

Tel: +256 - 417 - 712260
PS' Office: +256 - 417 - 712221
Toll free: 0800100066
E-mail: ps@health.go.ug
Website: www.health.go.ug



Office Of The Permanent Secretary
Ministry of Health
P.O. Box 7272
Plot 6, Lourdel Road - Wandegaya
Kampala, Uganda

IN ANY CORRESPONDENCE ON

THE REPUBLIC OF UGANDA

THIS SUBJECT PLEASE QUOTE NO.

ADM.141/269/01

7th February 2025

To: Executive Directors, National Referral Hospitals
Hospital Directors, Regional Referral Hospitals
Chief Administrative Officers,
District Health Officers
Medical Superintendents, General Hospitals
Health Facility In-Charges

**SUBJECT: GUIDANCE ON IMPROVEMENT OF SERVICE DELIVERY
IN BOTH CENTRAL AND LOCAL GOVERNMENT HEALTH
FACILITIES**

As articulated in the National Development Plan IV (NDP IV) and the NRM Manifesto, the Government of Uganda is committed to improving access, equity, and quality of health care services at all levels. One of the key priority actions to achieve this objective is the integration of health care service delivery to ensure efficiencies while optimizing limited resources for better health outcomes.

To enhance service delivery at both central and local government levels, the Ministry of Health directs as follows:

1. Integration of HIV/AIDS, TB, and Other Chronic Disease Services.

All Executive Directors of National Referral Hospitals, Directors of Regional Referral Hospitals, District Health Officers, Medical Superintendents of General Hospitals, and Health Facility In-Charges MUST ensure that HIV/AIDS, TB, Hepatitis B, Hypertension, and Diabetes services are fully integrated into the routine outpatient and chronic care services in hospitals and lower-level facilities.

- Stand-alone HIV/TB clinics MUST be phased out and integrated into general outpatient services. The same physicians attending to chronic disease patients (Hypertension, Diabetes, etc.) should also manage HIV/AIDS and TB patients.

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- Stand-alone ART pharmacies must be phased out. All medicines should be dispensed and accounted for within the facility pharmacy system.

2. Training and Orientation of Health Workers.

- All health workers MUST receive training and mentorship on integrated service delivery through Continuous Medical Education (CMEs) sessions, both physically and through digital (virtual) platforms.
- The Trainings should emphasize the latest guidelines for HIV, TB, and Hepatitis B testing and treatment, especially for health workers who have not previously managed these clinics.

3. Implementation of Electronic Medical Records (EMR) for Performance Management.

- The EMR system MUST be fully functionalized by all hospitals and lower-level health care facilities where it has been fully installed, to improve medicine management and accountability, as well as workforce performance.
- Accounting officers and facility managers MUST prioritize staff training on EMR system usage and equipment maintenance. This may involve direct Ministry of Health support or utilizing facility resources where the budget allows, to ensure effective implementation and sustainability of the system.
- Health facilities MUST analyse and use data for planning, and budgeting. Generated data should guide priority setting for sector interventions especially for disease prevention approaches.
- All Health managers MUST print and review EMR data for performance of health workers under their supervision at least monthly, ensuring they are present for the required working hours as per the standing orders and are delivering satisfactory results. In cases Where staff are found to be perennially absent or not performing as expected, their salaries should be withheld, and disciplinary action should be taken in line with the standing orders to enforce accountability.
- Additionally, duty rosters should not be structured in a way that encourages organized absenteeism. There is a growing practice in health facilities of designing rosters that grant health workers excessive off days within a week, reducing the number of staff available to provide services at a time. This is wrong and MUST stop.

4. Strengthening Medicines and Laboratory Supplies Accountability.

- Medicines and laboratory supplies accountability MUST be prioritized by all in-charges and leadership structures. Regular stock-taking is mandatory, with emphasis on irrational prescriptions, dispensing practices and avoiding expiries.

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- DHOs MUST coordinate intra-district and inter-district redistribution of medicines in case of overstocks in some facilities and stockouts in others. This will ensure efficient use of medicines and avoid expiries.

- To optimize pharmaceutical management, facilities should adopt evidence-based quantification methods, prioritize essential medicines based on disease patterns, and enhance supply chain oversight to ensure availability where it is most needed. It has been observed that most facilities allocate budgets and place orders for non-essential medicines at the expense of essential or high-demand drugs required across various clinical departments. This misalignment leads to frequent stock-outs of critical medications while less frequently used medicines remain in surplus.

Facilities should make procurement plans as they forecast based on the most prevalent illnesses to ensure essential medicines are consistently available, and to minimize wastage and expiries.

5. Ensuring use of Client Satisfaction and Feedback Mechanisms.

- All hospitals and lower-level health facilities MUST implement the QR code-based client feedback system to improve service quality.

- The Client Satisfaction and Feedback QR codes are translated into major local languages. These should be placed strategically within health facilities to allow patients and caregivers to evaluate services and give feedback for continued improvement of services delivery.

- Health facility leaders and district officials MUST regularly review feedback from this platform and provide timely interventions and feedback to the population.

6. Strengthening Death Notification and Reporting.

- All deaths occurring in health care facilities and the community MUST be reported, reviewed, and notified within 24 hours through the established reporting systems with proper cause-of-death coding using ICD standards. There is a challenge of delayed and incomplete documentation of deaths, which hinders timely identification of emerging health threats.

Strengthening death review, notification and reporting is essential for effective public health surveillance, as accurate data on mortality helps monitor trends, track disease burden, and inform health interventions.

7. Prioritizing Recruitment of Critical Staff.

- Where wage is available, health care managers MUST prioritize the recruitment of critical health workers as per the services offered by the facilities. It has been observed that most facilities and local governments

instead prioritize non-critical positions, sometimes with the intention of creating jobs for their people. This affects the quality of service delivery.

- All districts MUST prioritize the recruitment of District Health Officers (DHOs) where wage provisions exist. Currently, many DHOs across Uganda are serving in acting capacities, which should only be a temporary arrangement, based on an assessment of capacity. However, permanent and substantive appointments should be prioritized to ensure strong leadership, better management, and improved service delivery within the district health systems.

In some districts, efforts for substantive recruitment of qualified DHOs have been compromised by local leaders “ring-fencing” the positions for their own people or waiting for their preferred candidates to attain the necessary qualifications which affects service delivery.

- Where districts are unable to fill these critical positions, they should immediately refer back to the Ministry of Health and Ministry of Public Service for support.

8. Waste Management Planning and Budgeting.

- Effective next financial year, all health facilities MUST budget for waste management. This is aimed at addressing the big challenge of healthcare facilities grappling with significant challenges in waste management such as inadequate waste segregation, improper disposal methods, and insufficient infrastructure for handling medical waste which is mostly hazardous.
- The Ministry of Health has taken a step to address these challenges by establishing regional incinerators starting with Gulu, Mbarara, Fort portal, and Mukono. These incinerators are designed to handle medical waste and expired drugs from surrounding health facilities within the regions.
- To ensure effective operation, the Director General of Health Services will issue guidelines detailing procedures for waste collection, transportation, treatment, and disposal, thereby supporting health facilities in maintaining a safe and hygienic environment.

9. Sample transport.

- Sample transport from lower health facilities (spokes) to regional hubs and finally to the reference laboratories will be streamlined through an integrated system. Moving forward, this process will be consolidated and centrally coordinated by the Department of National Health Laboratory Services to ensure efficiency and effective management of sample transportation across the network.

10. Management of Medical Equipment.

- Health facilities **MUST** ensure optimal utilization of all medical equipment, as some are observed lying idle in boxes. If a facility is unable to utilize certain equipment, they should notify the Ministry for redistribution.
- Facility managers must also prioritize fixing equipment, especially minor breakdowns that do not require regional workshops, while actively following up with regional workshops for major repairs. Additionally, facilities should not be cluttered with obsolete equipment but must document and engage accounting officers to facilitate timely disposal.

11. Utilization of PHC Funding for Disease Prevention Outreach Activities.

- Facilities are encouraged to make optimal use of PHC funding by planning and implementing key prevention interventions, particularly in immunization, family planning, and nutrition awareness. Immunization, family planning and nutrition awareness activities, which have traditionally been limited to static, facility-based services, should be extended through outreach programs to reach underserved communities, improving coverage and public health outcomes.

For any further guidance or clarification required on the above circular, accounting officers and facility managers should directly follow up with my office, the Ag. Director General, or the line technical departments at the Ministry of Health.



Dr. Diana Atwine

PERMANENT SECRETARY

Cc: Hon. Minister of Health
Hon. Minister of State for Health (General Duties)
Hon. Minister of State for Health (PHC)
Acting Director General Health Services
Permanent Secretary, Ministry of Local Government
Resident District Commissioners (RDCs)
District Chairpersons LC V
Chief Administrative Officers (CAOs)
All Heads of Departments, Ministry of Health.