospital	Butaleja
27.	Busabi HC III	Butaleja
28.	Tororo General Hospital	Tororo
29.	Mulanda HC IV	Tororo
30.	Nagongera HC IVs	Tororo
31.	Busia HC IV	Busia
32.	Lumino HC III	Busia
33.	Kaliro Town Council HC II	Kaliro

5.2 CONTENT SCOPE

The content scope is laid down in the Terms of Reference as listed above.

6.0 FINDINGS, OBSERVATIONS AND RECOMMENDATIONS

6.1 PERFORMANCE OF KEY HEALTH INDICATORS AT THE HEALTH FACILITIES

The table below shows how some of the health facilities performed in terms of key indicators.

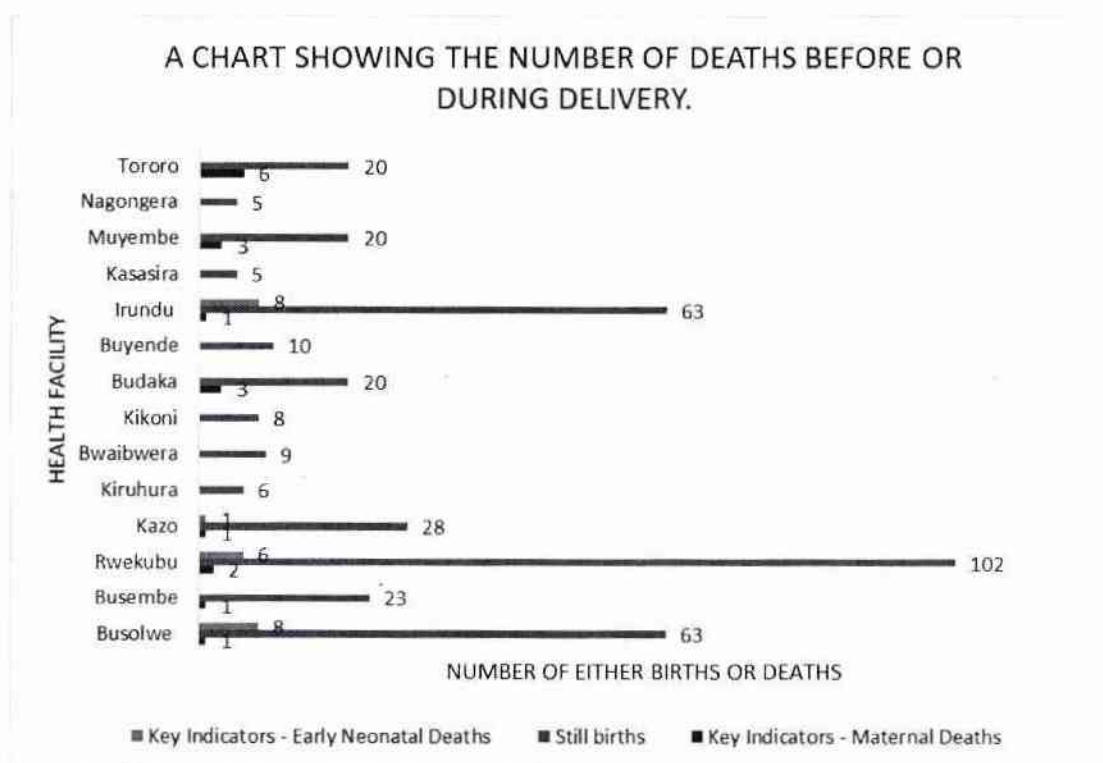
Table 3 – Key delivery indicators at selected health facilities

Facility	Maternal Deaths	Still births	Early Neonatal Deaths	Period in months
Tororo Hospital	6	20	0	5
Budaka HC IV	3	20	0	5
Muyembe HC IV	3	20	0	5
Rwekubo HC IV	2	25	6	3
Busolwe GH	1	63	8	5
Bugembe HC IV	1	23	0	5
Kazo HC IV	1	28	1	3

Irundu HC III	1	63	8	5
Kiruhura HC IV	0	6	0	3
Bwizibwera HC IV	0	9	0	3
Kikoni HC IV	0	8	0	3
Buyende HC III	0	10	0	5
Kasasira HC III	0	5	0	5
Nagongera HC IV	0	5	0	5

Source: Field visit findings

Chart 1 – Number of deaths before & during delivery at selected health facilities



From the table and graph above, Busolwe Hospital and Irundu HC III had the highest number of still births at 63 in 5 months; followed by Kazo HC IV with 28 and Rwekubo HC IV with 25.

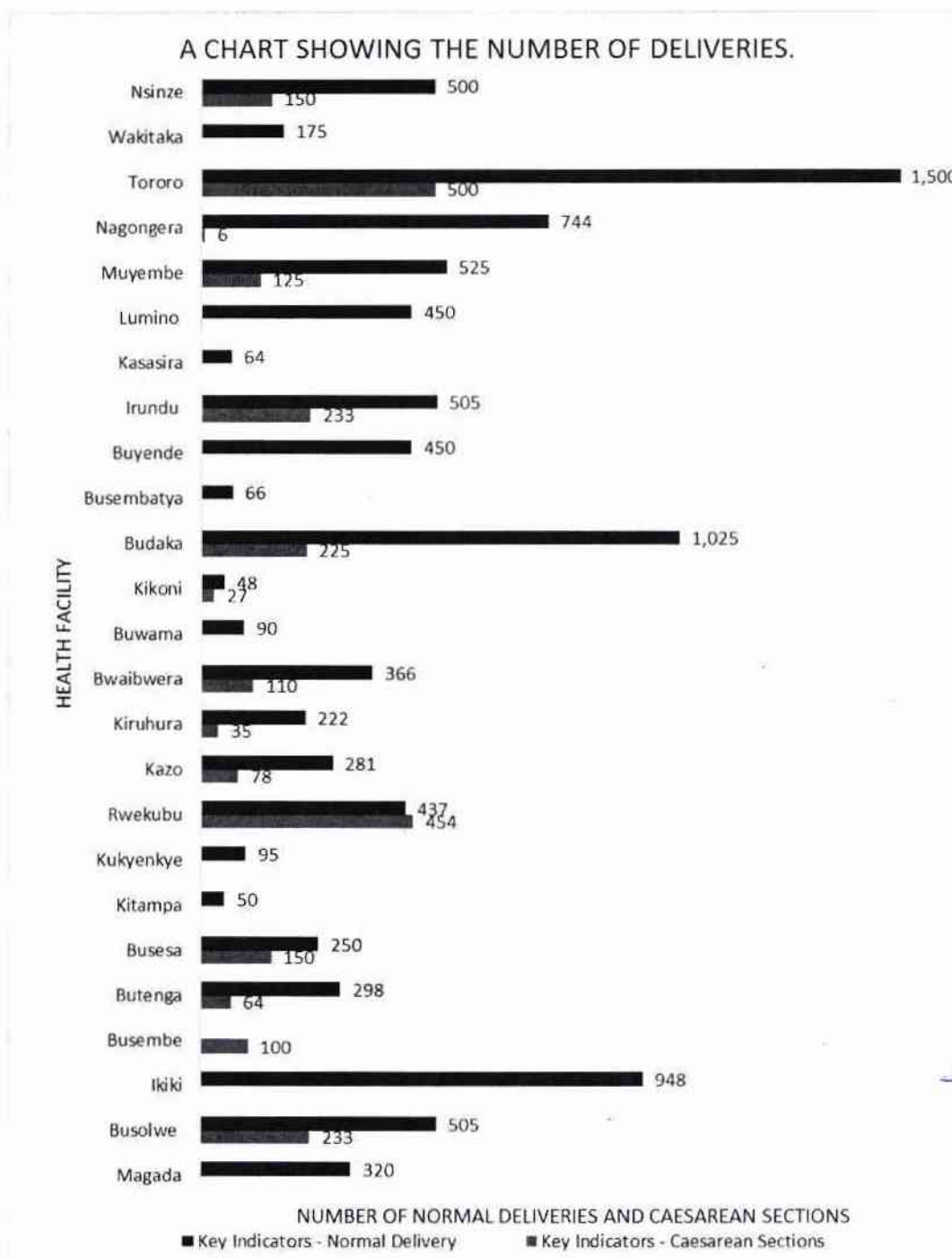


Table 4- Key child delivery indicators by health facility

Facility	Total No of Deliveries.	Caesarean Sections	Normal Delivery	Period in months
Tororo GH	2,000	500	1500	5
Budaka HC IV	1,250	225	1025	5
Ikiki HC III	948	0	948	5
Rwekubo HC IV	891	454	437	3
Nagongera HC IV	750	6	744	5
Busolwe GH	738	233	505	5
Irundu HC III	738	233	505	5
Muyembe HC IV	650	125	525	5
Nsinze HC IV	650	150	500	5
Bwizibwera HC IV	476	110	366	3
Buyende HC III	450	0	450	5
Lumino HC III	450	0	450	5
Busesa HC IV	400	150	250	5
Butenga HC IV	362	64	298	3
Kazo HC IV	359	78	281	3
Magada HC III	320	0	320	5
Kiruhura HC IV	257	35	222	3
Wakitaka HC III	175		175	5
Bugembe HC IV	850	100	0	5
Kikyenkye HC III	95	0	95	3
Buwama HC III	90	0	90	3
Kinoni HC IV	75	27	48	3
Busembatia HC III	66	0	66	5
Kasasira HC III	64		64	5
Kifampa HC III	50	0	50	3

Source: Field visit findings

Chart 2- Key child delivery indicators by health facility





From the illustrations above, across all the health facilities, there are more normal deliveries compared to caesarean sections with Tororo General Hospital having a total of 1,500 normal deliveries and 500 caesarean sections in 5 months.

Tororo Hospital topped the list with the highest number of deliveries and c-sections in 5 months followed by Budaka HC IV and Rwekubo HC IV in 3 months. The contributing factors are human resources for health and infrastructure. Rwekubo HC IV has additional support from partners in the refugee settlements

The highest number of maternal deaths reported was 3 at Budaka HC IV and Muyembe HC IV and this was largely due to delayed referrals.

Muyembe HC IV recorded the highest number of perinatal deaths at 20 with other facilities like Kazo HC IV, Buyende HC III, Budaka HC IV, Irundu HC III reporting a minimal number of 10, 10, 12 and 9 respectively.

HCIVs and some HC IIIs acted as referral points for some lower units. Rwekubo HC IV received 696 referrals out of 891 deliveries conducted. The facility sent out 49 patients for further medical attention. Irundu HC III received 163 patients as referrals and sent out 7, Budaka HC IV received 200 patients and sent out 50 while Muyembe HC IV got 215 from lower level units and referred 70.

The Committee recommends that:

Investing in HC IVs would help in strengthening the referral pathway as shown by good functionality of some HC IVs.

The Government through the Ministry of Health should compile a report on the functionality of theatres in all HC IVs countrywide so as to develop an inventory of equipment, staff and supplies, among

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others. After developing the inventory, a plan of functionalising the theatres should be drafted and urgently implemented.

Since haemorrhage is one of the leading causes of maternal deaths; the budget for Uganda Blood Transfusion Services should be increased to facilitate collection of more units of blood. The management of the health units should ensure that blood is provided to patients free of charge.

Government should increase the budget for the National Ambulance System Service so that more ambulances are available at the regional call and dispatch centres to meet the increasing demand by health facilities.

6.2 STAFFING LEVELS IN THE HEALTH FACILITIES

The staffing levels varied across health facilities. This is due to various reasons like a low wage bill, failure by the district service commissions to conduct the recruitment exercises and failure to attract candidates for various positions. It's important to note that the staffing levels can be misleading because the non-critical staff are usually more than the critical or essential staff who are needed to ensure critical and maximum service delivery. The critical staff include midwives, medical officers and anaesthetic officers.

The table below shows the percentage level of the staff at some of the health facilities the Committee visited.

Table 5- Staffing of selected health facilities

Facility	HR Standard No.	HR Total No.	%age filled
Nagongera HC IV	48	41	85.4
Magada HCIII	19	19	100.0
Buwama HCIII	19	19	100.0

Budaka HCIV	48	45	93.8
Busolwe GH	190	118	93.5
Bugembe HCIV	48	44	92.3
Kiruhura HCIV	48	44	91.7
Tororo GH	192	170	88.5
Nsinze HCIII	19	15	85.4
Busesa HCIV	48	40	83.3
Buyende HCIII	19	14	73.7
Lumino HCIII	19	14	73.7
Busembatia HCIII	19	13	68.4
Wakitaka HCIII	19	16	66.7
Irundu HCIII	19	12	63.2
Kifampa HCIII	19	11	57.9

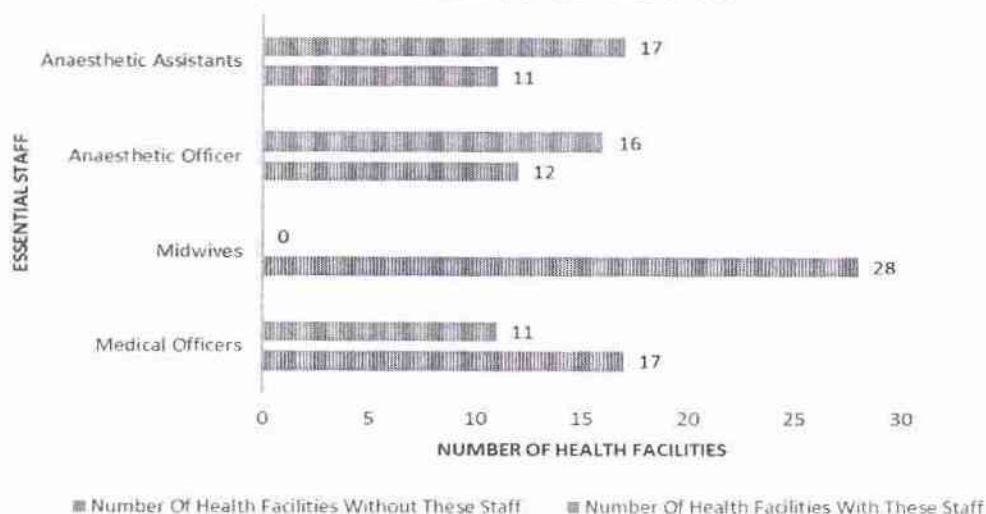
Source: field visit findings

Table 6- Staffing by key medical personnel at the health facilities

Facility	Medical Officers	Midwives	Anaesthetic Officer	Anaesthetic Assistants
Busolwe GH	10	24	5	2
Rwekubu HCIV	6	18	3	3
Tororo GH	5	45	2	0
Kiruhura HCIV	3	4	1	2
Bugembe HCIV	2	10	1	1
Butenga HCIV	2	3	1	1
Busesa HCIV	2	6	0	0
Bwaibwera HC IV	2	9	2	0
Kikoni HVIV	2	5	1	1
Budaka HC IV	2	4	1	1
Kibuku HC IV	2	7	0	1
Lumino HC III	2	4	0	0
Muyembe HC IV	2	2	1	2
NagongeraHC IV	2	6	0	0
WakitakaHC III	2	3	0	0
Nsinze HC III	2	4	1	1
Kazo HC IV	1	8	1	1

Magada HCIII	0	4	0	0
Ikiki HCIII	N/A	6	N/A	N/A
Kifampa HC IV	0	2	0	0
Kikyenkye HC IV	0	4	0	0
Buwama HC III	N/A	4	N/A	N/A
Busembatia HCIII	N/A	2	N/A	N/A
Buyende HC III	N/A	3	0	N/A
Gamatimbei HCIII	N/A	2	N/A	N/A
Irundu HCIII	N/A	5	N/A	N/A
Kaliro HC II	N/A	1	N/A	N/A
Kasasira HCIII	N/A	3	N/A	N/A
Number of health facilities with these staff	17	28	12	11
Percentage	61%	100%	43%	39%
Number of health facilities without these staff	11	0	16	17
Percent	39%	0%	57%	61%

A CHART SHOWING THE NUMBER OF HEALTH FACILITIES WITH THESE ESSENTIAL STAFF.



From Chart 3 above, fifteen (15) HC IVs had medical officers which represents 100% although some had 1 and others had the required 2.

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Twelve (12) of the fifteen (15) HCIVs had an Anaesthetic Officer which represents 80% while eleven (11) of the HC IVs had Anaesthetic Assistants and this represents 73%.

Further analysis of the staffing levels shows that many of the health facilities are largely supported by midwives and nurses. At Kifampa HC III, there is one midwife in charge of the maternity unit. Gamatimbei HC III is run by 2 midwives, 4 nurses and 1 laboratory assistant with no clinical officer. Kibuku HC III and Busembatia HC IV have no nurses. Nsinze HC IV has 11 nurses; Budaka HC IV has 15 nurses and 4 midwives. Bugembe HC IV has 10 midwives and 5 nurses.

The low staffing levels are made worse by the fact that some employees go on study leave, maternity leave and others are in acting capacity beyond 6 months. Staff who retire are not replaced. At Bwizibwera HC IV, a medical officer left 3 years ago and the position has never been filled. Having few employees in a particular department has led to fatigue amongst the staff and affected service delivery. Kibuku HC IV is the only facility visited which has an orthopaedic officer. In Muyembe HC IV, a clinical officer who had gone for a five-year study leave completed school and reported back as a medical doctor but she is being paid as a clinical officer.

The staff shortage in some facilities has been reduced by employing personnel who are paid by donors; for instance, the anaesthetic officer at Rwekubo HC IV is not paid by Government. In addition, there is a tendency of making staff act in their jobs for a long time without assuming full responsibility.

Some staff have been in the same position for a long time and have not been promoted, hence they are not motivated.

At the time of the field visit, there was a nationwide strike of Allied Health Professional workers over salary increment. However, majority of the staff in the facilities visited did not participate in the strike.

In some facilities, there was no duty rota for staff in the OPD. At Kasasira HC III, only 3 staff were available at the time of the visit, a trend which shows lack of commitment to work.

The health facilities are stuck with very old staffing structures which have not been revised for over two (2) decades.

Committee observations

A lot of money for wage is returned to the Consolidated Fund because District Service Commissions have failed to recruit staff.

Some positions fail to attract applicants due to low remuneration of the health workers and lack of other facilities like accommodation.

There was rampant absenteeism of health workers and a laissez faire attitude towards work. The monitoring of these health facilities by the MOH and DHOs is not adequate. The DHO of Bugweri snubbed calls by district officials and the Parliamentary Committee.

Health centres found in districts that had health projects or were refugee hosting e.g Rwekubo HC IV had additional staff like doctors and midwives and this translated into higher output compared to other HC IVs.

**The Committee recommends that
The Government through the Ministry of Finance should effect the proposed salary increment of medical workers despite the prevailing circumstances.**

Attraction and retention factors of staff recruitment have to be addressed in order to fill the vacant positions.

Ministry of Public Service and MOH should finalise the long-awaited new staff structure to cater for the emerging needs.

District Service Commissions should expeditiously fill vacant positions and confirm staff who have been in acting capacity for a long time.



The Ministry of Public service should also monitor and appraise district service commissions in relation to staffing gaps in all sectors.

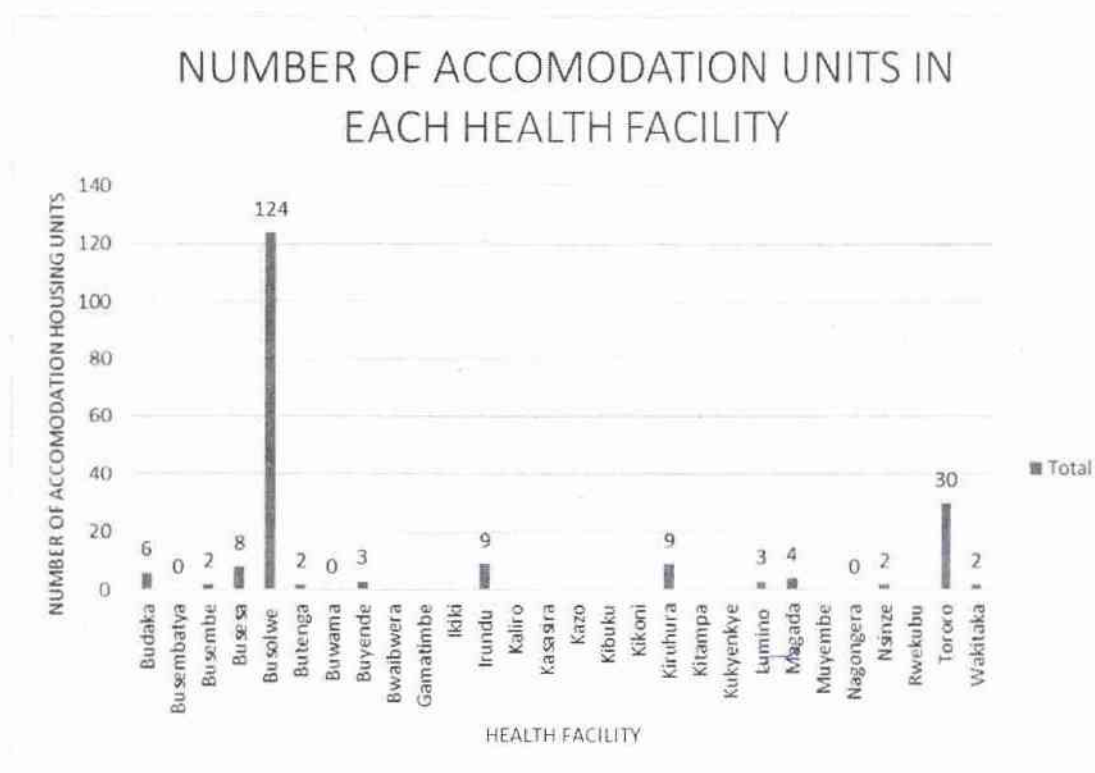
Esther Nambi, an enrolled midwife in Muyembe HC IV, who is 6 months pregnant and was on a 24 hour shift due to a colleague being on annual leave should be recognised at any of the national events to motive staff.

6.3 AVAILABILITY OF ACCOMMODATION FOR STAFF

The Committee observed that no health facility has sufficient accommodation for staff.

The chart below shows the number of housing units in each health facility.

Chart 4- Housing units in selected health facilities



From the chart above, general hospitals have more housing units for staff compared to the health centres because they have more staff. Some health facilities do not offer accommodation to their staff like Kaliro HC II and

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The majority of midwives and nurses stay at the health facilities apart from a few who commute. Not all laboratory staff and theatre staff stay at the health facilities. At Busembatia HC IV, staff rent at the nearby trading centre. Some nursing staff in Nagongera Health Center IV were being accommodated in dilapidated houses near the health centre; that is undignified. In Buyende HC IV, an old kitchen had been repurposed to accommodate 2 staff.

Despite the housing shortage, there are no plans to provide accommodation for the rest of the staff who do not stay within the health facilities.

Lack of onsite accommodation for staff negatively impacts on their performance since a lot of time and funds are spent on commuting to and from the health facility.

Government should continue with its efforts of building the stock of houses for health workers' accommodation at the health facilities, including accommodation for specialised cadres.







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6.4 AVAILABILITY OF PHARMACEUTICALS & MEDICAL SUPPLIES

The Committee noted that NMS delivered pharmaceutical supplies on a bimonthly basis as evidenced by the delivery notes and stock cards but some items were few while others like anti-malarials in some facilities had not been delivered for 2 cycles. Facility in-charges reported frequent stock-outs of pharmaceuticals and medical supplies especially towards the end of the delivery cycle.

The table below shows the supply of pharmaceuticals and medical supplies per health facility. These represent some of the tracer medicines.

Table 7- Availability of pharmaceuticals and medical supplies in health facilities

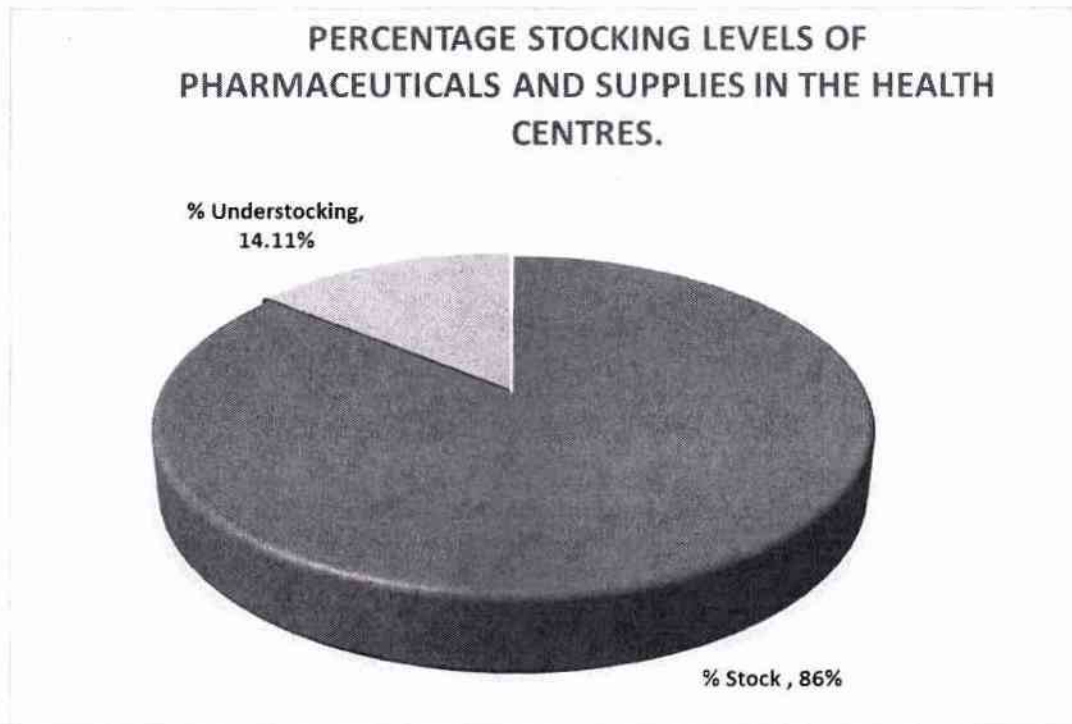
FACILITY	NUMBER OF COMMODITIES AVAILABLE AT EACH HEALTH FACILITY. (X/20)	% STOCK	% UNDERSTOCKING
Rwekubo HCIV	20	100%	0.00%
Kazo HCIV	20	100%	0.00%
Bwizibwera HCIV	20	100%	0.00%
Kinoni HCIV	20	100%	0.00%
Lumino HCIII	20	100%	0.00%
Muyembe HCIV	20	100%	0.00%
Nsinze HCIV	20	100%	0.00%
Busolwe GH	19	95%	5.00%
Butenga HCIV	19	95%	5.00%
Busesa HCIV	19	95%	5.00%
Kiruhura HCIV	19	95%	5.00%
Nagongera HCIV	19	95%	5.00%
Budaka HCIV	18	90%	10.00%
Busembatia	18	90%	10.00%

HCIH			
Kibuku HCIV	18	90%	10.00%
Ikiki HCIH	17	85%	15.00%
Kifampa HCIH	17	85%	15.00%
Buyende HCIH	17	85%	15.00%
Kaliro HCII	17	85%	15.00%
Wakitaka HCIH	17	85%	15.00%
Gamatimbe HCIH	16	80%	20.00%
Bugembe HCIV	15	75%	25.00%
Kasasira HCIH	15	75%	25.00%
Magada HCIH	13	65%	35.00%
Buwama HCIH	13	65%	35.00%
Tororo GH	13	65%	35.00%
Kikyenkye HCII	12	60%	40.00%
Irundu HC III	10	50%	50.00%
% AVERAGE		86%	14.11%

Source: Committee Field visit findings

The chart below shows the percentage of stocking of pharmaceuticals and medical supplies in health facilities.

Chart 5- Stock of pharmaceuticals and medical supplies in health facilities



From the table above, on average, the health facilities were well stocked with pharmaceuticals and supplies with most of the facilities having stocking levels higher than 65%.

Generally, the stock lasts 4 weeks after delivery due to high consumption levels and delay of delivery by NMS. The storage spaces for drugs and supplies is not adequate and the stores are small.

There was a general insufficient delivery of anti-malarials in all facilities visited in cycle 6 with Coartem 6, which is for children, being the only anti-malarial delivered. Some facilities reported being unable to receive anti-malarials in the last 2 delivery cycles. This meant adults have to go and buy anti-malarials from private facilities, thus increasing their out of pocket expenditure. Areas like Bukedi and Busoga sub-regions are endemic to malaria hence these shortages present a huge cost to households. Facilities

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like Busesa HC IV, Budaka HC IV, Irundu HC III and Tororo Hospital had shortages for antibiotics, mama kits, gloves and NCD drugs (anti-diabetes, anti-hypertensives). Some facilities like Buwama HC III and Muyembe HC IV reported that the mama kits they receive do not tally with the number of deliveries meaning mothers have to buy mama kits. Buwama receives 30 mama kits yet their need is 80-90kits while Muyembe HC IV has not received mama kits for the 3 cycles. ARVs were available in facilities that were running ART clinics. A nursing officer at Kiruhura HC IV reported that patients were developing coartem resistance although this could not be verified.

Development partners have contributed to increased availability of medicines in health facilities. At Bwizibwera HC IV, more than 95% of medicines are available courtesy of RBF support.

Committee observations

Rehabilitation at number of health centres has led to the increased patient load and yet the budget for medicines has remained static despite increasing prices of medicines due to the depreciation of the shilling against the US Dollar, which implies that fewer supplies are purchased with the same budget.

Stock-outs of crucial medicines like anti-malarials negatively impacts key health indicators since malaria is still the highest cause of morbidity and mortality amongst children below the age of five (5) in Uganda.

The committee further observed that the issue of stock-outs has become a national challenge.

Committee recommendations

The budget for National Medical Stores should be increased in the medium term to cater for the increasing demand for pharmaceuticals and medical supplies.

Continuation
Shimuni
NGG
Wanyand
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The Ministry of Health and National Medical Stores should adopt a bottom up approach and get the specific requirements of health facilities which should be proportional to the catchment population and disease burden in the area.

Anti-malarials should be prioritised in health facilities since malaria is the number one cause of morbidity and mortality across all age groups in Uganda. MOH should substantiate claims of coartem resistance and the way forward.

6.5 STATE OF MATERNITY SERVICES

The Committee observed that all facilities visited were conducting maternity services. This included antenatal care and delivery services and these were the busiest sections in health facilities after the outpatient departments. The output and scope varied based on number of personnel, equipment, infrastructure and medicines. Details of output deliveries and maternal deaths can be got in Tables 3 and 4 in the preceding pages.

The quality of emergency obstetric and neonatal care varied across the facilities. Ultrasound machines which are important in ANC are not part of the machines anchored at HC IIIs and HC IVs and this affects quality of ANC.

The Committee noted that most of the facilities lack incubators for pre-term care and those that had were sometimes non-functional like the one at Busembatia HC III. The incubators were functional at Kiruhura HC IV, Irundu HC III, Muyembe HC IV and Busia HC IV which had 4 and a phototherapy light machine for jaundiced babies. Lack of incubators is a major reason for referrals.

Pre-eclampsia, which is an obstetric emergency, was not managed in most of the facilities and was a major cause of referral. Health Centre IVs acknowledged receiving the medicines (Hydralazine and MgSO₄) for its management while HC IIIs reported that it's beyond their level of management and therefore, refer patients to HC IVs. This presents a referral

Antenatal
Skinner
AMG
Nayad
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problem especially in hard-to-reach areas like Gamatimbe HC III located in the hills of Bulambuli district.

The Committee found out that space for antenatal care, delivery units and postnatal wards was small in some facilities. This has led to congestion in the maternity wards with some mothers sleeping on the floors. The post-natal ward at Rwekubo HC IV is old. At Bwizibwera HC IV, there is only 1 post-natal bed. When maternity wards get full, the patients are transferred to the general wards. Some beds are kept in the stores due to space limitations as is the case of Iki Iki HC III which has a donation of beds stock piled in the stores. Lumino HC III and Wakitaka HC III have 6 and 2 beds respectively in the wards.

Consumables like sutures, mama kits, gloves, cottons, blood giving sets occasionally run out and the costs were borne by the patients or they had to be referred to higher facilities.

Committee observations

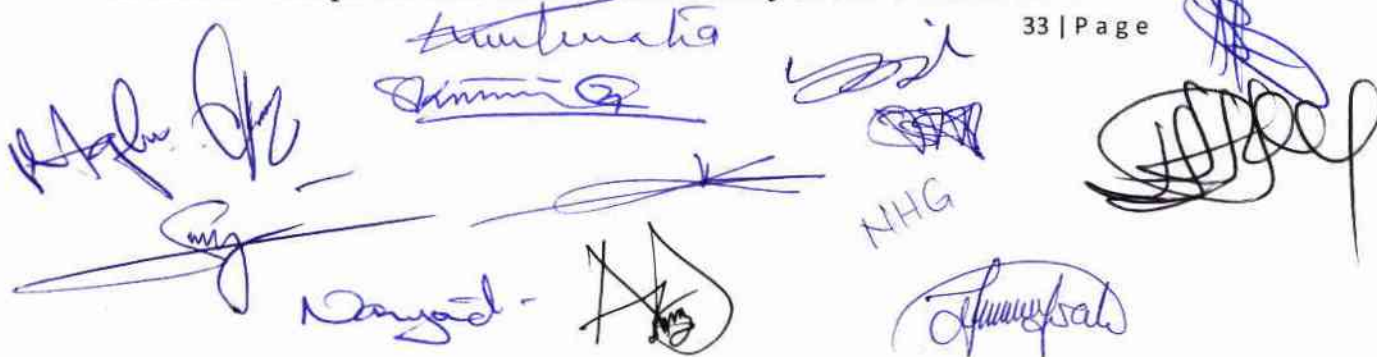
The distance from lower level health facilities to higher level facilities is long and that renders the referrals risky especially for mothers in labour. This is made worse by lack of ambulances and ill-equipped ambulances with no resuscitation equipment.

Committee recommendations

The Committee therefore recommends that factors that address the access to and quality of maternity services should be addressed. This includes midwives, medicines and consumables, infrastructure and equipment. Hard-to-reach and live areas should be prioritised when planning for service delivery.

6.6 STATE OF THEATERS IN THE HEALTH FACILITIES

As shown in Table 4 above, the Committee observed that output of theatres varied across facilities. This was due to human resources challenges, infrastructure and power and water. Functionality of the theaters is further

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affected by ability and inability to carry out blood transfusion services. Out of the 15 HC IVs visited, 11 have blood transfusion services and four do not have. The four are: Mulanda HC IV, Nagongera IV, Kiruhura HC IV and Butenga HC IV.

The paradox is that most theatres had equipment to conduct surgeries. These included theatre lights, theatre beds, surgical instruments (laparotomy sets, caeseran section sets, hernioraphy sets), autoclaves, theatre beds, suction machines, anaesthesia machines, oxygen cylinders and concentrators. Some of the anaesthesia machines were new and had not been used due to lack of the technical staff or required gases. Although still in use, some of the theatre beds are old and faulty. Lack of cylinder heads for some of the oxygen cylinders affects their functionality.

Anaesthetic officers are key theatre staff and their absence affects the output of theatres. In Nagongera HC IV, they don't have an anaesthetic officer and have to call in one from Tororo town whenever there is a surgery to be conducted. Theatres at Budaka HC IV and Rwekubo HC IVs which were non-functional in the past are now fully functional. The Budaka theatre was constructed under the Uganda Health Systems Strengthening Project (UHSSP) by the World Bank. Kazo HC IV has 3 theatre beds, but only one (1) is in use. The anaesthetic machine at Muyembe HC IV is not operational. The Mulanda HC IV theatre is under renovation.

The Committee noted that the main theatre in Busolwe Hospital is old and requires a complete overhaul. It is currently being utilised but in a bad state which increases the chances of other infections arising out of poor hygiene.

The Committee reiterates its earlier recommendation that the Government through the Ministry of Health should compile a report on the functionality of theatres in all HC IVs countrywide so as to develop an inventory of equipment, staff and supplies, among others. After developing the inventory, a plan of functionalising the theatres should be drafted and urgently implemented in a phased manner.



6.7 STATE OF LABORATORIES











The Committee observed that laboratories under the national hub system are well-staffed, well-equipped and have sufficient supply of reagents. At Rwekubo HC IV, there are 4 laboratory technicians on the Government payroll and the laboratory conducts tests for sickle cell, tuberculosis, HIV, COVID and malaria, among others. They have Gen-xpert machines. Other facilities under the national hub system are Kazo HC IV, Bwizibwera HC IV and Butenga HC IV. Bwizibwera HC IV has a microbiology laboratory as well.

The table below shows functionality of the laboratories.

Table 8- Functionality of laboratories in health facilities

Facility	NUMBER OF FUNCTIONAL LABORATORY SERVICES (X/11)	% Functional	% Non- functional
Bugembe HCIV	11	100%	0%
Busesa HCIV	11	100%	0%
Rwekubo HCIV	11	100%	0%
Budaka HCIV	11	100%	0%
Tororo GH	11	100%	0%
Busolwe GH	10	91%	9%
Butenga HCIV	10	91%	9%
Kazo HCIV	10	91%	9%
Bwizibwera HCIV	10	91%	9%

Irundu HCIII	10	91%	9%
Nsinze HCIII	10	91%	9%
Ikiki HCIII	9	82%	18%
Kifampa HCIII	9	82%	18%
Kikyenkye HCIII	9	82%	18%
Buwama HCIII	9	82%	18%
Muyembe HCIV	9	82%	18%
Nagongera HCIV	9	82%	18%
Kiruhura HCIV	8	73%	27%
Kikoni HCIV	8	73%	27%
Buyende HCIII	8	73%	27%
Gamatimbei HCIII	8	73%	27%
Kibuku HCIV	8	73%	27%
Magada HCIII	7	64%	36%
Lumino HCIII	7	64%	36%
Wakitaka HCIII	7	64%	36%
Busembatia HCIII	6	55%	45%

lacking in the laboratories visited include: CBC, chemistry analyser and blood group tests.

The Committee further observed a shortage of laboratory reagents in the facilities used and low staffing levels amidst huge numbers of patients.

The Committee was informed that Busembe HC III conducts all the necessary laboratory tests.

It came to the attention of the Committee that servicing of biosafety cabinets was overdue. At Bwizibwera HC IV, the scheduled servicing for the biosafety cabinet was due on 20th April, 2022 and the set date for Butenga HC IV's bio safety cabinet was 16th March, 2022. No servicing has been done by the time of the committee visit.

The Committee reiterates its earlier recommendation on the need to increase the budget for National Medical Stores.

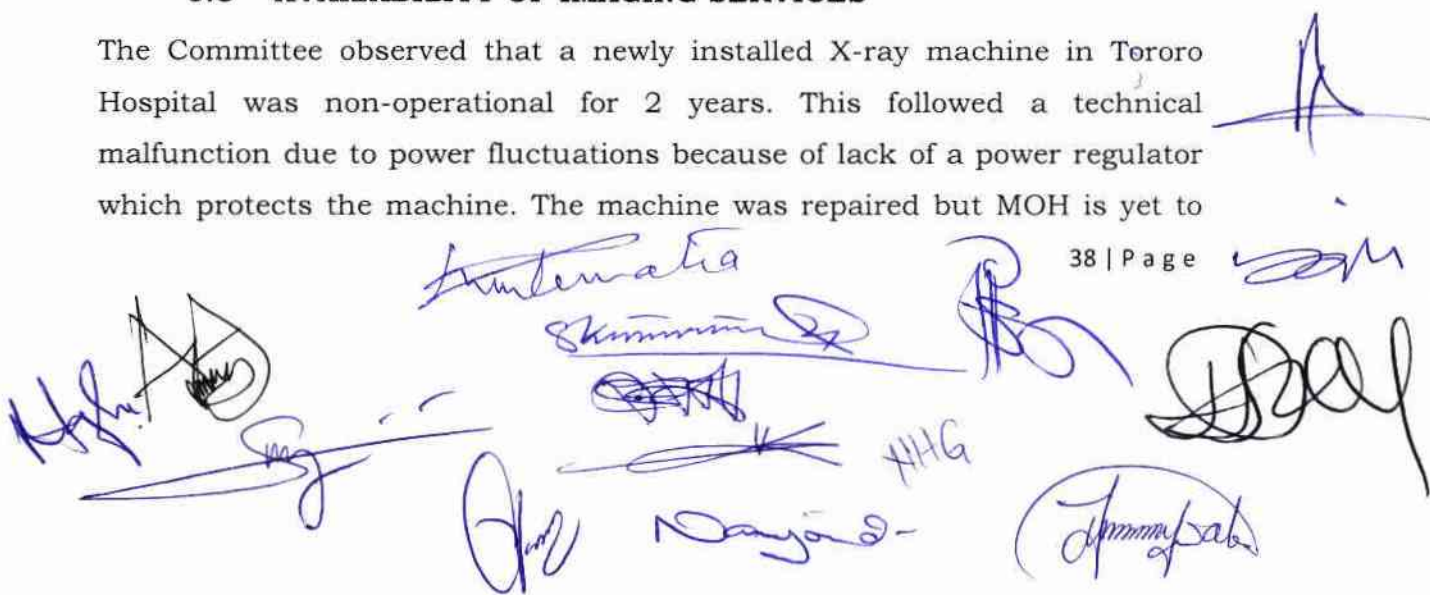
The Committee further recommends that the regional maintenance workshops should service the safety cabinets on time so as to enable the laboratories function optimally.

The hospital administrators should provide periodic reports to the DHO about the state of equipment in the laboratories so that the information is passed on to higher level authorities.

There is need to ensure that CBC and Chemistry (Liver and kidney function) machines which are very important diagnostic and treatment monitoring tests, should be installed at all HC IVs to reduce referrals and out of pocket expenditure by patients.

6.8 AVAILABILITY OF IMAGING SERVICES

The Committee observed that a newly installed X-ray machine in Tororo Hospital was non-operational for 2 years. This followed a technical malfunction due to power fluctuations because of lack of a power regulator which protects the machine. The machine was repaired but MOH is yet to



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procure and install a power regulator. In the meantime, patients are referred to private facilities and pay Shs 20,000. An on-spot call was made to the MOH Commissioner Infrastructure who acknowledged being aware of the problem and reported that the Ministry is in the process of procuring and installing the regulator.

Some health centre IVs had ultrasound machines that had been donated by well-wishers to help in maternal and fetal care.

The Committee observed that that most of the in-charges of maternity units reported the importance of ultrasound scans and fetal doppler machines in helping them to detect complications and also manage them in time. At Nagongera Health Center IV, Rotary International donated an US-scan machine but patients pay between 10,000 ugx and 15,000ugx at every visit to utilise the machine. This money is not captured in the Government's books of accounts and the in-charge reports that it is used to pay for a sonographer, maintain the machine and buy the sonograph paper/films.

Imaging services are done by sonographers; but a look at the staffing levels reveals that many of them lack this critical cadre of staff. Therefore some facilities have improvised by sending midwives, clinical officers and doctors on short courses in ultrasound sonography.

The Committee recommends that due to the emerging clinical and public health issues and increase in the population in rural areas, HC IIIs should have fetal dopplers, ultrasound scans while HC IVs should have fetal dopplers, ultrasound scans and x-ray machines.

The Committee further recommends that the prerequisite staff should also be included in the human resource structure and recruited. In the spirit of task shifting, modular courses for sonography can also be made readily available.

Ultrasound services in a health facility should be free and if it's under private wing services like in a hospital, it should be declared as non-tax revenue.

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Ultrasound and basic services should cascade downwards to HC IVs as a matter of policy.

6.8.1 GENERAL OBSERVATION ON EQUIPMENT

The Committee noted that many of the facilities visited had issues with disuse of medical equipment. This was due to an array of issues ranging from incompatibilities with power, lack of spare parts, missing parts, manuals in foreign languages such as Chinese and Spanish, among other reasons.

The Committee observed gross negligence with regard to storage and utilisation of medical equipment. While some equipment was not utilised because it was faulty, in some cases, it broke down due to the poor conditions of its storage and set up.

The Committee further noted that in the health facilities visited, whenever equipment broke down, it took a long period of time for action to be taken to either repair, decommission or replace the equipment despite informing the regional workshops. There were no regularly updated inventory records of equipment and most of the equipment was not engraved.

The Committee recommends that

The Ministry of Health takes keen interest in cases where equipment breaks down and no report is filed. Further, the Ministry should engage managers of the different facilities where these cases have arisen and ask them to show cause as to why no steps have been taken to address the breakdown of medical equipment.

Health facilities should regularly establish an inventory of equipment, clearly stating the functional and non-functional and action required.

The report should be disseminated to the DHO, regional maintenance workshops and Ministry of Health for immediate action.

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The budget for regional maintenance workshops should be increased from UGX 2.7 billion annually to at least UGX 10 billion annually to enable more equipment be maintained on a regular basis.

The Ministry of Health should recruit more Bio-Medical engineers since the new medical equipment is becoming more sophisticated. MOH should also explore the option of having service contracts with suppliers or different procurement options like equipment placement or reagent mark-up. In these cases, the equipment is owned and maintained by the supplier at a fee.

Disposal of assets should be handled routinely as per the PPDA guidelines to decongest health facilities from old, obsolete and non-functional equipment.

The Committee recommends that

The Ministry of Health takes keen interest in cases where equipment breaks down and no report is filed. Further, the Ministry should engage managers of the different facilities where these cases have arisen and ask them to show cause as to why no steps have been taken to address the breakdown of medical equipment.

The Ministry of Health should recruit more Bio-Medical engineers who can promptly respond to equipment breakdown since some breakdowns are of a minor nature.

Government should dispose of all non-functional medical equipment like X-ray machines and replacement be procured as soon as possible to provide services.

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6.9 AVAILABILITY AND ADEQUACY OF UTILITIES

The Committee discovered that water and power are still a challenge in all the facilities visited. Different facilities have access to different sources of power but the functionality varies. Power outages affect smooth running of services like theatre, maternity, ultrasound, x-ray and laboratory. Some facilities have solar panels which are only limited to key structures like theatre and maternity. Maintenance of these solar systems is a challenge if they break down. HC IVs like Kinoni HC IV, Nagongera HC IV, Bulambuli HC IV and Busembatia HC IV lack power back-up equipment like generators. Water supply varies especially due to location of the facility. i.e urban, peri-urban and rural. Gamatimbei HC III in the hills of Bulambuli uses the gravity flow water scheme, Busembatia HC III uses a borehole, Kifampa HC III in Gomba harvests rainwater, Kiruhura HCIV has piped water though inadequate (flows at night) while Butenga HC IV has piped water but low pressure. Bwizibwera has a piped water system which is functional and adequate.

The Committee observed that most of the new health infrastructure being constructed by Government has component of water harvesting and solar installation while others have sinking of boreholes that have a submersible motorised pump to a still tank which supplies to the entire facility.

The unstable power supply has led to a breakdown of equipment hence affecting service delivery.

Recommendations

All new infrastructure should have water harvesting systems installed.

Solar systems should be prioritised for lighting in health facilities to reduce huge costs. This should include staff quarters to boost their morale. There should be a maintenance plan of solar systems after installation to enable them to have a longer life span and to be quickly repaired when they are spoilt.



Health facilities should also be given consideration of industrial rate electricity since they operate 24 hours and can accrue huge bills. This will save on use of the meagre PHC resources to pay bills.

Hospitals should not be loadshedded to prevent interruption in their services but to ensure a longer life span of very sensitive equipment.

6.10 PROGRESS OF ONGOING CONSTRUCTION WORKS

The Committee visited Gombe General Hospital in Butambala district and Busolwe Hospital in Butaleja district where construction works are taking place.

GOMBE HOSPITAL

The table below provides details about Gombe Hospital.

Table 9 - Progress report on construction works at Gombe Hospital

FY	Funds disbursed	Scope of works	Progress	Challenges	Proposed mitigation measures
2019/2020	UGX 3bn	Renovation of administration and service blocks Hospital lagoon Water system Procuring digital x-ray Construction of guard's house	Work was completed	There was delayed contracting due to the administrative reviews raised during the procurement.	Work was completed
2020/2021	UGX 3bn	Construction of staff block Renovation	Work was complete	Non structural defects were	Defects shall be made



		of nurses' houses (2) Renovation of doctors' boys quarters (3) Buying equipment	d	identified and the snag list presented to the contractor to make good during the defects liability period.	good in the defects liability period (6 months).
2021/2022	UGX 3bn	Construction of staff block and MCH block	On-going Actual work progress at 20%	The directive to use the UPDF Engineering Brigade came late (01.July, 2021). Being a new policy, time was lost in developing and implementation modalities with the Army.	Currently work is progressing well.

Source: Field visit findings and Ministry of Health

The Committee noted that there was shoddy work done in some of the renovation sites like ceilings and the medical superintendent of the hospital does not sign certificates of completion of the works.

Committee recommendations

The medical superintendent, as the end user of the facility, should sign certificates of completion of works after verification.

The Ministry of Health, district officials and hospital staff should intensify supervision efforts to eliminate incidences of shoddy works.

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BUSOLWE HOSPITAL

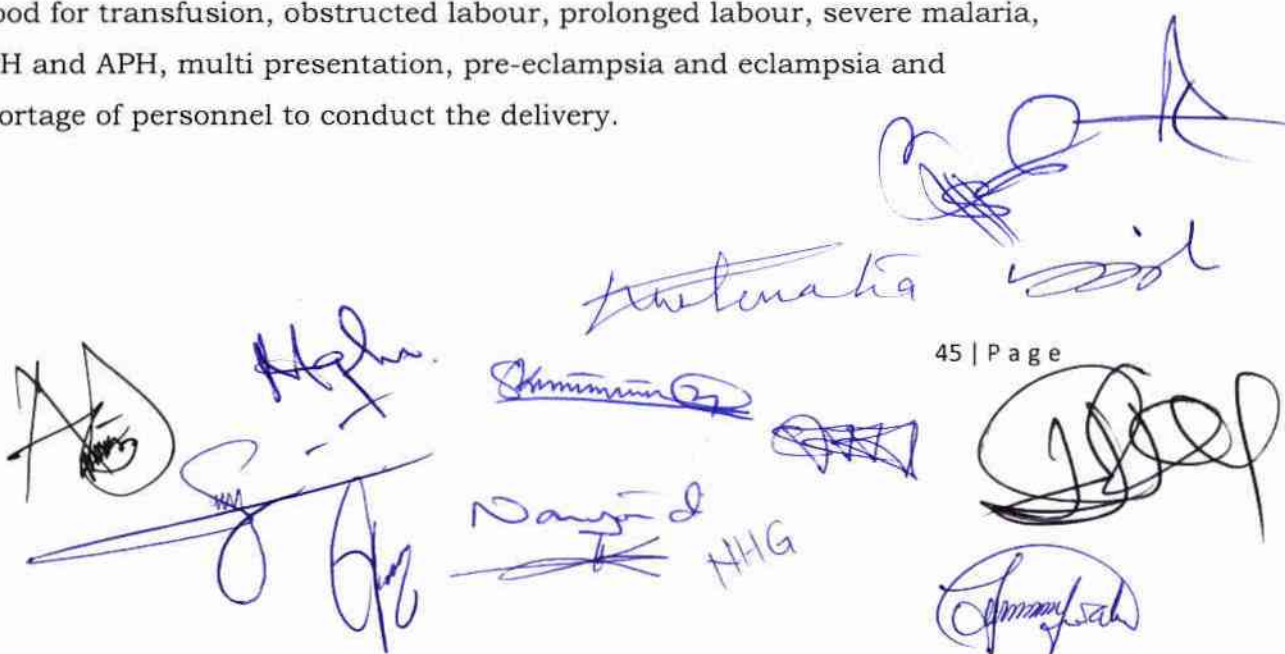
The Committee visited Busolwe Hospital which is being renovated in two phases, i.e the staff quarters by UPDF and then the main hospital structure by a contractor yet to be identified. Commencement of works on the main hospital is awaiting clearance from the PS/ST to approve reflection of the contract sum in US dollars not Ugandan shillings since the main funder is an external donor. The Government will provide counterpart funding totalling Shs 9 billion.

Some of the old iron sheets that had been removed from the staff quarters and piled somewhere had been stolen but were recovered and culprits arrested. There were complaints by the local community who were employed as casual labourers about their daily payment rates being reduced. The committee also observed the lack of proper coordination between the UPDF, MOH, the local political and technical staff and the hospital management.

The Committee guided that there should be monthly joint supervision and coordination meetings of key stakeholders including the community representative like a hospital board member. The meetings should be chaired by the medical superintendent of the hospital. It will improve coordination and prevent accusations since there is consensus and ownership of actions.

6.11 AMBULANCE SYSTEM

The Committee assessed availability and effectiveness of ambulance services in the health facilities. The common causes of referrals are: shortage of blood for transfusion, obstructed labour, prolonged labour, severe malaria, PPH and APH, multi presentation, pre-eclampsia and eclampsia and shortage of personnel to conduct the delivery.









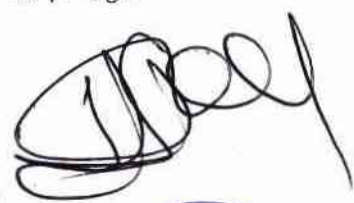




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Facility	Type B-Landcruiser	Type C -Double Cabin
Butenga HCIV	Yes	No
Rwekubo HCIV	Yes	No
Kiruhura HCIV	Yes	No
Bwizibwera HCIV	Yes	Yes
Kikoni HCIV	Yes	No
Budaka HCIV	Yes	No
Tororo GH	Yes	Yes
Nsinze HCIII	Yes	No
Magada HCIII	No	No
Busolwe GH	No	Yes
Ikiki HCIII	No	No
Bugembe HCIV	No	No
Busesa HCIV	No	No
Kifampa HCIII	No	No
Kikyenkye HCIII	No	No
Kazo HCIV	No	No
Buwama HCIII	No	No
Busembatia HCIII	No	No
Buyende HCIII	No	No
Gamatimbei HCIII	No	No
Irundu HCIII	No	Yes
Kaliro HCII	No	No
Kasasira HCIII	No	No
Kibuku HCIV	No	yes
Lumino HCIII	No	No
Muyembe HCIV	Yes	No
Nagongera HCIV	No	No
Wakitaka HCIII	No	No
Number of facilities with MOH Ambulances (Yes)	8	4



This particular three wheeled Ambulance was used way back in the colonial days .




Amal Kumar











The Nissan hard body Pick-up was distributed by the Ministry of Health in the early 2000s and some are still in use in some Health Facilities like this one in Busia district.






















The Government of Uganda moved to the landlover just like the one in the Photo above was captured in Muyembe Health Center IV in Bulambuli district and there a few notable ones that are still in Use in some of other districts.

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Then there came the Nissan Patrols SUVs which were majorily a donated by the Government of Japan through JICA and there a few that are still running, this particular one was caputered in Busolwe Hospital in Butaleja District.






Handwritten signatures and initials in blue ink, including:



- A large, stylized signature on the right side.
- A signature that appears to be "Shimmin" in the center.
- A signature that appears to be "Mukemato" below the center.
- A signature that appears to be "NHG" below "Mukemato".
- A signature that appears to be "Nanyor" at the bottom center.
- A signature that appears to be "Gungu" on the left.
- A signature that appears to be "Hofu" on the far left.
- A signature that appears to be "Sai" on the right.
- A signature that appears to be "Gungu" on the bottom left.



These are the latest ambulances to be distributed by the Ministry Of Health and most health Facilities have this type and these particular ones were captured at Tororo General Hospital in Tororo District.



The Committee reiterates its earlier recommendation that Government should increase the budget for the National Ambulance System Service so that more ambulances are available at the regional call and dispatch centres to meet the increasing demand by health facilities.

7.0 CONCLUSION

All health facilities visited have performed beyond their optimal levels despite the challenges faced. In order to improve the health care service delivery, all stakeholders must be involved: stakeholders at the local/community level; district authorities; and at the national and global levels. These should include both the political as well as technical/professional stakeholders. With more vigilance, more funding, more accountability and partnerships, health sector challenges can be addressed.

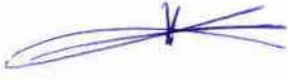
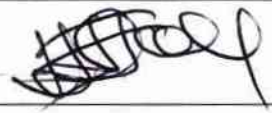


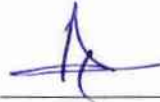
If the above recommendations are adopted, the health facilities will further enhance their performance and the number of referrals to higher level health facilities like general hospitals and national hospitals will reduce. This will enable the national hospitals concentrate on their specialised mandates.

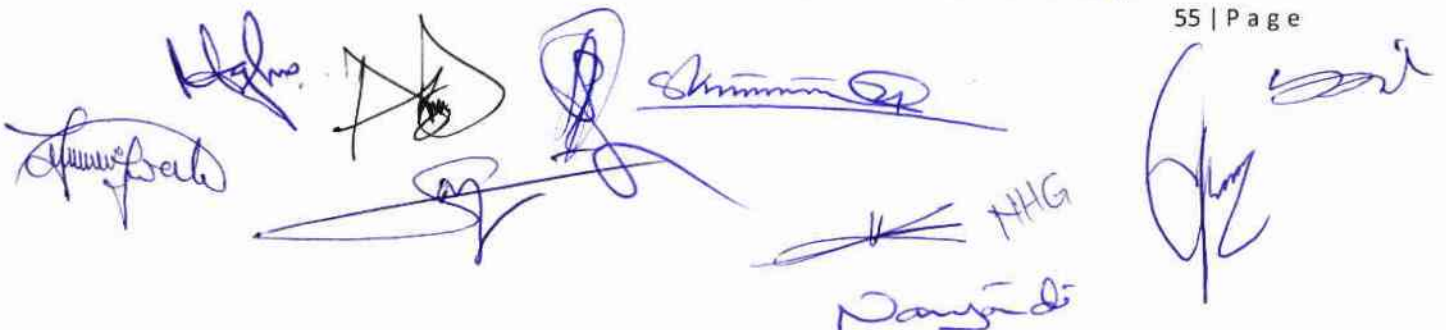
Rt. Hon. Speaker and Hon. Members, I beg to move that this report be adopted by the House.



Handwritten signatures and initials in blue ink are scattered across the bottom of the page. Some legible text includes "Matematika", "Shimmin", "MHG", and "Nangidi". There are also several large, stylized signatures and initials, including one that appears to be "Rt. Hon." and another that looks like "Speaker".

**ENDORSEMENT OF THE REPORT OF THE COMMITTEE ON HEALTH ON
A FIELD VISIT TO SELECTED HEALTH FACILITIES IN BUSOGA, ELGON,
BUKEDI, ANKOLE AND BUGANDA SUB-REGIONS**

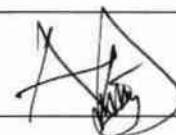
S/NO	NAME	SIGNATURE
1.	Hon. Dr Charles Ayume - Chairperson	
2.	Hon. Ssebikaali Yoweri - Vice-chairperson	
3.	Hon. Ninkusiima John Paul	
4.	Hon. Namukuta Brenda	
5.	Hon. Nakazibwe Hope Grania	
6.	Hon. Lematia Ruth Molly <i>Ondoru</i>	
7.	Hon. Laker Sharon Balmoyi	
8.	Hon. Bebona Babungi Josephine	
9.	Hon. Chelain Betty Louke	
10.	Hon. Dr Bhoka Didi George	
11.	Hon. Atwijukire Dan Kimosho	
12.	Hon. Otingiw Isaac Ismail	
13.	Hon. Ayebare Margaret	
14.	Hon. Rutahigwa Elisa	



Handwritten signatures and initials are present below the table, including a large signature on the left, a signature in the center, and a signature on the right with the initials 'HAG' and 'Nanyinda' written below it.

15.	Hon. Dr Ruyonga Joseph	
16.	Hon. Sekyanzi Benard Kirya	
17.	Hon. Eng. Irene Muloni Nafuna	
18.	Hon. Mbayo Esther	
19.	Hon. Dr Nandagire Christine Ndiwalana	
20.	Hon. Dr Kagabo Twaha Mzee	
21.	Hon. Zaaake Francis	
22.	Hon. Nanyondo Veronicah	
23.	Hon. Nsibambi Yusuf	
24.	Hon. Dr Kamara Nicholas	
25.	Hon. Dr Lulume Bayiga Michael	
26.	Hon. Col. Dr Victoria Nekesa	
27.	Hon. Auma Kenny	
28.	Hon. Makokha Margaret	
29.	Hon. Nakato Mary Annet	
30.	Hon. Dr Opio Samuel Acuti	



31.	Hon. Bahireira Tumwekwatse B Sylvia	
32.	Hon. Zawedde Victorious	
33.	Hon. Nebanda Florence Andiru	









NHG
Nanyande



ANNEX 2 - Report about individual health facilities

BUWAMA HC III IN MPIGI DISTRICT

Buwama HC III is located in Mpigi district is along the Kampala-Masaka highway and Kampala-Mityana highway. Mpigi district has a population of about 294,909 people.

Surrounded by Kalangala district in the south and located on the shores of Lake Victoria, there are Most at Risk Populations (MARPs) in the district. River Katonga passes through the district as well. There are fisher folks found in Ggolo, Bunjako, Buyiga, Kamaliba landing sites. There are commercial sex workers in the sub urban area of Buwama, Kayabwe, Nabyewanga and Kamengo.

The district has no general hospital, one HC IV, 11 HC IIIs and 7 HC IIs. Mpigi HC IV is to be upgraded to a hospital level but the process is rather too slow.

The catchment area for the health facility is Nkozi, Kayabwe, Kituntu, Kamengo & Kyelima. The population is about 20,000 people, including travellers and island residents.

Committee findings

The laboratory has laboratory assistants but with no lab technician.

- Staff are not motivated because there are no opportunities for promotion. The Committee was informed about alleged cases of corruption where pregnant women who do not have money take an entire day to receive medical attention. Another reported case was extortion of money from accident victims by a nurse.
- The facility refers mothers in labour to higher level health facilities. About 30 mama kits are provided to the facility, against a need of 80-90 per month.
- The facility receives Shs 3 million per quarter for PHC.

KIFAMPA HC III IN GOMBA DISTRICT

Kifampa HC III is located in Gomba district in Kabulasoke sub-county.

The district has seasonal casual labourers, sex workers and fishing communities. The number of children under 5 years is 34,943. The district HIV prevalence is 10.2%. The district has a population of 185,518. There are 11 HC IIs, 7 HC IIIs and 1 HC IV. There is no district hospital. About 40% of sub-counties have functional VHTs. The district staffing levels stand at 75.8% and have cadres which are being phased out.

Kabulasoke sub-county has 54,000 people and there are regular movements of people in and out of the locality.

Committee findings:

- Due to renovations, the outpatients department was relocated to a tent outside the health facility. About 80-90 patients are handled, and when it rains, there is no service.
- The pharmacy is located on the verandah. The laboratory is also outside to enable roofing of the facility under construction.
- Out of 19 staff required, there are 9 filled positions. Staff who retire are not replaced. The Committee found out that a nursing assistant was administering anti-malarials and amoxyl for malaria cases.
- Bilharzia is common in the area and the Ministry of Health has sent a surveillance team.
- The facility is water-stressed and relies on rainfall. There is only 1 post-natal bed.

RWEKUBO HC IV IN ISINGIRO DISTRICT

Rwekubo HC IV is located in Isingiro district. The district has a projected population of 692,562 of which 540,170 are nationals and 152,392 are refugees. The district has 4 HC IVs, 25 HC IIIs and 44 HC IIs; of these 60 are Government-owned, 7 are PNFPs and 6 PFPs. There is no general hospital, hence the referrals to Rwekubo are many. Most of the health facilities are water-stressed.

The district staffing structure stands at 56%. There is a high influx of refugees in the area.

Committee findings

- The staffing levels at the health facility stand at 61%.
- Rwekubo operates the hub system for laboratory services. The laboratory is well-stocked and all tests, including sickle cell and COVID-19 are done there.
- The post-natal ward is old and rugged. There is an incubator. The facility conducts 300 deliveries per month.
- Partners play a crucial role in providing pharmaceuticals and medical supplies. It was conspicuous to the Committee that there were medicines which were about to expire. There is no inventory management.
- There is an old-design theatre with aging equipment and no water but basic supplies are available. The anaesthetic officers are paid by partners.

KINONI HC IV IN RWAMPARA DISTRICT

Kinoni HC IV is located in Rwampara district. Rwampara is a new hard-to-reach district. The health facility has a large catchment area of Ruganda sub-county, Mbarara, Ntungamo and Sheema. The catchment population is about 30,000. The district has 19 health facilities with only 2 HC IVs. Kinoni HC IV is located on the highway. The staffing levels stand at 61%.

Committee findings

- The ambulance was provided in 2007 and is currently dilapidated. It has no resuscitation equipment. In order to utilise the ambulance, a modest

fee is paid by the users. For those going to Mbarara, they pay Shs 30,000 while those going to Buganda region pay between Shs 50,000 to 60,000.

- Only 5-10 units are available for blood transfusion. When there is a shortage, blood is got from Mbarara RRH. The facility lacks an anaesthetic officer. There is no consistent, adequate water supply.
- In the maternity wards, mothers sleep on the floor due to space and bed inadequacy. There are 10 beds in the maternity ward, so when they are full, the mothers are transferred to the general ward. There is no incubator for prematures.
- The pharmacy is very well-organised. In the outpatient department, there are inventory records. The Committee noted that there were many cases of patients with hyper tension yet the drugs are not sufficient.
- There is no duty rota in the OPD.
- The laboratory is in a small area and lacks haematology equipment and chemistry analyser, among others.
- The IPD has very clean wards, clean beds and is organised. Referrals are done because there are only 2 blood giving sets.
- There is an active NCD clinic. Most of the c-sections done are referrals from the community.
- There is no accommodation for staff.
- Very few staff are accommodated at the facility.

KASASIRA HEALTH CENTRE III IN KIBUKU DISTRICT

Kasasira Health Center III is located south of Lake Lemwa in Kibuku district and serves a catchment population of more 15,000 people.

Committee Findings

The Committee made the following findings;

- There is ongoing construction of a new block to house the maternity ward and other wards.
- There is also ongoing construction of a new structure to be used as a nursery for premature babies and also house incubators.
- The facility lacks adequate and proper housing for staff only 2 staff are housed at the facility.
- At the time of the visit essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.
- Low staffing levels at the time of the visit only 3 health workers were available at the facility.
- Lack of adequate working space, the labour suite has 2beds in a tight room to the extent that two health workers cannot fit in at the same time.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility has only one structure which is used as a multipurpose ward.

- The facility is clean and the compound is well slashed and despite it not being fenced it's not littered with garbage.

IKIIKI HEALTH CENTER III IN BUDAKA DISTRICT

Findings

The Committee made the following findings;

- There is ongoing construction of a new block to house the maternity ward and other wards.
- The facility lacks adequate and proper housing for staff only 2 staff are housed at the facility.
- At the time of the visit essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.
- Low staffing levels at the time of the visit only 7 health workers were available at the facility.
- Lack of adequate working space, the labour suite has 2 beds in a tight room to the extent that two health workers cannot fit in at the same time.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility has only one structure which is used as a multipurpose ward.
- The facility is clean and the compound is well slashed.

BUDAKA HEALTH CENTRE IV IN BUDAKA DISTRICT

Committee Findings

- The Committee applauded the health center management for operating in a clean and meticulously kept environment with neat scrubbed floors, a well-kept compound, well-lit wards and an atmosphere conducive for recovery.
- It was built in 1968. Over the years, the underfunded, understaffed hospital's infrastructure has deteriorated and the health center equipment has aged and become antiquated.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility lacks some critical staff such as the dentist and optician.
- The facility has a small mortuary given that it's the only Health center IV in the district there is need to construct a big and new one.
- The staff quarters are too dilapidated and actually accommodate a few staff.
- At the time of the visit essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.

KIKYENKYE HC III IN IBANDA DISTRICT

Kikyenkye HC III is located in Ibanda district.

Committee findings

- The health facility has very old buildings which pose a risk to the health of patients and workers. This includes staff houses.
- The Committee found out that construction was going on for a modern maternity ward, toilets, placenta pit and 2 unit blocks of staff houses, borehole and rain water harvesting tank.
- The facility is not fenced and this attracts cattle from the neighbouring residents which come and graze on the facility land. This is dangerous and can escalate the spread of zoonotic diseases.
- At the time of the Committee visit, there were few patients in the OPD department. This is because the visit was done in the evening and at such a time, most of the patients have received medical attention.
- There is a shortage of essential drugs like anti-malarials and anti biotics, yet the catchment population is high. Coartem tablets are available but the injectables are always inadequate. There is regular & sufficient supply of HIV/AIDS and TB drugs.
- Availability of maternity supplies like Mama kits, gloves, cotton wool, has been boosted by RBF which provides additional funds.
- The labour suite is in an improvised room. The room is small, poorly-lit and in bad condition.
- Kikyenkye HC IV experiences loadshedding on a regular basis
- The facility has accommodation for 2 nurses and 3 midwives. The rest do not reside at the facility. Ongoing construction works will add on to
- The Committee was impressed to find out that HIV positive ladies have formed a self-help club. The club encourages members to live positively and counsels them. The group is engaged in music, dance and drama activities among others.

BWIZIBWERA HC IV IN MBARARA DISTRICT

Bwizibwera HC IV is located in Mbarara district. It is 21km from Mbarara Regional Referral Hospital. Mbarara district has a population of 250,000 people. There are 6 HC IIIs and one HC IV in the district.

Committee findings

- The facility has 111 staff out of the 48 required to run a HC IV. There is a medical officer who left 3 years ago but has not been replaced. Another MO is on study leave.
- The facility has a micro biology laboratory. This was donated after a study done by Makerere University on anti-microbial resistance in the cattle corridor.
- The laboratory has 5 staff, 1 lab technician is paid by Government and his colleague is paid by TASO. It is a semi-hub. It covers 2 small rooms.

The safety cabinet was supposed to be serviced on 20th April, but that has not happened.

- The facility has no US scan and no x-ray.
- Bwizibwera has the largest medicine store. More than 90% of the medicines are available. One pack of every drug is set aside as reserve.
- It is the only health facility with a children's ward. There is no neonatal care unit. About 600 individuals attend the NCD clinic. They formed a club and meet regularly to discuss their challenges. It is hard to change the attitude of the club members yet it is key in managing their illnesses.
- The outpatient department is in a small structure with one examination bed in the Doctor's room.
- The theatre has all the staff.
- The facility has a challenge of equipment maintenance. Kabale Regional Equipment workshop is charged with maintaining the equipment but they take long to respond to requests.
- A new OPD structure is under construction. The old one will be used for special clinics.

KAZO HC IV IN KAZO DISTRICT

Kazo HC IV is located in Kazo district and is the only HC IV in the district. Kazo is a new district which was created 3 years ago. The District Service Commission has been constituted this year. The facility is located on the highway and receives patients from Kyegegwa, Ibanda, Mbarara and Kazo.

Committee findings

- The OPD has no duty rota. It is a small building.
- The laboratory has 5 staff. It is part of the national hub system, is well-equipped and housed in 6 rooms. There is a Gen-Xpert room. It is connected to the main grid. The stock cards are unfilled.
- There is no x-ray and ultra sound machine.
- The medicine store is spacious, but poorly-lit. There is no record of drugs given out. Some medicines are collected from lower health facilities.
- The IPD is clean and organised. The wards are small. Children and female patients share the same ward. The NCD clinic is operational. The expired drugs were ARVs which were no longer administered due to change of regimen. The facility collects expired drugs from lower level health units.
- The theatre equipment is old like operating table, there is running water and the staff are available.
- The maternity delivery forms were out of stock. Mama kits are very few.
- All dead bodies are kept at the health facility, leading to a huge challenge of many unclaimed bodies. Mbarara which has a big mortuary is 120km away.
- The facility has no vehicle to facilitate transportation of staff.

KIRUHURA HC IV IN KIRUHURA DISTRICT

Kiruhura HC IV is located in Kiruhura district. The district has 29 health facilities of which 11 are PNFPs and 18 are Government facilities. The Government health facilities include Rushere Community Hospital, one HC IV, 12 HC IIIs and 5 HC IIs. The district staffing levels stand at 69.9%. Kiruhura HC IV operates as a district hospital.

Committee findings:

- The average monthly attendance is 1,204. There are specialist clinics for dental, ophthalmology, orthopaedic, NCDs, psychiatry and HIV/AIDS.
- UMEME power supply is on and off. The facility uses a generator when there is no power. The power is pre-paid on a Yaka meter. The TB Machine consumes a lot of power. Construction of 6 power centre back-ups is ongoing.
- On a daily basis, the facility admits about 10 patients.
- Patients are developing coartem resistance.
- The filing system is a challenge. There is no equipment inventory. There are no stock cards in the laboratory.
- Blood is sourced from Rushere Community Hospital when there is a shortage.
- The laboratory has 2 staff who handle between 50-60 patients per day. The laboratory area has an automation room, working area and results dispatch area. Two laboratory assistants are going to be employed and they will be paid by the partners.
- The pharmacy is in a small, well-organised space with up to date stock cards.
- The OPD is functional but lacks basic equipment like BP machine.
- The IPD has separate wards for children, males and females. There is one incubator. Antenatal, post-natal and all gynaecology issues are handled in one place.
- The theatre is well-equipped, well-staffed with a medical officer, nurses and 2 anaesthetic staff, an assistant and officer. They have PPE.
- The nearest hospital, Rushere Community Hospital, does not offer free services yet it receives money from the Consolidated Fund.

BUTENGA HC IV IN BUKOMANSIMBI DISTRICT

Butenga HC IV is located in Butenga sub-county, Kawoko parish, 2km off Ssembabule Road in Butenga Town Council, Bukomansimbi district. The facility was started in 1954 as a domiciliary clinic and was later upgraded to a HC IV in 2004. The catchment population is about 18,161 km from the districts of Kalungu, Ssembabule and Lwengo.

Committee findings:

- The facility has 46 beds of which 15 are for maternity, 6 are for emergency and 25 beds are in the general ward and surgical ward. The theatre has one anaesthetic assistant and 3 theatre assistants.

- There is a functional ambulance with the requisite resuscitation equipment. The ambulance is managed under a call and dispatch centre.
- The facility lacks a mortuary.
- There is no accommodation for staff.
- Drugs and medical supplies from NMS are not sufficient.
- The facility provides advanced medical services like 24 hour emergency services, complete triage, complete radiology unit with digital x-ray and US scan, fully functional laboratory.
- The sources of power are UMEME and the sun (solar). Power supply is not steady.
- There is no inventory management for drugs. The Committee found out that multi-vitamins expired in March 2022 but were being dispensed. Aspirin was due to expire in July, 2022.
- The maternity building is old; it was wired in 1960 hence posing a risk.
- The laboratory staff are professional and motivated and all laboratory services are offered like blood grouping and cross-matching. In case of shortages, blood is got from Kitovu Hospital not Masaka Regional Referral Hospital. The laboratory is part of the national hub system. Stock-out cards are not filled. The date for servicing the safety cabinet was 16th March, 2021 but nothing has been done, to date.
- Butenga HC IV boasts of 2 theatres, the old and new. Supplies are enough apart from a few sundries. The water flow has low pressure.
- The facility meets 60% of the requirements of a general hospital. The staffing levels stand at 80%.
- The district leadership conducts weekly visits to the facility.
- There is a high prevalence of NCDs among the patients who flock the facility.

BUGEMBE HEALTH CENTRE IV IN JINJA DISTRICT

Bugembe Health Center IV is found east of Jinja City West Constituency and is situated along the Jinja-Iganga Highway.

Committee findings

- The patient load at Bugembe health center continues to be very heavy which affects the quality of services given that the location of the facility acts as a holding ground to handle the spill over/overflow of patients thronging Jinja main hospital.
- The facility has an x-ray machine but the structure it's housed in is not suitable for housing the x-ray.
- The health center doesn't have a sonographer. It has resorted to hiring one who comes in once a week as stop-gap measure. He is paid using RBF funds.
- The theatre is too old and the equipment in it is also too old. The facility only offers one kind of operation and that is caesarean birth operations only.

- Due to the patient load, the budgetary allocation for funds for medicine doesn't match the client ratio and thus experiencing regular drug stocks of essential medicines.
- The facility's outside environment is too dusty and this in effect makes the surroundings dirty and muddy on a rainy day.
- There is no operational ambulance at the health facility and the facility depends on means provided by the clients to convey patients to the point of referral.

WABITAKA HEALTH CENTRE III IN JINJA DISTRICT

Wakitaka HC III is found in Northern Division Jinja City with a catchment population of over 21246 people.

Committee findings

- The Health center has failed to complete the construction of one of the buildings that would house other services. **This is due to unclear source of funds for construction.**
- The facility lacks adequate and proper housing for staff; only 2 staff are housed at the facility.
- There are low staffing levels.
- There are regular stocks of HIV testing kits.
- Lack of adequate working space. The labour suite has 2 beds in a tight room to the extent that two health workers cannot fit in at the same time.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility is clean and the compound is well slashed and despite it not being fenced it's not littered with garbage.

BUYENDE HEALTH CENTRE III IN BUYENDE DISTRICT

Buyende HC III is located in Kiseege village, Buyende Town Council along Kamuli- Nabirumba Road. It serves a catchment population of 26,735 people.

Committee findings

- The house that is used as the OPD is too old and small, it was constructed during the colonial times to serve as a first room and it lacks the requisite amenities to match the current times.
- The Committee noted the issue of stock outs of essential medicines and sundries. Management blamed this issue on the monopoly by National Medical Stores.
- The Committee was informed about the issue of shortage of blood. Most patients that require blood transfusion are referred either to Kamuli or Jinja because Kidera Health Center IV the only one in the district is located at the extreme end of the district which is too far.
- The staff quarters are insufficient to house even the 5 critical staff; instead staff have resorted to sleeping in shifts and this is dangerous since it affects the staff productivity.

IRUNDU HEALTH CENTRE III IN BUYENDE DISTRICT

Irundu Health Center III is located in Irundu sub county Budiope East Constituency in Buyende district. It offers a number of health related services and serves a catchment population of more than 20,000 people.

Committee findings

- The staffing levels of the facility stand at 84% of the established structure. The in charge however informed the Committee that engagements with the DHO are ongoing to ensure that the structure is completely filled.
- The facility is in need of accommodation for critical staff near the facility premises.
- The facility has one general ward which is shared among patients.
- Electricity has been connected to the facility using RBF funds.
- The Committee noted the issue of stock outs of essential medicines and sundries. Management blamed this issue on the monopoly by National Medical Stores.
- The hospital reported drug stock outs resulting from a mismatch between the quantities delivered and the requirements by the large number of patients received at the hospital daily.
- The Committee was impressed that the facility has a teenage center that has resulted in significant improvements in uptake of youth friendly services

KALIRO TOWN COUNCIL HEALTH CENTRE II IN KALIRO DISTRICT

Established 20 years ago, Kaliro Town Council Health center is located within the town council along the Iganga -Kaliro road. It serves a catchment population of more than 15,000 people.

Committee findings

- The facility is occupying rented lock up shops where it is located.
- The location of the facility is not suitable for housing of health center. It is located in the central business areas and there many inconveniences.
- The facility has acquired land and construction of the new structure is ongoing and nearing completion.
- The hospital reported drug stock outs resulting from a mismatch between the quantities delivered and the requirements by the large number of patients received at the hospital daily.
- The Committee was impressed that the facility has a teenage center that has resulted in significant improvements in uptake of youth friendly services.

BUSESA HEALTH CENTRE IV IN BUGWERI DISTRICT

Busesa Health Center IV is located in Busoga sub region in Bugweri district along the Iganga- Malaba highway and serves a total population of more 30,000 patients. Its catchment areas are Namutumba, Bugiri, Mayuge and Iganga. It has a bed capacity of 26.

Committee findings

- The Committee noted gross negligence in the management and maintenance of Busesa Health Center IV where the disposal pit is filled with syringes, glass bottles, microscope slides; machines remain unused for a long period of time.
- The facility conducts an average of 100 deliveries per month.
- The theatre operating lamp is not operational and management has improvised a torch which is used during operation of caesarean mothers.
- The Committee noted that the facility lacks an ambulance despite being located along the highway which is prone to accidents.
- At the time of the visit, only 2 personnel were on site. The Committee noted with concern the issue of absenteeism and late reporting.
- The operating theatre is dilapidated, dirty and not well maintained. Most of the equipment in the theatre is non-functional.
- The facility shares a borehole which is a source of water with the community.
- Out of the 40 staff situated at the health center, only 3 staff are housed at the facility while the rest of the staff commute.
- The facility lacks a mortuary and the preservation/storage of bodies is referred to Iganga Hospital.
- While the facility is well equipped with mattresses and beds, it still lacks paediatric beds and paediatric mattresses.
- The Committee was informed that the funding to the facility has remained static for the last five years despite increasing population and inflation.
- The facility sometimes experiences drug stock outs attributed to the small budget for medicines and an increasing population. The most commonly affected items are anti-malarial medicine (Artesunate) and laboratory commodities.

BUSEMBATIA HEALTH CENTRE III IN BUGWERI DISTRICT

Busembatia Health Center III is found in Busembatia Town Council in Bugweri district along the Tirinyi road. It is a public facility that receives funding from the Government of Uganda through the Ministry of Health and general care is free.

Committee findings

- The first impression of the facility is that it lacked cleaning staff as it was littered with garbage.
- The health center has no staff houses for staff accommodation and instead staff rent in the nearby trading center.
- Both male and female patients share a ward.
- The building housing the general ward outpatient department and reproductive cases had cracks and windows and doors were all shattered and the committee was informed that this very building has been condemned.

- Being the only building with no alternative, the health center management has continued using it and this puts the lives of patients and health workers at a risk.
- There are drug stock outs experienced at the facility resulting from the large patient load.

NSINZE HEALTH CENTRE IV IN NAMUTUMBA DISTRICT

Nsinze Health Center IV is found in Busiki County Namutumba district. It is the only Health Center IV in the district and serves patients from neighbouring districts of Iganga, Luuka, Mayuge, Bugiri, Namutumba and Kaliro.

Committee findings:

- There is an acute lack of equipment in most departments such as a slit lamp for eye department, dental chair for dental unit, incubators for neonatal unit and examination couches for OPD, fridges for maternity and operation sets in theatre among others.
- The Committee applauded the health center management for operating in a clean and meticulously kept environment with neat scrubbed floors, a well-kept compound, well-lit wards and an atmosphere conducive for recovery.
- It was built in 1968. Over the years, the underfunded, understaffed hospital's infrastructure has deteriorated and the health center equipment has aged and become antiquated.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility has a small mortuary given that it's the only Health center IV in the district there is need to construct a big and new one.

MAGADA HEALTH CENTRE III IN NAMUTUMBA DISTRICT

Magada HC III is found in Busiki North Constituency in Magada Sub County along the Tirinyi-Mbale highway and serves a population of more than 25,000 people.

The Committee made the following findings.

- The building that is used as the OPD is too old and small. It was constructed during the colonial times to serve as a first room. Despite being frequently remodelled, the building lacks the requisite amenities to match the current times.
- There were stock outs of essential medicines and sundries. Management blamed this challenge on the monopoly by National Medical Stores.
- The Committee was informed about the constraint of shortage of blood and how most patients that require blood transfusion are referred either to Iganga or Mbale for blood transfusion in case of an emergency yet the facility is located along the highway.
- The staff quarters are insufficient to house even the 5 critical staff; instead staff have resorted to renting houses in the nearby trading center.

KIBUKU HC IV IN KIBUKU DISTRICT

Kibuku Health Center IV is located in Kibuku County in Kibuku Town Council and offers a number of health related services. It is the only health center IV in the district and has a catchment population of more than 25,000 people.

Findings by the Committee:

- The theatre doesn't have a functional anaesthetic machine. It broke down a year ago and the regional maintenance workshop has failed to fix it to date.
- The facility has constructed a mortuary which is sizeable to accommodate about 5 bodies using RBF funds.
- The facility also has repaired the pick ambulance using RBF funds.
- The space for the general ward is too small to accommodate 5 patients at a time.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- At the time of the visit, essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.

BUDAKA HEALTH CENTRE IV IN BUDAKA DISTRICT

Findings by the Committee:

- The health center operates in a clean and meticulously kept environment with neat scrubbed floors, a well-kept compound, well-lit wards and an atmosphere conducive for recovery.
- It was built in 1968. Over the years, the underfunded infrastructure has deteriorated and the health center equipment has aged.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility lacks some critical staff such as the dentist and optician.
- The facility has a small mortuary given that it's the only health center IV in the district. There is need to construct a big and new mortuary.
- The staff quarters are too dilapidated and can only accommodate a few staff.
- At the time of the visit, essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.

MUYEMBE HEALTH CENTER IV IN BULAMBULI DISTRICT

Muyembe health center IV is located all the Sironko Amudat highway in Bulambuli district and serves a catchment population of more 70,000 clients and is the only Health Center IV in the district with a population size estimated at 300,000 people.

Findings

The Committee made the following findings;

- The facility has no functional X-Ray machine not even an ultra sound scan machine and patients are referred to private facilities for these services and Kapchorwa or Mbale.
- The Health center conducts an average of 130 deliveries per month and these are normal deliveries and conducts between 20 to 25 cesarean births monthly.
- The facility has a small mortuary that accommodates 4 bodies.
- The theatre is too old and equipment in it is also too old and the facility only offers one kind of operation and that is cesarean birth operations only.
- Due to the patient load the budgetary allocation for funds for medicine doesn't match the client ratio and thus experiencing regular drug stocks of essential medicines.
- The facility outside environment is too dusty and this in effect has makes the surrounding dirty and muddy on a rainy day.
- At the time of the visit essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.
- There is no operational ambulance at the health facility and the facility depends on means provided by the clients to convey patients to the point of referral.
- The staff quarters are limited in number to the extent that it accommodates only a handful of staff.

GAMATIMBEI HEALTH CENTER III IN BULAMBULI DISTRICT

Gamatimbe Health Center III is located in Elgon Constituency off Kapchorwa road at Kaserem in Bulambuli district and serves more than 15,000 people.

Findings

- At the time of the visit essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.
- Low staffing levels at the time of the visit out of the staff structure of 19 personnel only 14 were filled.
- Lack of adequate working space, the labour suite has 2beds in a tight room to the extent that two health workers cannot fit in at the same time.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility has only one structure which is used as a multipurpose ward.
- The facility is clean and the compound is well slashed and despite it not being fenced it's not littered with garbage.
- The Laboratory conducts a number of investigations ranging from blood grouping, urinalysis, RBS, RDT etc.

BUSOLWE GENERAL HOSPITAL BUTALEJA DISTRICT

Busolwe General Hospital, also Busolwe Hospital, is a hospital in Busolwe Town, Butaleja District, in the Eastern Region of Uganda. It is a public hospital, owned by the Ugandan Government and is administered by Butaleja District Local Government and serves a population of close to 350,000 people and is a 170 bed capacity facility.

Findings

- The Committee noted that the theatres in the hospital were not fully functional. This results in the failure to handle critical cases which should not be the case with a Health Facility like Busolwe General Hospital especially since it is handling cases of maternal and neonatal health.
- The UPDF construction brigade had taken over the site and construction of the staff quarters was on course as planned.
- The Hospital is in need of accommodation for critical staff like doctors near the hospital premises. The Hospital requests Government to include the construction of houses for the doctors with other construction works in regard to renovation of the hospital.
- The hospital reported drug stock outs resulting from a mismatch between the quantities delivered and the requirements by the large number of patients received at the hospital daily.
- The Committee was informed that the Health Facility lacks piped water and the nearest source is 15kms away and this makes it had to run the operations of the health facility without water.
- The Committee wondered how it was possible for a water shortage to last so long without any corrective action for a facility as important as a health center. The Committee was informed that the facility had resorted to using harvested water for its operations.
- The Committee noted that the X-ray Machine and the Ultra sound Scan had been delivered to the Hospital but had remained non-functional ever since. The machines have been in the hospital occupying space and yet to date, no patient has benefited from their presence. The Committee was informed that the machines could not be used because they were defective, had no technicians to repair them and the power fluctuations also caused the malfunctioning.
- The Hospital has transport challenges with only one ambulance for transporting referred patients. The ambulance was received in 2010 and is now old and keeps on breaking down.
- The hospital has issues of land encroachment by squatters. The Committee noted that some people have grabbed the hospital land and the land is not fenced and this has continued to attract encroachers.

BUSABI HEALTH CENTER III IN BUTALEJA DISTRICT

Busabi Health Center III is found in Bunyole West Constituency in Busabi Sub County in Butaleja district and serves a population of more 20,000 people and conducts an average of 120 deliveries per month.

Findings

The Committee made the following findings;

- The facility lacks adequate and proper housing for staff only 6 staff are housed at the facility.
- At the time of the visit essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.
- Low staffing levels at the time of the visit only 3 health workers were available at the facility.
- At the time of the visit the two midwives were all on leave one was on annual leave and the other on maternity leave and this meant that the medical assistant and other health workers were the ones conducting deliveries.
- Lack of adequate working space, the labour suite has 2 beds in a tight room to the extent that two health workers cannot fit in at the same time.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- The facility is clean and the compound is well slashed and despite it not being fenced it's not littered with garbage.

NAGONGERA HEALTH CENTER IV IN TORORO DISTRICT

Nagongera Health Center IV is one of the Health Centers in the district

Findings

- The Committee noted gross negligence in the management and maintenance of Nagongera Health Center IV where the disposal pit is filled with syringes, glass bottles, microscope slides; machines remain unused for a long period of time.
- The facility conducts an average of 100 deliveries per month.
- The theatre operating lamp is not operational and management has improvised a torch which is used during operation of caesarean mothers.
- The Committee noted that the facility lacks an ambulance.
- At the time of the visit only 3 medical Officers were on site and note with concern the issue of absenteeism and late reporting.
- The operating theatre is dilapidated, dirty and not well maintained most of the equipment in the theatre is nonfunctional.
- The theatre at the facility is not fully functional for the last 2 years.
- Out of the 40 staffed situated at the health center only 3 staff are housed at the facility the rest of the staff commute.
- The facility lacks a Mortuary and the preservation/storage of bodies is referred to Iganga Hospital.

- While the facility is well equipped with mattresses and beds, it still lacks pediatric beds and pediatric mattresses.
- The Committee was informed that the funding to the facility has remained static for the last five years despite increasing population and inflation.
- The facility sometimes experiences drug stock outs attributed to the small budget for medicines and an increasing population. The most commonly affected items are; anti-malarial medicine (Artesunate) and laboratory commodities.

MULANDA HEALTH CENTER IV IN TORORO DISTRICT

Located South West of Tororo district and offers a number of health related services.

Findings

- The Committee noted that the theatre at the facility was not fully functional. This results in the failure to handle critical cases which should not be the case with a Health Facility like Mulanda especially since it is handling cases of maternal and neonatal health.
- At the time of the visit there were some renovation works ongoing on some of the buildings at the facility.
- The facility is in need of accommodation for critical staff like doctors near the facility premises.
- The facility sometimes experiences drug stock outs attributed to the small budget for medicines and an increasing population. The most commonly affected items are; anti-malarial medicine (Artesunate) and laboratory commodities.
- The health facility reported drug stock outs resulting from a mismatch between the quantities delivered and the requirements by the large number of patients received at the hospital daily.
- The facility has transport challenges with only one ambulance for transporting referred patients. And this a donation by the area Member of Parliament.
- The health facility has issues of land encroachment by neighbors. The Committee noted that some people have grabbed the facility land and the land is not fenced and this has continued to attract encroachers.

BUSIA HEALTH CENTER IV IN BUSIA DISTRICT

Located in the Eastern border district of Busia, near the produce market the facility is popularly referred to as Red Cross and offers a variety of services ranging from reproductive health to maternity among others, it serves a population of more than 50,000 people.

Findings

- The Committee noted that operating lamps in the theatre, only one was functional the other was faulty.
- The facility was faced with a challenge of acute lack of blood for transfusion and this is one of the biggest cause for referrals.
- There was newly constructed storied building donated by World Vision and it is meant to house the theatre and also the maternity ward.
- The facility is in need of accommodation for critical staff like doctors near the hospital premises.
- The hospital reported drug stock outs resulting from a mismatch between the quantities delivered and the requirements by the large number of patients received at the hospital daily.
- The Committee wondered how it was possible for a water shortage to last so long without any corrective action for a facility as important as a health centre. The Committee was informed that the facility had resorted to using harvested water for its operations.
- The Committee noted that the facility has no X-ray Machine and Ultra sound Scan machine.
- The facility has transport challenges with only one ambulance (Nissan Pick-up) for transporting referred patients. The ambulance was received in 2010 and is now old and keeps on breaking down.
- There was construction of one block to house staff using RBF funds.

LUMINO HEALTH CENTER III IN BUSIA DISTRICT

Located along the Busia –Namiyingo-Musitwa high way it serves a population of about 15,000 people.

Findings

- The facility lacks adequate and proper housing for staff only 6staff are housed at the facility.
- At the time of the visit essential medicines such as anti-malarial medicine (Artesunate) and laboratory commodities were out of stock.
- Low staffing levels at the time of the visit only 3 health workers were available at the facility.
- Lack of adequate working space, the labour suite has 2beds in a tight room to the extent that two health workers cannot fit in at the same time.
- There are drug stock outs experienced at the facility resulting from the large patient load.
- Regular stock outs of laboratory reagents
- The labour suite has two delivery beds which have become mal functional and yet these were a donation about 7 years ago.
- The facility is clean and the compound is well slashed and despite it being allocated in the town council.

TORORO GENERAL HOSPITAL IN TORORO DISTRICT

Findings

- The Hospital is in need of accommodation for critical staff like doctors near the hospital premises. The Hospital requests Government to include the construction of houses for the doctors with other construction works in regard to renovation of the hospital.
- The Committee noted that the X-ray Machine and the Ultra sound Scan had been delivered to the Hospital but had remained non-functional ever since. The machines have been in the hospital occupying space and yet to date, no patient has benefited from their presence. The Committee was informed that the machines could not be used because they were defective, had no technicians to repair them and the power fluctuations also caused the malfunctioning.
- The Hospital has transport challenges with only one ambulance for transporting referred patients. The ambulance was received in 2010 and is now old and keeps on breaking down.
- The budget for NCDs is limited 2.5m per quarter yet NCDs are on the raise.
- PHC funds are still little.
- The hospital reported drug stock outs resulting from a mismatch between the quantities delivered and the requirements by the large number of patients received at the hospital daily.