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BY TONNY ABET

Basic sanitation upgrades and facility renovations in rural public health centres are driving higher patient turnout, particularly for maternal health services, according to health facility leaders.

The 2025 Health Sector Performance Report shows a 10 percent increase in admissions at public health facilities, with Level III and IV health centres handling more than half of the 3.3 million Ugandans admitted nationwide.

While improved infrastructure has boosted confidence in public healthcare, the surge in patients is stretching already understaffed facilities, leading to longer waiting hours and increased pressure on healthcare workers.

Across several districts, the construction of cleaner, safer toilet facilities has encouraged more women to attend antenatal clinics and deliver at public health centres rather than at home or in private facilities.

At Balawoli Health Centre III in Kamuli District, midwife Mirriam Tabitha Namatende says improved sanitation has transformed how mothers experience care.

"I have worked here for six years, and before these projects, toilet services were very poor," Ms Namatende says. "Now the toilets are cleaner, better organised, and more dignified. Mothers feel respected."

The newly constructed toilet block includes ramps for persons with disabilities, bathrooms, mirrors, and separate facilities for maternity clients, features that were previously absent.

"We now feel this is a proper health facility toilet," she adds. "It has increased attendance."

Balawoli now receives about 250 women every month for antenatal care, many of whom cite the improved sanitation as a deciding factor.

However, challenges remain. Water shortages during the dry season disrupt handwashing and infection prevention.

"We depend on rain-harvested water, and when it runs out, hand washing becomes impossible," Ms Namatende explains.

"If the dry season lasts three months, that is three months without proper hand hygiene," she says.

When tanks run dry, staff fetch water from neighbours or nearby schools. Priority areas such as maternity and laboratory units receive water from larger tanks, leaving other sections vulnerable. Staff shortages compound the strain.

Only one midwife serves the maternity ward, despite a requirement for four.

"On busy nights, we improvise," Ms Namatende says. "Sometimes we wear several pairs of gloves at once so we can attend to multiple urgent cases."

Similar trends are reported elsewhere. At Apalabarowo Health Centre III, Senior Clinical Officer Alex Eyul says improved sanitation has significantly in-

# Rural health centres struggle to handle surge in patients



Officials from the Ministry of Health and Kole Local Government inspect new toilet facility in Apalabarowo HCIII in Kole District in November 2025. The management of the facility reports increase in number of patients. PHOTO/MICHAEL KAKUMIRIZI

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creased service utilisation.

Before 2024, the facility had only seven toilet stances serving all patients and staff. With support from Water for People, five maternity toilet stances were added in 2024.

The impact was immediate. In 2023, the facility recorded 21,900 clients. By November 2025, after construction was completed, attendance had risen to 23,800.

"People are coming because they see better facilities," Mr Eyul says. "Community feedback shows trust has improved."

He adds that infection rates have declined due to better hygiene infrastructure and staff training in infection prevention and control.

Despite the progress, long waiting times remain a concern.

At Buikwe Health Centre III, expectant mother Flavia Namutebi says she waited more than three hours to be attended to.

"The facilities are good, and medicines are available, but there is only one midwife for maternity and family planning," she says. "We wait for a very long time."

Ms Oliver Kaseeta, the officer in charge of Buikwe HCIII, confirms the staffing gaps.



Patients and caretakers wait for services at Ikumba HCIII in Luuka District in December 2025. PHOTO/TONNY ABET

"We have 13 staff instead of the required 19," she says. "We also lack nursing assistants and staff accommodation."

She adds that midwives often sleep in patient wards due to the absence of staff housing, while limited security, with only one guard, poses further risks.

The Ministry of Health says it is closely monitoring the improvements and emerging challenges.

Mr Vallence Uragiwenimana, the principal environment officer at the Ministry of Health, recently led inspection visits to Buikwe, Buyende, Luuka, Kamuli, Kole, Kabarole, and Kayunga districts.

"The overall purpose was to see, first of all, the status of how the facilities are being handled. And also to appreciate whether the facilities, which were given by the Sanitation and Hygiene Fund (SHF), are being put to use as required,"

he says.

SHF is a UN-backed initiative that supports sustainable sanitation and hygiene solutions in low-income countries. In Uganda, it works with the Ministries of Health, Water and Environment, and Education and Sports.

Mr Uragiwenimana says most facilities are well-maintained, with clean toilets, stocked supplies, and functional water systems, although drought has affected some sites.

"Overall, the facilities were well constructed and are being managed properly," he says, noting that a few schools still require follow-up, including repairs to incinerators.

He acknowledges uneven coverage, with some facilities benefiting more than others due to funding limitations.

"Priorities are guided by need, busy health centres and high-enrolment

schools," he explains.

Each sanitation block costs between Shs50m and Shs70m.

The focus, he says, is on women and girls, who previously avoided public facilities due to poor sanitation. In schools, improved wash rooms and incinerators have reduced absenteeism among girls during menstruation.

"In health centres, dignity is a major factor," Mr Uragiwenimana says. "Good sanitation reduces infection risks and encourages mothers to trust public facilities."

According to SHF, more than 60 percent of households in Uganda have limited or no access to sanitation, while around 36 percent of menstruating women and girls rely on non-purpose-made materials such as cloth, cotton wool, or toilet paper to manage their period.

## Increased investment in sanitation

In partnership with Water for People, SHF has supported the establishment of an interministerial coordination mechanism and a steering committee to pool resources and expertise across key ministries and agencies.

"As a result of this coordinated effort, an additional \$1.5m has been unlocked for environmental sanitation within the Ministry of Health," reads information from SHF.

Under the Ministry of Health's leadership, the Budget Implementation Guidelines for all districts and local governments will, for the first time, allocate nine percent of the primary health care budget for sanitation (non-wage) starting in 2025. This marks a significant step in institutionalising sanitation financing at the district level," SHF states further.