

CITIZEN REPORT ON HEALTHCARE SERVICE DELIVERY IN 8 LOCAL GOVERNMENTS

A case study of Yumbe, Adjumani, Madi
Okollo, Abim, Nabilatuk, Budaka,
Rubanda, and Kanungu districts



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Foreword

This citizen-led Health Centre Verification and Service Delivery Monitoring conducted in 2024 highlights critical aspects of healthcare service delivery, including Upgrade of Grade of Health Centers, Staffing Issues Affecting Health Centre Performance in LGs, budget transparency, medical supply chains, Health Unit Management Committee Status, Gender and equity in health care services, Infrastructure and equipment Status in Health Facilities, Safety and disaster preparedness status , Security and Tenure of Health Centers, WASH in health centers.

Key findings indicate an urgent need to accelerate the upgrading of Health Center IIs, enhance staffing levels, and address gender imbalances within the healthcare equipment, workforce and service delivery. Additionally, the report identifies challenges in budget transparency, medical supply chain management, land tenure security, and safety provisions—all of which impact access to quality and reliable healthcare.

This report underscores the importance of continued investment in health infrastructure, routine inspections, and service monitoring to meet the growing healthcare demands of the population effectively.

Moving forward, it is imperative for health in-charges, district leaders, and sub-county officials to take proactive measures to address these gaps. Strengthening service delivery, promoting transparency, and ensuring equitable healthcare access will help meet the needs of all citizens.

We extend our sincere gratitude to the community members, and government agencies for the support and collaboration in driving this effort forward.

We urge policymakers to take action on the recommendations outlined in this report to enhance the government's ability to serve the population efficiently. Together, we can work towards a more transparent, accountable, and equitable healthcare system for all.



Julius Mukunda
Executive Director

EXECUTIVE SUMMARY

In 2024, the Civil Society Budget Advocacy Group (CSBAG) mobilized citizens in eight districts of Yumbe, Adjumani, Madi Okollo, Abim, Nabilatuk, Budaka, Rubanda, and Kanungu through Participatory Budget Clubs (PBCs) to conduct a citizen-led health center verification and service delivery monitoring exercise. This assessment covered 159 health facilities out of the 177 Health facilities in the 8 districts. This translates into 90% of the total coverage. These included 9 out of 13 HC IVs, 63 out of 72 HC IIIs, and 87 out of 92 HC IIs. The monitoring focused on staffing, safety and land tenure, patient population, budget accountability, medical supplies, governance, WASH, and infrastructure.

Key findings: Despite efforts to upgrade HC IIs to HC IIIs, 55% of monitored facilities remained HC IIs, indicating slow progress. HC IVs and HC IIIs had staffing levels of only 30% and 27%, respectively. Overall health worker absenteeism was 30%, with significant district variations (60% in Nabilatuk, 7% in Abim).

While 91% of facilities received medical supplies within the specified period, 24% received mismatched supplies, highlighting communication gaps. Budget transparency was strong, with 82% of facilities displaying their FY2024/25 budgets. Health Unit Management Committees were present in 99% of facilities, but were predominantly male (62%). 95% of these committees met quarterly.

Land tenure averaged 50% due to a lack of land titles, and 35% of facilities were vulnerable to encroachment. Regarding safety, 74.5% lacked functional fire extinguishers and 44% lacked lightning arresters.

District-level performance varied: Adjumani and Madi Okollo excelled in staffing, infrastructure, and inclusivity, while Nabilatuk and Kanungu faced challenges in absenteeism, safety, and gender-sensitive infrastructure. Budget transparency and medical supply delivery were generally good, but common issues included requisition mismatches, limited maternity and disability-friendly facilities, and poor disaster preparedness. Abim had the lowest staff absenteeism, while Nabilatuk had the highest. Nabilatuk, Abim, and Madi Okollo led in budget display compliance. Yumbe and Adjumani had the most accurate medical supply deliveries, and Kanungu and Adjumani were best-equipped with maternity beds, while Nabilatuk lagged. Madi Okollo leads in maternity beds while Kanungu had none. Adjumani and Abim showed strong fire safety preparedness, while Budaka and Kanungu were under-equipped. Madi Okollo and Abim performed best with lightning conductors, while Rubanda and Budaka needed improvement.



At Regional level, districts in Northern Uganda including Yumbe, Adjumani, Madi Okollo, Abim, and Nabilatuk show high budget transparency, better medical supply match, and strong disability-friendly latrine coverage. However, high absenteeism in Nabilatuk skews the regional average, and fire safety/lightning protection were weak. Eastern Region (Budaka) had the lowest absenteeism and decent maternity bed availability but limited infrastructure for disability access, fire extinguishers, and lightning conductors. Western Region (Rubanda, Kanungu) had the highest maternity bed availability, but low disability-friendly latrine coverage, poor fire and lightning safety, and low budget transparency in Kanungu.

The analysis highlights the need for targeted investments and policy to address disparities and ensure equitable, safe, and inclusive healthcare. Addressing these disparities requires equity-driven planning and sustained citizen engagement.

Key policy recommendations:

- The Ministry of Health should expedite the upgrading of Health Center IIs to Health Center IIIs.
- The Ministries of Public Service and Health should prioritize filling staffing gaps in Health Center IVs and IIIs and reduce absenteeism, especially in districts like Nabilatuk.
- The Ministry of Health and Local Governments should strengthen healthcare programs and services addressing the needs of female patients.
- Local Governments should continue encouraging health facilities to display budgets for transparency.
- National Medical Stores and Local Governments should improve communication between health facilities and the medical supply chain to ensure accurate deliveries.
- The Ministries of Lands and Health should expedite land title acquisition and fencing for health facilities to prevent encroachment.
- Resources should be allocated for fire extinguishers and lightning arresters to enhance safety measures in health facilities.

In conclusion, addressing gaps in healthcare is crucial for improving the quality and efficiency of health services. Health in-charges and district/sub-county leadership should take proactive measures, and the government should implement continuous monitoring and evaluation to identify gaps and implement corrective measures, improving service delivery, transparency, and accountability.

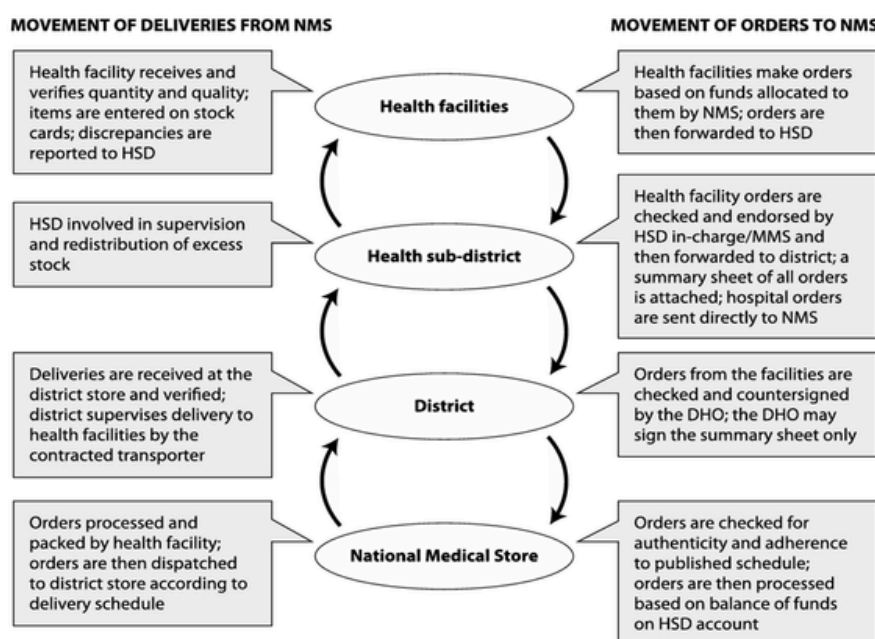
INTRODUCTION

The Ministry of Health is mandated with planning, delivering, and maintaining an efficient and effective healthcare system. This system encompasses preventive, curative, and rehabilitative services, all provided in a humane, affordable, and sustainable manner. In line with this mandate, the Ministry contributes to the National Development Plan (NDP) goals under the Human Capital Development Programme.

The health sector directly contributes to six key result areas (KRAs) outlined in NDP III that is improving skills mix, reducing morbidity and mortality of the population, improving the social determinants of health and safety, reducing fertility and dependence ratio, ensuring universal health coverage, and reducing all key forms of inequalities. The Annual Health Sector Performance Report for FY 2023/24 evaluates 29 indicators. Of these, the sector met targets for 14 indicators (48.3%), made some progress on 8 indicators (27.6%), and did not achieve targets for 7 indicators (24.1%) in comparison to the NDP III goals.

In Uganda, the medicine supply to the health sector is managed by the Ministry of Health (MoH) through the Department of Pharmaceuticals and Natural Medicines, with the National Medical Stores (NMS) responsible for procuring and distributing essential medicines to public health facilities across the country; a system that utilizes both a "push" system for lower-level health centers and a "pull" system for higher-level facilities like hospitals and Health Centre IVs, allowing them to order medicines based on their needs.

The Flowchart below shows the movement of Credit-Line Orders and Deliveries for the Public Sector



Source: Ministry of Health management of medicines and health supplies manual



Uganda's health sector financing is supported by multiple sources, including the government, health development partners, private stakeholders, and households. These sources operate through both on-budget (government) and off-budget (donors, private sector) financing mechanisms.

In FY2020/21, Health development partners contributed the largest share at 45.4% (UGX 3.8 trillion) of the total health expenditure amounted to UGX 8.4 trillion, followed by the private sector—primarily household out-of-pocket expenses and voluntary health insurance schemes—at 29% (UGX 2.4 trillion), while the government accounted for 25.6% (UGX 2.1 trillion) (According to the latest Uganda National Health Accounts for FY2020/21).

Over the past eight fiscal years (FY2016/17 to FY2023/24), Uganda's health budget has averaged at 8% of the national budget. During this period, government funding increased from 52% to 62%, while donor contributions declined from 48% to 38%. In FY2023/24, the government's share of health financing stood at 62% (UGX 2.6 trillion), with external financing contributing 38% (UGX 1.6 trillion), bringing the revised health budget to UGX 4.1 trillion after supplementary allocations.^[1]

Despite the increasing government commitment to health financing, the sector continues to grapple with service delivery challenges. Recognizing these gaps, the CSBAG a coalition formed in 2004 to bring together civil society actors at national and district levels to influence public resource allocation and accountability conducted a monitoring exercise to assess the functionality of health facilities in eight districts: Yumbe, Adjumani, Madi Okollo, Abim, Nabilatuk, Budaka, Kanungu, and Rubanda.

^[1] Ministry of Health Annual Health Sector Performance Report FY 2023/24, October- 2024

BACKGROUND

To enhance citizen participation in local government planning, budgeting, and accountability, the CSBAG mobilised Participatory Budget Club (PBC) members to conduct budget monitoring and service delivery tracking in health centers. This initiative, grounded in Article 38(2) of the Ugandan Constitution, which guarantees citizens' right to influence government policy, aimed to improve health service delivery by fostering interaction between service providers and users. The monitoring teams assessed health center facilities and engaged with stakeholders to identify service delivery challenges.

Findings from this exercise, conducted in the districts of Yumbe, Adjumani, Madi Okollo, Abim, Nabilatuk, Budaka, Kanungu, and Rubanda, will inform interventions to improve local health services. Gender-responsive service delivery monitoring reports generated by PBCs will also contribute to citizens' budget position papers, highlighting community priorities at local budget conferences for consideration by duty bearers. CSBAG will utilize these reports for national-level advocacy, connecting local concerns to national policy debates for resolution.

Methodology:

The methodology involved both qualitative and quantitative data collection from all health centers in these districts using a pretested questionnaire administered by PBCs to health facility in-charges. The questionnaire focused on health center grade, health worker population patient population at the time of monitoring, health center budget, medical

“90% of health facilities in Yumbe, Adjumani, Madi Okollo, Abim, Nabilatuk, Budaka, Rubanda, and Kanungu were monitored”

supplies consignment from the National Stores, Health Unit Management Committee, hygiene and sanitation, availability and state of other facilities, security and safety, and general observations on the state of service delivery.

Scope of monitoring activity

Overall, 159 out of 177 (90%) target health facilities were monitored, including 9 out of 13 HC IVs, 63 out of 72 HC IIIs, and 87 out of 92 HC IIs across all sub-counties in the eight districts.

Table 1: Number of Health facilities monitored per district

District	HEALTH CENTERS MONITORED			TOTAL
	HC IV	HC III	HC II	
Rubanda	2	6	19	27
Madi Okollo	1	8	7	16
Yumbe	0	17	8	25
Budaka	0	9	1	10
Nabilatuk	1	1	4	6
Kanungu	4	9	14	27
Abim	1	2	12	15
Adjumani	0	11	22	33
TOTAL	9	63	87	159

4. FINDINGS



PBCs monitoring kanyantorogo HCIII, kanyantorogo sub county, kanungu district on 29th October, 2024

4.1 Upgrade of Grade of Health Centers

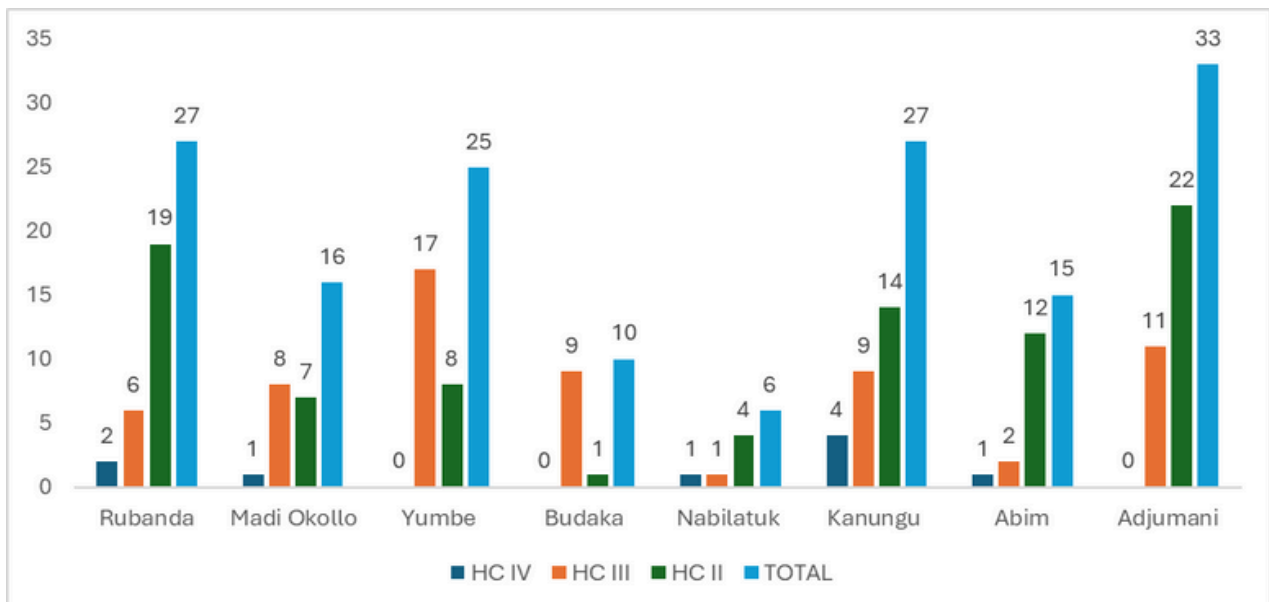
In 2019, the Government of Uganda's Ministry of Health launched the Uganda Intergovernmental Fiscal Transfer (UgIFT) Program for Results (P4R) to upgrade Health Centre IIs to Health Centre IIIs. This initiative aims to improve healthcare quality and accessibility, reduce travel distances to health centers, and decrease congestion in higher-level facilities. Although progress has been made, the upgrades were slower than expected.

“
55%
of facilities still HC IIs, despite plans to upgrade to HC III.
”

The classification of health facilities in Uganda, as outlined in the guidelines for Designation, Establishment, and Upgrading of Health Units, was based on strategic positioning, service delivery levels, staffing, and infrastructure.

Findings from this assessment revealed that, out of the 159 targeted health facilities in the eight local governments, 87(55%) are still Health Centre IIs and had not yet been upgraded to Health Centre IIIs. The districts of Rubanda and Adjumani recorded the highest numbers of Health Centre IIs, with 19 and 22 facilities, respectively. This delay poses challenges to the Government’s goal of improving access to high-quality healthcare services at the grassroots level.

Figure 1: The graph below shows the composition of monitored Health centers per district



Source: CSBAG Analysis of citizen-led data collected from Health facilities

[1] Maternal and child health, emergency services, and primary healthcare

4.2 Staffing Issues Affecting Health Centre Performance in LGs

Health Centre IVs and IIIs operate at critical staffing shortfalls, averaging 30% and 27% of approved levels, respectively. These figures fall far short of the Ministry of Public Service’s staffing standards of 133 staff for HC IVs and 56 for HC IIIs, significantly impairing their ability to provide quality healthcare.

This report section analyzes specific staffing issues identified by communities, including district-level gaps, absenteeism, gender composition, and leadership compliance.



4.2.1 District-Specific Staffing Gaps

Several districts experience critical staffing shortages. For instance, Budaka's HC IIIs had only 17% of the necessary staff, while Nabilatuk's HC IV and HC III facilities operated at staffing of 28% and 23%, respectively. Yumbe's HC IIIs was average 13% staffing of the required staff. See table below for details.

Table 2: Staff levels per district

No of HCs	No. of HCs monitored	Medical Staff	Non-Medical Staff	Total Staff	% female Staff
Abim	15	214	37	251	54
Nabilatuk	6	66	14	80	43
Adjumani	33	202	114	316	44
Madi Okollo	16	136	50	184	46
Yumbe	25	144	66	210	51
Budaka	10	89	19	108	49
Rubanda	27	203	84	287	39
Kanungu	27	256	98	354	48

Source: CSBAG Analysis

4.2.2 Gender Composition of Health Workers

The gender distribution among health workers was relatively balanced, with women making up 47% and men 53% of the workforce. In Yumbe, for example, 51% of the staff were female.

4.2.3 Staff Absenteeism rate

CSBAG monitored health worker absenteeism given its impact on the provision of timely and reliable quality healthcare services. From the monitoring exercise, it was evident that absenteeism is still a major challenge, with an overall rate of 30% across the monitored districts. Nabilatuk recorded the highest absenteeism at 60%, followed by Kanungu at 40% and Adjumani at 36%. The lowest absenteeism was observed in Abim at just 7%. Overall, 1,256 staff (917 medical and 339 non-medical) were present at work in all health centers compared to 1,792 staff (1310 medical and 482 non-medical) staff on all the health center payrolls, leaving a total of 536 staff unaccounted for that day. These high absenteeism rates, especially in already understaffed facilities, further strain health care service delivery.

This is despite the existence of the Ministry of Health Integrated Human Resource Information System (iHRIS), which among other functions, tracks daily attendance and populates a monthly attendance and absenteeism report by both the individual across various health facilities. Despite these measures, absenteeism has remained a key challenge in health facilities to date. The table below shows the breakdown of health workers population and their availability.

Table 3: Staff Absenteeism per district

No. of HCs	No. of Medical Workers on Payroll	No off Medical workers Present	No. of non - medical workers on payroll	No. of non medical workers present	% rate of absenteeism
Rubanda	203	143	84	54	31%
Madi Okollo	136	94	50	37	30%
Yumbe	144	114	66	42	26%
Budaka	89	77	19	14	16%
Nabilatuk	66	19	14	13	60%
Kanungu	256	148	98	63	40%
Abim	214	198	37	37	7%
Adjumani	202	124	114	79	36%
Total	1310	917	482	339	29.90%

Source: CSBAG Analysis

We call for enhancement of the Ministry of Health Integrated Human Resource Information System (iHRIS) to ensure health workers are present and providing the necessary health care.

4.2.4 HC leadership compliance to standards

The professional qualifications of in-charges at health facilities are critical to the effective delivery of health services. According to the National Costed Service Delivery Standards (NCSDS), a Health Centre III should be headed by a Senior Clinical Officer, while a Health Centre IV must be headed by a Medical Officer.

The findings reveal a mixed level of adherence, especially among Health Centre IIIs. All the monitored HC IVs in Madi Okollo, Rubanda, Nabilatuk, Kanungu, and Abim were headed by qualified Medical Officers, meeting the national standard at 100% compliance. However, significant gaps were observed in HC III leadership, where only 24 (38%) out of the 63 HC IIIs monitored were headed by Senior Clinical Officers. The remaining 62% were led by officials below the required qualification, including Clinical Officers, Nurses, and Assistant Nursing Officers, which compromises service quality. This noncompliance may negatively affect healthcare quality in these areas. Only 1 district, Abim, achieved full compliance with both its HC IV and all HC IIIs meeting the required qualifications, which is a commendable effort by the district. The table below provides additional details on local government adherence to the Ministry's approved structure for Health Centre IVs and IIIs.

Table 4: District compliance to HC leadership standards

District	Health Centre IV headed by a Medical Officer	Health Centre III headed by a Senior Clinical Officer	Comments on HC III Leadership
Madi Okollo	1 out of 1 (100%)	3 out of 8 (37.5%)	4(50%) headed by Clinical officer and 1(12.5%) by Assistant Nursing Officer
Rubanda	2 out of 2 (100%)	1 out of 6(16.7%)	3(50%) headed by clinical officer and 2(33.3%) by assistant nursing officer and senior nursing officer respectively
Yumbe	Not Monitored	0 out of 17(0%)	15(88%) headed by Clinical officer, 2(22%) by nurse and Ass Nursing officer respectively
Nabilatuk	1 out of 1(100%)	0 out of 1(0%)	The only HC III in Nabilatuk was headed by a Mid wife which is below the recommended Service delivery standards
Kanungu	4 out of 4(100%)	4 out of 9(44%)	5(56%) headed by Clinical officers and Medical clinical officers
Budaka	Not Monitored	6 out of 9 (66.7%)	2 (22.2%) headed by Clinical officers and 1 (11.1%) by an Enrolled Nurse
Adjumani	Not Monitored	8 out of 11(72.7%)	3 (27.3%) headed by Medical clinical officer, Ass. Nursing officer and Registered nurse respectively
Abim	1 out of 1(100%)	2 out of 2(100%)	We commend the government for this effort to ensure the standards are met in Abim

Source: CSBAG Analysis

4.2.5 Health Staff Housing

CSBAG analysed the availability and functionality of staff housing units across eight districts in Uganda, and on average, 19 health centers per district had staff accommodation.

The findings indicate that an average of staff houses were functional in the targeted districts. Yumbe and Nabilatuk stood out with a perfect 100% functionality rate, indicating that all available housing units were in good condition and usable, while Budaka reported the lowest functionality rate at 86%, indicating that nearly 1 in 7 housing units is not functional. Adjumani had the highest number of health centers (33) and staff housing units (134), reflecting a significant investment in health infrastructure.

Overall staff accommodation is commendable, especially in these districts largely characterized with infrastructure deficiencies, like roads, electricity, and high poverty levels. Continued investment in both the quantity and quality of staff housing is essential for sustaining healthcare and supporting frontline health workers.

95%
of staffing Units in the health centers across the 8 LGs were functional

Table 5: District Staffing House Profiles

District	No. of HCs monitored	No. of HCs with Staff Accommodation	No. of Staff Housing Units	No. of Functional Housing units in each HC	% of Functional Housing Units
Madi Okollo	16	16	74	68	92%
Rubanda	27	23	56	51	91%
Yumbe	25	23	72	72	100%
Nabilatuk	6	6	41	41	100%
Kanungu	27	27	84	78	93%
Budaka	10	10	29	25	86%
Adjumani	33	32	134	128	96%
Abim	15	15	131	130	99%

Source: CSBAG Analysis

4.3 Budget Transparency in Health Centers

The Access to Information Act, 2005 grants Ugandan citizens the right to access public information held by government institutions, in line with Article 41 of the Constitution

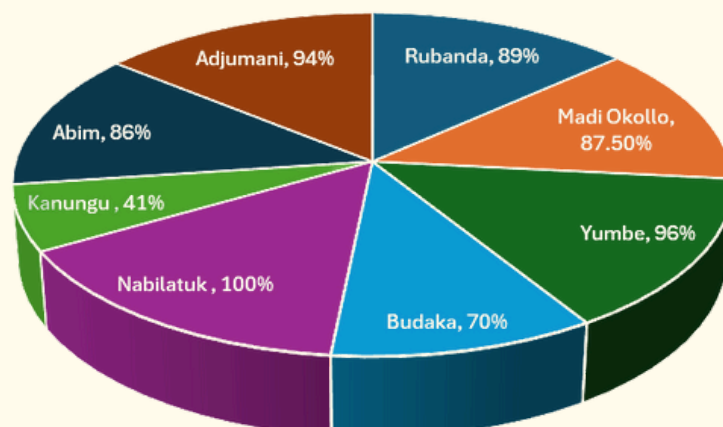
CSBAG through the Participatory Budget Club model monitored the display of health center budgets as a measure of transparency and as a means of granting the community uninterrupted access to budgets so as to be in a position to effectively hold duty bearers accountable.

There is a positive trend in budget transparency across the 159 monitored health facilities. 82% of these facilities displayed their budgets for the Financial Year 2024/25, demonstrating a commendable level of openness and accountability and strengthens community oversight and public trust.

Among the facilities that did display budgets, 83% used public noticeboards—considered the most accessible and appropriate medium. However, 15% displayed budgets only in the in-charge’s office, limiting public access, and 2% used other unspecified locations. This suggests that while budget display is happening, the placement and visibility of this information still needs improvement to meet transparency standards.

District-level performance varied significantly whereby Nabilatuk led with a perfect 100% of facilities displaying budgets. Yumbe followed closely at 96%, and Adjumani at 94%. Kanungu, however, had the lowest performance, with only 41% of its facilities displaying budgets. This included just 2 of 9 HC IIIs and 5 of 14 HC IIs. The pie charts below show the status of Health Centre Budget information display across the 8 districts

Figure 2: Status of Budget display in Health Centres across the 8 districts



82%
Displayed FY2024/25 budgets. Kanungu had the lowest compliance (41%), while Nabilatuk had full compliance (100%).

4.4 Tracking Medical supplies in health facilities

CSBAG monitored the delivery of medical supplies to various health facilities during the quarter and established that overall, 147 out of 159 health centres monitored reported to had received medical supplies. A further analysis revealed that 108 out of 147 of these had received medical supplies that matched their requisitions. The fact that 96% of health facilities received supplies within the monitoring period is a positive indicator, but the 24% (39 health centers) mismatch rate suggests room for improvement in aligning requisitions with deliveries. Addressing this gap could help minimize waste, optimize resource utilization, and ensure facilities get exactly what they need.

96% received supplies on time

24% received mismatched supplies

Worst mismatch: Kanungu (67%), Rubanda (41%), Abim (58%)

Health Centers in Madi Okollo, Adjumani, Budaka, and Rubanda districts all received their medical supplies from NMS within the expected time frame. However, no district confirmed that all health centers received drugs exactly as requisitioned. Rubanda, Kanungu, and Abim districts reported the highest delivery and requisition mismatches during the monitored period, recorded at 41%, 67%, and 58% respectively. See table below for more.

Table 6: Status on Medical supplies per district

District	No. of HCs monitored	No. of HCs that Received Medical Supplies from NMS	Medical Supplies matching the Health Center request	%
Madi Okollo	16	16	14 out of 16	87.5
Rubanda	27	27	11 out of 27	41%
Yumbe	25	23	21 out of the 23	91%
Nabilatuk	6	4	3 Out of 4	75%
Abim	15	12	7 out of 12	58%
Kanungu	27	26	18 out of 27	67%
Budaka	10	10	7 out of 10	70%
Adjumani	33	33	30 of the 33	90%

Source: CSBAG Analysis

4.5 Health Unit Management Committee Status

Health Unit Management Committees (HUMCs) guidelines require the minimum academic qualifications of a Uganda Advanced Certificate of Education for HUMC members at HC IV and an Ordinary Certificate of Education for HUMC members at HC III.

Community members assessed the effectiveness of Health Unit Management Committees (HUMCs) in overseeing Health Centre operations and expenditures, and their adherence to the 2019 Ministry of Health guidelines. These guidelines stipulate that HUMCs for both HC IV and HC III consist of nine members, including at least three women and no politically affiliated individuals. The guidelines also require the minimum academic qualifications of a Uganda Advanced Certificate of Education (UACE) for HUMC members at HC IV and an Ordinary Certificate of Education (UCE) for HUMC members at HC III.



Monitoring revealed that 99% of targeted health facilities had Management Committees with appropriate composition and qualifications, represented by 62% males and 38% females. Functionality assessments confirmed that Health Unit Management Committees (HUMCs) were functional, with In-charges confirming their role in expenditure review and approval. A significant 95% of HUMCs held quarterly meetings, while the remaining 5% met bi-annually and others annually.

Table 7: HUMC composition and functionality per district

District	HCs with HUMCs	Femal representation on HUMCs	HUMCs meeting quaterly	No. of HUMCs active in Expenditure oversight
Madi Okollo	16	36%	16	16
Rubanda	27	35%	25	23
Yumbe	25	34%	25	25
Nabilatuk	5	45%	5	5
Abim	15	46%	15	15
Kanungu	27	33%	26	26
Budaka	10	39%	6	7
Adjumani	32	37%	31	31

Source: CSBAG Analysis

4.6 Gender and equity in health care services

Many facilities lack adequate maternal health infrastructure and resources for women with disabilities, including sufficient maternity beds, specialized latrines, and emergency equipment.

Uganda's 2024 Health Centre verification and service delivery monitoring highlighted gender and equity disparities. Many facilities lack adequate maternal health infrastructure and resources for women with disabilities, including sufficient maternity beds, specialized latrines, and emergency equipment. Maternity bed availability varied significantly, with Kanungu having 179, Adjumani 156, and Nabilatuk only 19. A mere 37.1% (59) of health centers had separate wards for men, women, and children, compromising privacy and infection control.

PWD-specific maternity infrastructure was scarce, with only 2 districts reporting availability of 5 in Yumbe and 2 in Madi Okollo

Further to this, only 44% of health centers had PWD-friendly latrines, with none in Kanungu's 27 health facilities. Budaka, Abim, and Nabilatuk districts had 100% placenta pit coverage, while Kanungu (18%) and Rubanda (16%) had moderate coverage. Yumbe requires the most intervention to ensure safe and hygienic disposal of biological waste in maternity services.

To improve equity, CSBAG recommends expanding gender-sensitive infrastructure, and prioritizing equitable resource allocation to build a more inclusive and effective healthcare system for all Ugandans, especially women and marginalized groups.

Gender and Equity Facts in Health Centers

38%

HUMC members were women.

47%

Health Centers had specialised beds for PWDs

44%

health centers with PWD-friendly latrines. Kanungu's 27 health facilities had none.

37%

Health Centers with separate wards for men, women, and children

78%

Health Centers had placenta pits for hygienic disposal of biological waste in maternity services.

4.7 Infrastructure and equipment Status in Health Facilities

This section presents an analysis of the infrastructure status, which is a critical pillar in the delivery of quality healthcare services. The monitors looked at staff accommodation, WASH services, diagnostic and emergency equipment, among others across the 159 health facilities monitored.

The findings underscore the urgent need for targeted investments to improve the physical environment in which healthcare is delivered, especially in lower-level health centers.

Cold chain infrastructure, vital for vaccine storage, is strongest in Rubanda (25) and Yumbe (20), but nearly absent in Madi Okollo (22) and Adjumani (35).

Table 8: Infrastrutuce and equipment status per district

Infrastructure /Equipment	Madi Okollo	Adjumani	Budaka	Kanungu	Rubanda	Yumbe	Abim	Nabilatuk
Health Centers	16	33	10	27	27	25	15	6
Maternity Beds	95	156	52	179	124	114	71	19
Specialised PWD Beds	2	0	0	0	0	5	0	0
HCs with seperate wards for maternity Women,children, men	6	11	4	12	6	12	3	5
Placenta Pit	14	31	9	18	16	13	15	6
Ambulance	5	3	0	4	1	7	1	2
Mortuary	0	0	0	3	1	0	1	0
Laboratories	9	35	6	27	8	15	4	2
Cold Chain	22	35	8	13	25	20	15	6
Ultrasound	1	2	0	5	2	2	1	1
Solar Equipment	16	200	8	90	24	16	33	6
Incinerator	13	20	2	7	2	16	5	1

Source: CSBAG Analysis

Shortage of Beds and Wards

Many health facilities lack sufficient maternity beds and specialized wards. For instance, Budaka's HC IIIs had an average only 6 maternity beds, below the recommended 8. Additionally, only 59 health centers (37.1%) had separate wards or men, women, which compromises patient privacy and infection control. Abim and Rubanda having only 20% and 22.2% HCs with separate wards. The absence of specialized beds for Persons with Disabilities further highlights the lack of inclusive infrastructure.

Mortuaries

Mortuary services were scarce as only 5 of 8 districts. The absence of mortuaries in most districts, including Adjumani and Budaka, poses challenges for dignified handling of deceased patients and complicates public health management during disease outbreaks or disasters.

Incinerators

Incinerators, essential for medical waste management, were most available in Adjumani which had 20 and Yumbe with 16. Budaka with 2 incinerators and Nabilatuk with one lagged behind, raising concerns about safe disposal of infectious waste and the associated health risks for staff and communities.

Cold Chain Equipment

Cold chain infrastructure, vital for vaccine storage, is strongest in Adjumani with 35, Rubanda with 25 and Yumbe with 20. Inadequate cold chain systems risk vaccine spoilage and compromise immunization programs, particularly in lower-level health centers.

Placenta pit

Budaka, Abim, and Nabilatuk districts had 100% placenta pit coverage, while Kanungu (18%) and Rubanda (16%) had moderate coverage. Yumbe requires the most intervention to ensure safe and hygienic disposal of biological waste in maternity services.

Power Supply and Equipment Limitations

Most health facilities rely on solar power, but many systems were underperforming due to battery issues. Generators are scarce—only 25% of HC IVs in Kanungu had functional ones. In Rubanda only 1 of the monitored health centers had a generator

Emergency Infrastructure Gaps

Ambulances were limited or non-existent in many districts. Budaka and Adjumani, for example, had no ambulances at any monitored facility. Yumbe led with only 7 ambulances.

Ultrasound Machines

Limited ultrasound availability, with most districts having only one or two machines and Budaka having none, restricts prenatal care, diagnosis, and emergency assessments, particularly in maternal health. Kanungu and Adjumani had the highest number of machines.

Solar Equipment

Adjumani stands out with 200 solar units, far surpassing other districts like Budaka with 8 and Nabilatuk with 6. Solar power is crucial for off-grid facilities, ensuring continuity of services.

Laboratories

Top performing districts included Adjumani with 35 laboratories and Kanungu with 27. Underserved districts included Nabilatuk with 2 and Abim with 4 laboratories. This gap affects disease diagnosis, treatment accuracy, and outbreak response, especially in remote areas.

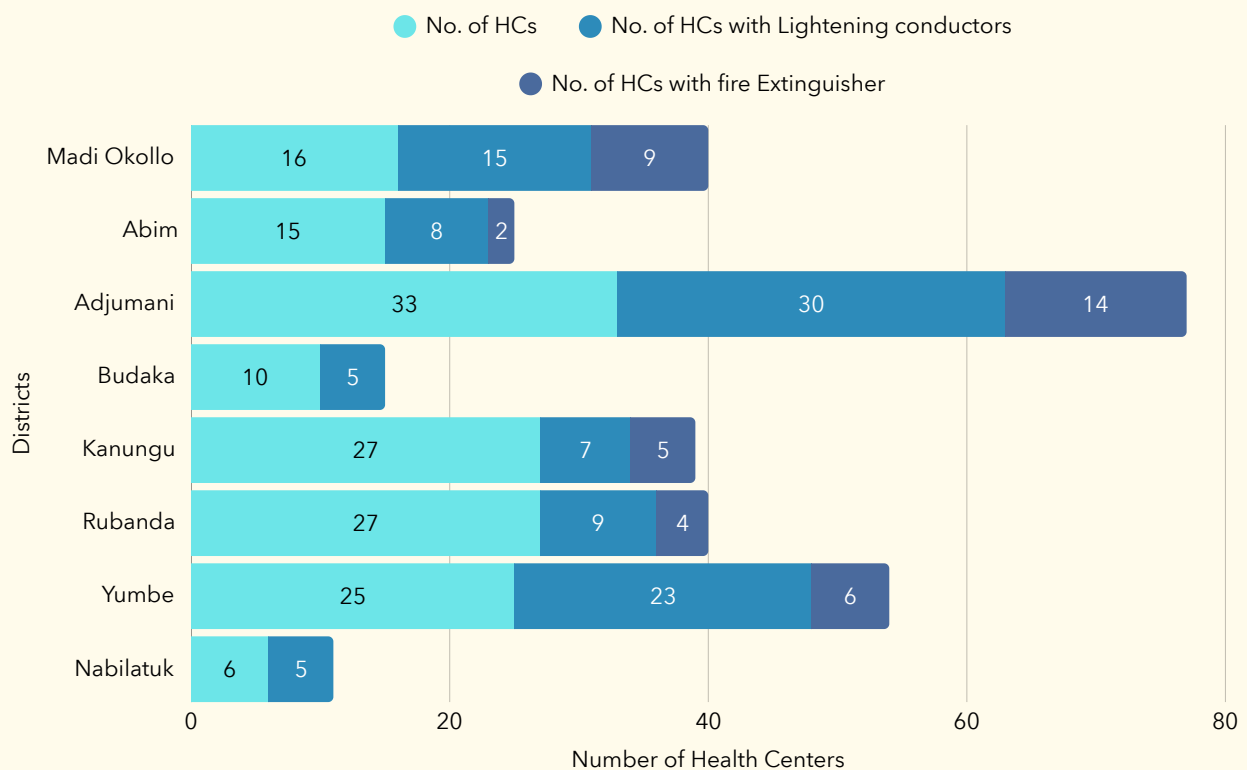
“ 93% of monitored health facilities in Rubanda lacked specialized latrines for Persons with Disabilities (PWDs). ”

4.8 Safety and disaster preparedness status

The Occupational Safety and Health Act, 2006 mandates employers to ensure safe working conditions and protect employees from hazards. However, health center monitoring reveals that only 29% of health centers had functional fire extinguishers, increasing the risk of disaster and property destruction in case of fire. Budaka and Nabilatuk districts performed the worst, with no facilities having functional fire extinguishers.

Furthermore, overall, 35.8% of the monitored health facilities lacked lightning conductors, which pose a potential risk to patients and health workers should lightning strike. In Rubanda, only 9 out of 27, which is 33%, and in Kanungu, with only 7 out of 27 health facilities, translating to 26%, had the least number of health facilities with lightning conductors.

“ 74.5% of health facilities lack fire extinguishers; 35.8% lack lightning conductors.”



4.9 Security and Tenure of Health Centers

The analysis of health center infrastructure across eight Ugandan districts reveals significant disparities in the availability of security, fencing, and land ownership. Security guard coverage in health centers is high, averaging at 77%. Nabilatuk leads with 100%, followed closely by Kanungu and Rubanda at 93%. Madi Okollo also performs well at 88%. However, Adjumani lags with only 58%, suggesting potential vulnerabilities in facility protection.

“50% of health centers monitored lacked land titles”

Fencing for health centers averaged at 55%, with Nabilatuk again leading at 83%, followed by Budaka and Abim at 80% and 73% respectively. Rubanda, despite its high security guard presence, had the lowest fencing coverage at just 33%, making it vulnerable to encroachment.

Land ownership, as indicated by the presence of land titles, was the most unevenly distributed aspect. While Nabilatuk achieves full land title coverage, Rubanda and Abim fell far behind with only 11% and 7% respectively. The average across all districts was 50%, meaning nearly half of the health centers operate without formal land ownership, leaving them vulnerable to land grabbing.

Overall, Nabilatuk stood out as a model district, with full coverage in all three categories. Rubanda presented a contrast, with high security guard coverage but lacked both fencing and land titles. Adjumani, while strong in land ownership, was weaker in both fencing and security.

Table 9: Security and Tenure of Health Center status per district

District	Health Centers	HCs with Security guards	% HCs with guards	HCs with Land Titles	% HCs with land titles	HCs with a Fence	% of HCs with Fence
1. Madi Okollo	16	14	88%	3	19%	9	56%
2. Abim	15	11	73%	1	7%	11	73%
3. Adjumani	33	19	58%	27	82%	19	58%
4. Budaka	10	7	70%	7	70%	8	80%
5. Kanungu	27	25	93%	20	74%	13	48%
6. Rubanda	27	25	93%	3	11%	9	33%
7. Yumbe	25	16	64%	12	48%	13	52%
8. Nabilatuk	6	6	100%	6	100%	5	83%
			77%		50%		55%

Source: CSBAG Analysis

4.10 WASH In Health Centers

CSBAG monitored the state of WASH infrastructure in health centres. The findings indicate varied installation rates of hand washing facilities across districts. Four districts of Yumbe, Nabilatuk, Kanungu, and Abim reported 100% installation. Adjumani, Madi Okollo, Rubanda, and Budaka showed slightly lower rates.

The status varies on functionality, where only one district, Kanungu, had all its health centres with functional water sources, while Yumbe lags behind at 61%. All districts except Rubanda met the National Costed Service Delivery Standards, which require at least four patient latrine stances per Health Center III. Rubanda had a ratio of one Health Center to three latrine stances.

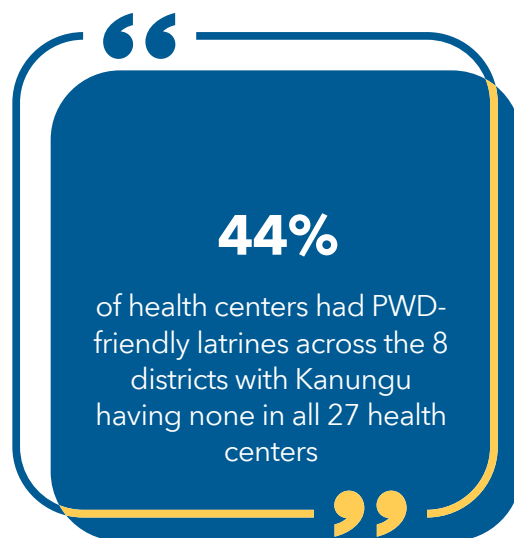
On PWD friendly latrines, only 44% of health centers had such facilities. Madi Okollo stands out with 88% of its health centers equipped with PWD-friendly latrines, while Kanungu, despite excelling in water access, had 0% coverage for PWD latrines, highlighting a critical gap in accessibility.

While most districts had commendable progress in providing hand washing facilities and water access, the inclusion of PWDs in sanitation planning remains inconsistent. Kanungu exemplifies this contrast of leading in water access but entirely lacking in PWD facilities. Madi Okollo, on the other hand, demonstrates a more balanced and inclusive approach.

Table 5: WASH Profile in Health Centers

District	No. of HCs	No. of HCs with Hand Washing Facility	No. of Functional water source within 500metres	% of Functional Water Sources	No. of HCs with Specialized latrine facility for PWDs	% of HCs with PWD Facilities
Madi Okollo	16	15	15	94%	14	88%
Rubanda	27	25	24	89%	2	7%
Yumbe	25	25	20	61%	19	76%
Nabilatuk	6	6	4	67%	2	33%
Kanungu	27	27	27	100%	0	0%
Budaka	10	9	8	80%	3	30%
Adjumani	33	32	32	97%	26	79%
Abim	15	15	11	73%	4	27%

Source: CSBAG Analysis



Conclusion

The citizen-led monitoring of 159 health facilities across eight districts revealed critical insights into the state of healthcare service delivery in Uganda. While the existence of all targeted facilities was confirmed, the findings underscore persistent and systemic challenges that hinder the realization of quality, equitable, and accessible healthcare.

Key among these challenges are severe staffing shortages, high absenteeism, inadequate infrastructure, and gaps in essential medical supplies. Health Centre IVs and IIIs are operating far below the approved staffing levels, with some districts experiencing absenteeism rates as high as 60%. Infrastructure deficits—ranging from insufficient maternity beds and staff housing to lack of PWD-friendly facilities and emergency equipment—further compromise service delivery, especially for women, children, and persons with disabilities.

Despite these challenges, there are encouraging signs of progress. A majority of health facilities displayed their budgets, and nearly all had functional Health Unit Management Committees, reflecting growing transparency and community involvement. However, disparities in budget display, leadership compliance, and safety preparedness highlight the need for stronger oversight and targeted investment.

To improve healthcare outcomes, the report calls for urgent action from the Ministry of Health, Ministry of Public Service, local governments, and development partners. Priorities include upgrading HC IIs, filling staffing gaps, enhancing gender-responsive infrastructure, securing land tenure, and strengthening disaster preparedness.

Ultimately, addressing these gaps will not only improve the quality of care but also restore public confidence in the health system and advance Uganda's commitment to universal health coverage.

Annex I Health Facilities Monitored per district

1. Abim District	Town Council/Sub County
Abim Hospital	Abim Town Council
Arembwola Health Centre II	Abim
Adea Health Center II	Morulem Sub County
Katabok Health Center	Morulem Sub County
Obolokome Health Center II	Morulem Town Council
Atunga Health Center II	Atunga
Awach HC II	Awach
Gangming Health Center II	Lotuke
Kiru Health Center II	Kiru Town Council
Koya Health Center II	Magamaga
Nyakwae Health Center III	Nyakwae
2. Nabilatuk District	Town Council/Sub County
Natirae Health Center II	Natirae Sub County
Nabilatuk Mission Health Center II	Nabilatuk Town Council
Nabilatuk Health Centre	Nabilatuk Town Council
Nayonai Angikalio	Nabilatuk Town Council
Lolachat Health Center	Lolachat
Loregedwat	Loregedwat
3. Yumbe District	Town Council/Sub County
Matuma Health Centre III	Arilo Sub County
Tuliki Health Centre II	Arilo Sub County
Amaniri Health Centre III	Kuru Sub County
Amaniri Health Centre II	Kuru Sub County
Locomgbo Health Centre II	Romogi Sub County
Bidibidi Health Centre III	Romogi Sub County
Yayari Health Center III	Lori Sub County
Ombachi Health Centre II	Lori Sub County
Dramba HC III	Arafa Sub County
Pajama Health Centre II	Arafa Sub County
Yoyo Health Centre III	Kululu Sub County
Jomorogo Health Centre III	Kululu Sub County
Mocha Health Centre III	Midigo Subcounty
Barakala Health Centre III	Barakala Town Council

Apo Health Center III	Apo Sub County
Kulikulinga HCIII	Kulikulinga TC
Mongoyo Health Centre II	Drajini Sub County
Yangani Health Centre III	Odravu West Sub County
Yangani Health Centre III	Odravu West Sub County
Ambelechu Health Centre II	Odravu West Sub County
Abiriamajo Health Centre II	Odravu Sub County
Okubani Health Centre III	Ariwa Sub County
Ayivu Health Centre III	Ariwa Sub County
Ariwa Health Centre III	Ariwa Sub County
Okuyo Health Centre II	Ariwa Sub County
4. Rubanda District	Town Council/Sub County
Hamurwa Health Center IV	Hamurwa Town Council
Kigazi Health Center II	Hamurwa Sub-County
Shebeya Health Center II	Hamurwa Sub-County
Bufundi Health Center III	Bufundi Sub-County
Kagunga Health Center II	Bufundi Sub-County
Muko Health Center IV	Rubanda Town Council
Rubanda District Headquarters HC II	Rubanda Town Council
Ikumba Health Center III	Ikumba Sub-County
Mushanje Health Center II	Ikumba Sub-County
Nyamabare Health Center II	Ikumba Sub-County
Bubare Health Center II	Bubare Town Council
Kashasha Health Center II	Kashasha Town Council
Kaara Health Center II	Muko Sub-County
Muko Butare Health Center II	Muko Sub-County
Ikamiro Health Center II	Muko Sub-County
Kabere Health Center II	Muko Sub-County
Ruhija Health Center III	Ruhija Town Council
Kiyebe Health Center II	Ruhija Sub-County
Nangara Health Center III	Nyamweru Sub-County
Bwindi Health Center III	Nyamweru Sub-County
Bigungiro Health Center II	Nyamweru Sub-County
Kibuzigye Health Center II	Hamuhambo Town Council
Kagarama Health Center II	Hamuhambo Town Council

Ihunga Health Center II	Nshanjare Town Council
Mugyera Health Center II	Habuhutu Town Council
Nyaruhanga Health Center II	Nyaruhanga Town Council
5. Kanugu District	Town Council/Sub County
Kanungu Health Center IV	Kanungu Town Council
Mazzolid Health Center II	Kanungu Town Council
Rugyeyo Health Center IV	Rugyeyo Sub County
Mpungu Health Center IV	Mpungu Sub County
Ntungamo Health Center III	Butogota Town Council
Nyamirama Health Center III	Nyamirama Town Council
Kirima Health Center III	Kirima Sub County
Katete Health Center III	Katete Sub County
Mburameizi Health Center III	Nyakinoni Sub County
Bugongi Health Center III	Bugongi Sub County
Rutenga Health Center III	Rutenga Town Council
Mafuga Health Center II	Rutenga Sub County
Kinaba Health Center III	Kinaba Sub County
Kihihi Health Center IV	Kihihi Town Council
Bihomborwa Health Center II	Kihihi Town Council
Kihihi Prisons Health Center II	Kihihi Town Council
Kibimbiri Health Center II	Kihihi Sub County
Matanda Health Center III	Kihihi Sub County
Mishenyi Health Center II	Kayungwe Sub County
Kihanda Health Center II	Kihanda Sub County
Rwere Health Center II	Kambuga Sub County
Kiringa Health Center II	Kambuga Sub County
Rubimbwa Health Center II	Kirima Sub County
Kazuru Health Center II	Kirima Sub County
Samaria Health Center II	Nyakinoni Sub County
Kayonza Health Center III	Kayonza Sub County
Karangara Health Center II	Kayonza Sub County
6. Budaka District	Town Council/Sub County
Iki Iki Health Centre III	Iki Iki Town Council
Namusaita Health Centre III	Kakule Sub County
Sapiri Health Centre III	Budaka Sub County

Katira Health Centre III	Katira Sub County
Kameruka Health Centre III	Kameruka Sub County
Kaderuna Health Centre III	Kachomo Sub County
Lyama Health Centre III	Lyama Sub County
7. Adjumani District	Town Council/Sub County
Openzinzi Health Centre III	Adropi
Obilokong Health Centre II	Adropi
Dzaipi Health Centre III	Dzaipi
Pagirinya Health Centre III	Dzaipi
Elema Health Centre II	Dzaipi
Nyumanzi Health Centre III	Dzaipi
Ajugopi Health Centre II	Dzaipi
Bira Health Centre III	Pakele
Pakele Health Centre III	Pakele
Olia Prison Health Centre II	Pakele
Olia Health Centre II	Pakele
Iewa Health Centre II	Pakele
Ciforo Health Centre III	Ciforo
Opejo Health Centre II	Ciforo
Agojo Health Centre II	Ciforo
Magburu Health Centre II	Ciforo
Ukusijoni Health Centre III	Ukusijoni
Maaji Health Centre II	Ukusijoni
Ayiri Health Centre III	Ukusijoni
Maaji A Health Centre II	Ukusijoni
Maaji B Health Centre II	Ukusijoni
Maaji Health Centre II	Ukusijoni
Ofua Health Centre III	Ofua
Kureku Health Centre II	Ofua
Arinyapi Health Centre III	Arinyapi
Elegu Health Centre II	Arinyapi
Ogolo Health Centre II	Arinyapi
Ajeri Health Centre II	Itirikwa
Zoka Health Centre II	Itirikwa
Aliwara Health Centre II	Itirikwa
Uderu Health Centre II	Pachara

Pachara Health Centre II	Pachara
Arra Health Centre II	Pachara
Madi Okollo District	Town Council/Sub County
Pawor Health Centre III	Pawor Sub-County
Ewanga Health Centre III	Ewanga Sub-County
Oyima Health Centre III	Okollo Sub-County
Ogoko Health Centre II	Ogoko Sub-County
Rhino Camp Health Centre IV	Rhino Camp Town Council
Gbulukuatuni Health Centre II	Rhino Camp Sub-County
Inde Health Centre III	Inde Town Council
Offaka Health Centre III	Offaka Sub-County
Uleppi Health Centre III	Uleppi Sub-County
Okollo Health Centre III	Okollo Town Council
Akino Health Centre II	Okollo Sub-County
Odraka Health Centre II	Inde Town Council
Olujobo Health Centre III	Rigbo Sub-County
Odobu Health Centre II	Rigbo Sub-County
Olivu Health Centre II	Rigbo Sub-County
Ocea Health Centre II	Rigbo Sub-County

Vision

A Uganda with a people centered budget that dignifies humanity.

Mission

Working towards ensuring that resource mobilization, allocation and utilization is inclusive for a transformed Uganda.

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