

The Republic of Uganda

HEALTH SERVICE COMMISSION

ANNUAL REPORT
FOR
FY 2025/2026

TABLE OF CONTENTS

TABLE OF CONTENTS II
FOREWORD V
EXECUTIVE SUMMARY VI
CHAPTER ONE 1
INTRODUCTION 1
1.3 VISION, MISSION, CORE VALUES, PRINCIPLES AND STRATEGIC OBJECTIVES ... 3
1.3.1 Vision statement 3
1.3.2 Mission statement 3
1.3.3 Core values 3
1.3.4 Institutional Guiding Principles 3
1.3.5 Strategic Objectives 4
1.4 COMPOSITION AND ORGANISATION OF THE COMMISSION AS AT 30 TH JUNE 2026 4
1.4.1 Members of the Commission 4
1.4.2 Secretariat of the Commission 6
1.4.2.1 Finance and Administration 6
1.4.2.2 Human Resource Advisory Services 6
1.4.2.3 Recruitment and Selection Systems 6
CHAPTER TWO 8
2.0 PERFORMANCE OF THE HEALTH SERVICE COMMISSION DURING THE FINANCIAL YEAR 2025/26 8
2.1 Key Planned Outputs 8
2.2 Key Achievements 9
2.2.1 Strategic Objective 1: Provide advice to H.E. the President of Uganda and Government in respect to Human Resource for Health for timely and strategic decision making 9
2.2.2 Strategic Objective 2: Recruit qualified and competent Human Resources for Health for efficient and effective Health Service Delivery 13
2.2.2.1 Recruitment of Health Workers 14
2.2.2.2 Provision of Technical Support to District Service Commissions (DSCs) 16
2.2.2.3.1 Validated staff by category/cadre 20
2.2.2.3.4 Challenges arising from Validation Exercise 24
2.2.3.1 Implementation of the e-Recruitment System 26
2.2.3.2 Upgrade of the e-Recruitment System 26
2.2.4 Strategic Objective 4: Carry out Advocacy and make Recommendations to improve the Terms and Conditions of Service of Health Workers 28
2.2.4.1 Human Resource for Health decisions handled during the FY 2025/2026 29
2.2.4.3 Support Supervision 30
2.2.4. Support Supervision to Local Governments 33
2.2.4.2.4 Review of Reports from District Service Commissions 35
2.2.6 Strategic Objective 5: Enhance the Institutional Capacity of the Health Service Commission to deliver on its mandate 36

2.2.6.1 Procurement of tools, equipment and services 36
2.2.6.2 Gender and Equity Issues 37
2.2.6.3 Implementation of HIV/AIDS Work Place Policy 37
2.2.6.4 Standard Operating Procedures against infectious diseases. 37
2.2.6.5 Training of staff 37
2.3 Challenges affecting the performance of the Commission and recommendations..... 38
2.3.1 Challenges 38
2.3.1.1. Internal Challenges 38
CHAPTER THREE.....40
3.0 BUDGET PERFORMANCE FOR FINANCIAL YEAR 2025/2026 AND PLANNED ACTIVITIES FOR FINANCIAL YEAR 2026/2027 40
3.1 Budget performance for FY 2025/26..... 40
3.2 Commitment Control System..... 40
3.3 Budget Allocations for the Financial Year 2026/27..... 40
3.4 Planned Activities for Financial Year 2026/27..... 41
3.5 Conclusion..... 42
Annex 1: Members and Staff of the Health Service Commission as at 30th June 2026 43
Table 1: Members of the Health Service Commission 43
Table 2: Secretariat Staff of the Health Service Commission 43
Annex 2: Recruitment and Human Resources for Health Issues in FY 2025/26..... 46
Table 3: Trends analysis of Posts which attracted high numbers of applicants..... 46
Table 4: Analysis of appointments by Job Category..... 46
Table 5: Summary of Trends Analysis of appointments by Job Category..... 47
Table 6: Summary of analysis of Human Resource for Health decisions made during FY 2025/26..... 47
Table 7: Summary of Trend analysis of Human Resource for Health decisions made during FY 2023/24 to 2025/26 by Cadre..... 48
Table 8: Central Institutions visited during FY 2025/26..... 48
Table 9: Regional Referral Hospitals visited during FY 2025/26..... 48
Table 10: The Districts, Cities, General Hospitals and Health Centres visited during FY 2025/26..... 49
Annex 3(a): Key issues arising from Support Supervision to Regional Referral Hospitals during FY 2025/26 51
Annex 3(b): Key issues arising from the Support Supervision Reports of Districts/Cities and District /City Service Commissions in FY 2025/26. 55
Annex 4(c): DSCs that did not submit Reports during FY 2025/26..... 94

LIST OF ABBREVIATIONS

AHPC	Allied Health Professional Council
BFP	Budget Framework Paper
BNRMH	Butabika National Referral Mental Hospital
CAO	Chief Administrative Officer
CSC	City Service Commission
CUFH-N	China Uganda Friendship Hospital – Naguru
DCAO	Deputy Chief Administrative Officer
DHO	District Health Officer
DLGs	District Local Governments
DSC	District Service Commission
e-RS	Electronic Recruitment System
ENT	Ear, Nose and Throat
FY	Financial Year
GoU	Government of Uganda
HCs	Health Centres
HRAS	Human Resource Advisory Services
HRH	Human Resource for Health
HRM	Human Resource Management
HRO	Human Resource Officer
HSC	Health Service Commission
ICT	Information Communication Technology
JD	Job Description
KCCA	Kampala Capital City Authority
LC	Local Council
LG	Local Government
MDAs	Ministries, Departments and Agencies
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoPS	Ministry of Public Service
MOSG	Medical Officer Special Grade (Re-designated to Associate Consultant)
MTEF	Medium Term Expenditure Framework
NDP	National Development Plan
NITA-U	National Information and Technology Authority Uganda
NMS	National Medical Stores
NRH	National Referral Hospital
NWSC	National Water and Sewerage Corporation
PHRO	Principal Human Resource Officer
PNFP	Private - Not- For- Profit
PSC	Public Service Commission
RH	Referral Hospital
RRH	Regional Referral Hospital
RSS	Recruitment and Selection System
SOPs	Standard Operating Procedures
ToR	Terms of Reference
UBTS	Uganda Blood Transfusion Services
UGX	Uganda Shillings
UMDPC	Uganda Medical and Dental Practitioner's Council
UPS	Uganda Prisons Service
UVRI	Uganda Virus Research Institute

FOREWORD

I would like to take this opportunity to present to you the 26th Annual Report of the Health Service Commission. It was prepared in accordance with Article 170 (4) of the Constitution and Section 8(2) of the Health Service Commission Act 2001. The Commission is required to present a report to Parliament in respect of the performance of its functions. This report gives an account of performance of the Commission for the Financial Year 2025/2026.

The Health Service Commission is responsible for Human Resources for Health (HRH) matters in National and Regional Referral Hospitals and auxiliary Institutions of the Ministry of Health. The Commission strives to ensure that the Health Institutions under its jurisdiction get the right number of Human Resource for Health with the right skills.

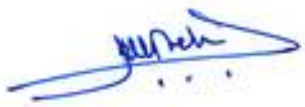
During the Financial Year under Review, the Commission in line with Article 172 of the Constitution, recommended fifty one (51) Health Workers to H.E. the President for appointment; Appointed one thousand one hundred an d eighty-nine (1189) Health Workers of various categories for the Health Institutions under its jurisdiction; Made One thousand five hundred fifty-five (1555) Human Resources for Health decisions; validated a total of 8,430 USG supported Health Workers; Carried out Support Supervision in twelve (12) Region Referral Hospitals, seventy-seven (77) Local Governments and 2 Cities; Finalized the review and upgrade of the Examination and Skills Assessment System (eESAS); procured and delivered ICT equipment to Entebbe Regional Referral Hospital; completed Integration of eRS for Uganda Medical and Dental Practitioner's Council (UMDPC) and Allied Health Professional Council (AHPC); and Conducted Aptitude Tests for Applicants under External Advert No.1 of February 2026, Children's Surgical Hospital, Entebbe and various DLGs namely Adjumani, Kasese, Kabale and Mukono.

The Commission appreciates the support from all stakeholders that enabled it to perform its functions during the Financial Year 2025/2026. The Mem bers and Staff are committed to diligently performing their roles and duties to fulfil the mission of the Commission: ***"To build a Fundamentally Strong and Competent Human Resource Base for Efficient and Effective Health Service Delivery".***

On my own behalf and on behalf of the Health Service Commission, I would like to thank the Members of the Commission for their tireless effort during the Financial Year for enabling the Commission to achieve its mandate, and the Secretariat headed by the Permanent Secretary/ Secretary to the Commission, and the entire technical team in providing support and guidance to the Commission.

I am greatly honoured to present the Annual Report of the Health Service Commission for the period 1st July, 2025 to 30th June, 2026. I hope that this report will inform the Rt. Hon. Speaker of Parliament and Honourable Members of Parliament and all stakeholders of the health fraternity about the activities of the Commission.

Thank you all for your continued cooperation and support to the Commission as we endeavour to deliver quality health services.



Dr. Henry G. Mwebesa
CHAIRPERSON

EXECUTIVE SUMMARY

This is the Annual Report of the Health Service Commission (HSC) Vote 134 for the Financial Year 2025/26. The mandate of the HSC is provided for under Article 170 and 172 of the 1995 Constitution of the Republic of Uganda. The Vision of the HSC is “a fully resourced health workforce that is responsive, efficient and effective in Uganda’s socio-economic transformation process”. The Mission is “to build a fundamentally strong and competent human resource base for efficient and effective health service delivery”.

The Commission received a release of **21.692Bn** during the FY 2025/2026. The resources released to the Commission were spent on recruitment of health workers, support supervision activities, technical support to Districts, handling and processing of human resource for health cases, payment for utilities, works, goods and services, and project preparation of the proposed Health Service Commission Assessment Centre in Butabika.

During the Financial Year under review, the Commission achieved key outputs using the appropriated resources as follows: In line with Article 172 of the Constitution, the Commission recommended fifty-one (51) health workers to H.E. the President for appointment; Appointed one thousand one hundred and eighty-nine (1189) Health Workers of various categories for the Health Institutions under its jurisdiction; Made One thousand five hundred fifty-five (1555) Human Resources for Health decisions; validated a total of 8,430 USG supported Health workers which activity was not planned; Carried out Support Supervision in twelve (12) Regional Referral Hospitals, seventy-seven (77) Local Governments and 2 cities; Finalized the review and upgrade of the Examination and Skills Assessment System (eESAS); procured and delivered ICT equipment to Entebbe Regional Referral Hospital; Integration of eRS was completed for Uganda Medical and Dental Practitioner’s Council (UMDPC) and Allied Health Professional Council (AHPC); Conducted Aptitude Tests for applicants under External Advert No.1 of February 2026, Children’s Surgical Hospital, Entebbe and various DLGs,Technical support was provided to 26 DLGs namely Sheema, Kiboga, Buikwe, Rwampara, Bushenyi, Kasese, Wakiso, Kikuube, Bulambuli, Kumi, Iganga, Hoima, Masindi, Kazo, Kyotera, Masindi, Rubanda, Kaberamaido, Yumbe, Kyotera, Buhweju, palisa, Nakaseke, Nebi, Butaleja and Mitooma; Completed the first phase of Review of Standing Orders for the Health Workforce.

However, in achieving the above, the Commission encountered the following challenges; Inadequate space to conduct Aptitude Tests and Oral Interviews; a challenge of vehicles when conducting Support Supervision; inadequate wage to recruit staff to fill vacant positions in the newly approved structures with most Health Institutions having a staffing level of less than 35%; high number of applicants for certain cadres such as Enrolled Nurse, Enrolled Midwife, Medical Laboratory Assistant that necessitates space for aptitude tests; Failure to attract suitable Applicants for some posts like Anesthetic Officers, MOSG (ENT) and Radiology; and findings of unauthorized study leave arising from lack of training plans especially in the District Local Governments due to the direct link between training and career progression. This affects health service delivery in terms of numbers available to deliver services.

The Commission remains committed to performing its functions as per its mandate with the appropriated resources.

CHAPTER ONE

INTRODUCTION

This is the Annual Report of the Health Service Commission (HSC) for the Financial Year 2025/26. It has three (3) chapters: the Introduction; the fiscal performance of the Commission, and budget performance.

1.1 Mandate

The Health Service Commission derives its mandate from the following instruments:

1.1.1 The Constitution of the Republic of Uganda, 1995

a) Article 169 of the Constitution of the Republic of Uganda establishes the Commission, its membership, their appointment, qualifications, disqualifications and tenure of office.

b) Article 170 sets out the functions of the Commission; stipulates its independence and provides for it to delegate its functions to District Service Commissions or any other authority or officer.

c) Article 170 (5) gives Parliament the authority to regulate the functions and prescribe the categories of public officers to be handled by the Commission.

d) Article 172 gives the President of the Republic of Uganda powers to appoint persons to hold or act in any office in the health service of Uganda at the rank of Head of Department or above on the advice of the Health Service Commission.

1.1.2 The Health Service Commission Act, 2001

The Health Service Commission Act, 2001 operationalizes Articles 169, 170 and 172 of the Constitution in relation to Health Workers and other matters related to the Health Service. Section 8 (1) of the Act sets out the functions of the Commission as follows:

a) Advise the President in performing, in relation to the health service, his or her functions under Article 172 of the Constitution.

b) Have power to appoint persons to hold or act in any office in the health service, including the power to confirm appointments, to exercise disciplinary control over those persons and to remove them from office.

c) Review the terms and conditions of service, standing orders, training and qualifications of members of the health service and any other matters connected with their management and welfare, and make recommendations on them to Government.

d) Perform such other functions as may be prescribed by the Constitution, the Health Service Commission Act, 2001 or any other law.

e) The Health Service Commission Act 25(1) provides that the Commission may delegate, in writing, any of its functions to a District Service Commission or any authority or office.

1.1.3 The Health Service Commission Regulations, 2013

Section 36 of the Health Service Commission Act, 2001 gives the Commission the mandate to make Regulations. Accordingly, the Commission developed Regulations (2013) to provide for the organization and work of the Commission.

1.1.4 The Local Government Act, 1997 (CAP 243)

The Local Government Act, 1997 (CAP 243) provides all line Ministries, Departments and Agencies (MDAs) with the mandate to supervise, inspect, monitor and coordinate Government policies and programmes under their mandate at the Local Government level. Section 55 (3) of the Local Government Act CAP 243 prescribes modalities for recruitment of staff in the health service as a specialized discipline. This section mandates the Commission to issue guidelines for recruitment of Health Workers in Local Governments.

1.1.5 Other Legal Instruments

The other legal instruments that provide guidance to the Commission in the implementation of its mandate include the Public Service Act, 2008; Public Service Commission Regulations, 2013; Uganda Public Service Standing Orders, 2010; Human Rights Act, 1997; Equal Opportunities Commission Act, 2007; and Establishment Notices and Circular Standing Instructions issued by Government from time to time.

1.2 Jurisdiction of the Commission

In accordance with Article 170 (5) of the Constitution of the Republic of Uganda (1995), Parliament provides, under Section 3 of the HSC Act, 2001 for the jurisdiction of the Health Service Commission to include all health professionals, administrative, scientific and support staff working in the health sector. The Commission has jurisdiction over Health Workers in central Government institutions, namely: -

a) The Ministry of Health Headquarters;
b) Mulago National Referral Hospital;
c) Mulago Specialised Women and Neonatal Hospital;
d) Butabika National Referral Mental Hospital;
e) Kiruddu and Kawempe Referral Hospitals;
f) Regional Referral Hospitals of: Arua, Gulu, Lira, Soroti, Jinja, Mbale, Kabale, Mbarara, Hoima, Masaka, Fort Portal, Mubende, Moroto, China-Uganda Friendship Hospital Naguru, Entebbe, Kayunga and Yumbe;
g) Kampala Capital City Authority;
h) Specialized Health Institutions like Uganda Blood Transfusion Services and Uganda Virus Research Institute.

Other Ministries and Institutions which have Health Workers on their staffing structure, from time to time request the Commission to recruit for them. These include the Ministry of Tourism, Wildlife and Antiquities, the Ministry of Works and Transport, the Ministry of Gender, Labour and Social Development and Uganda Prisons Service.

The Commission also engaged in Public Private Partnerships and supported the Children's Surgical hospital Entebbe (Emergency) in handling Human Resource for Health Issues.

1.3 VISION, MISSION, CORE VALUES, PRINCIPLES AND STRATEGIC OBJECTIVES

1.3.1 Vision statement

The vision of the Health Service Commission is “A professional, responsive, and well-governed health workforce delivering quality health services for all Ugandans”

1.3.2 Mission statement

The mission of the Health Service Commission is “To uphold merit-based recruitment, appointment, and disciplinary processes for human resources in Uganda's health sector, ensuring availability of competent, motivated, and professional health workers to deliver quality services to all Ugandans”.

1.3.3 Core values

The HSC is committed to quality service delivery and therefore, regards its institutional core values as critical in the execution of its mandate. The values that guide the operations of the Commission are:

(i) Professionalism: Upholding the highest standards of ethics and conduct in public service.

(ii) Integrity: Ensuring honesty, transparency, and accountability in all Commission activities.

(iii) Meritocracy: Promoting fairness and competence-based recruitment processes.

(iv) Equity and Inclusiveness: Ensuring fair representation and equal opportunity in the health workforce across gender, regions, and special interest groups.

(v) Efficiency and Effectiveness: Striving for optimal use of resources and timely service delivery.

(vi) Client-Centered Service: Focusing on the needs of the Ministry of Health, Local Governments, and the public in health workforce services.

1.3.4 Institutional Guiding Principles

The key guiding principles of the Commission are:

a) **Expeditiousness:** in handling of recruitment, appointment, confirmation, promotion, approval of study leaves and disciplining of health professionals.
b) **Responsiveness**: in responding to the needs of clients and stakeholders in a way that meets their expectations.
c) **Maximum attention:** to unique and peculiar problems affecting health professionals as they emerge.
d) **Innovativeness:** in strengthening the institutional capacity to effectively fulfill her mandate, organizationally and professionally.

e) **Teamwork:** in the course of executing her mandate, the Commission derives its effectiveness from all its members and staff acting as a body in a synergetic manner.

The values and principles are embedded in the Health Service Commission Clients' Charter.

1.3.5 Strategic Objectives

Consistent with its mandate, vision and mission, the Commission is guided in its operations by its strategic objectives that are to:

i) To recruit qualified and competent Human Resources for efficient and effective health service delivery.

ii) To carry out advocacy and make recommendations to improve the terms and conditions of service for the Health Workforce.

iii) To enhance efficiency in the recruitment of healthcare professionals.

iv) To provide advice to His Excellency the President in respect to Health Human Resources for timely decisions.

v) To strengthen institutional capacity within the Health Service Commission.

1.4 COMPOSITION AND ORGANISATION OF THE COMMISSION AS AT 30TH JUNE 2026

3.41.4.1 Members of the Commission

According to Article 169 (2) of the Constitution of the Republic of Uganda, the Health Service Commission consists of a Chairperson and six (6) other Members at least three of whom shall be persons who have substantial experience in health science, all of whom are appointed by the President with the approval of Parliament. Article 169 (3) of the Constitution of the Republic of Uganda and Section 4 of the HSC Act, 2001 provides for the appointment of a Deputy Chairperson by the President. The Commission therefore comprises the Chairperson, Deputy Chairperson and five Members.

During the financial year under review, the composition of the Health Service Commission was as follows:

1.	Dr. Henry Gatyanga Mwebesa	-	Chairperson
2.	Ms. Christine Kakuru Kyomuhangi	-	Deputy Chairperson
3.	Dr. Nathan Walufu Onyachi	-	Member
4.	Dr. Mary Namubiru	-	Member
5.	Mr. Aisu Peter Steven	-	Member
6.	Ms. Janet Apayi Okumu	-	Member
7.	Mr. Obua Thomas Ocwa	-	Member

MEMBERS OF THE HEALTH SERVICE COMMISSION



Dr. Henry Gatyanga Mwebesa

CHAIRPERSON



Ms ngi

DEPUTY CHAIRPERSON



Dr. Nathan Walufu Onyachi

MEMBER



Dr. Mary Namubiru

MEMBER



Mr. Aisu Peter Steven

MEMBER



Ms. Janet Apayi Okumu

MEMBER



Mr. Obua Thomas Ocwa

MEMBER



Ms. Ketty Lamaro

Permanent Secretary/ Secretary

1.4.2 Secretariat of the Commission

The HSC has a Secretariat headed by the Permanent Secretary/Secretary to the Commission. There are three Departments; Finance and Administration, Human Resource Advisory Services, and Recruitment and Selection Systems.

1.4.2.1 Finance and Administration

The Finance and Administration Department provides Administrative Support Services and resources to facilitate the work of the Health Service Commission in implementation of its mandate and programmes. It ensures timely resource mobilization, proper Expenditure and Accountability for resources according to the work plan of the Commission.

The key functions of Finance and Administration Department are:

a) Administrative Support Services;
b) Resource mobilization;
c) Commitment control, financial reporting and accounting;
d) Human resource management and staff welfare;
e) Office accommodation, management and supervision;
f) Procurement, management and disposal of assets.
g) Records and Information Management.

1.4.2.2 Human Resource Advisory Services

The Department of Human Resource Advisory Services is responsible for ensuring quality selection, appointment and management of Human Resource for Health in the Health Sector for the institutions under the jurisdiction of the Commission; handling HRH management cases; Support Supervision visits to Districts, DSCs and Health Institutions and any other matters related to the management of HRH.

The key functions of the Human Resource Department are to: -

a) Conduct Oral interviews of human resource for Health Institutions under the Central Government;
b) Provide technical guidance, Support Supervision and outreach services to National Referral Hospitals, Regional Referral Hospitals, Local Governments and District Service Commissions;
c) Foster and promote ethical conduct of health workers;
d) Handle regular submissions on appointments, confirmations, study leave, discipline, retirement and any other human resource management matters for Health Institutions under the jurisdiction of the Commission;
e) Regular review of Guidelines for the Recruitment of Health Workers in Local Governments.

1.4.2.3 Recruitment and Selection Systems

The Department of Recruitment and Selection Systems spearheads e-recruitment, selection systems and exams. Its functions are to;

a) Prepare and conduct Annual Recruitment Planning Meetings.

b) Generate Annual Recruitment Plan and Reports for Health Institutions.

c) Prepare and publish Job Adverts in the Newspapers, HSC Website and Electronic Recruitment System (eRS).

d) Design appropriate selection systems and examinations methods for the Health Service.

e) Conduct Aptitude Tests for applicants for various posts at the Centre and District Local Governments.

f) Fully operationalize and maintain the e-Recruitment System (eRS).

g) Continuously review, update examination materials and maintain an examinations database.

h) Periodically update Job Profiles on the e-Recruitment System.

i) Operate and maintain an examination and skills assessment system.

j) Ensure the establishment, equipping and operational of eRS Regional Hubs.

k) Carry out training of eRS users and monitoring the eRS Hubs

CHAPTER TWO

2.0 PERFORMANCE OF THE HEALTH SERVICE COMMISSION DURING THE FINANCIAL YEAR 2025/26

During the Financial Year under review, the planned activities and achievements of the Commission were as follows:

3.52.1 Key Planned Outputs

The key planned outputs for FY 2025/26 were to:

a) Recruit one thousand two hundred (1,200) health workers of all categories.

b) Handle one thousand (1,000) human resources for health decisions in respect of: confirmation, corrigenda, re-designation, study leave, disciplinary action and retirement.

c) Facilitate performance and career enhancement training for Members and staff of the Health Service Commission in accordance with the training plan.

d) Finalize the up-grade and implement the up-graded e-Recruitment System and fully operationalize the Recruitment and Selection Systems Department.

e) Procure and distribute ICT equipment to two (2) new Hubs in Regional Referral Hospitals.

f) Complete the integration of eRS with NITA-U, NIRA, UMDPC, AHPC, Entebbe RRH, CUFH- Naguru.

g) Carry out training of the eRS users and monitoring at the eRS Hubs

h) Review and upgrade the Examinations and Skills Assessment System (ESA)

i) Carry out Support Supervision in eighty-four (84) Districts, seventeen (17) Regional Referral Hospitals, three (3) National Referral Hospitals and two (2) Referral Hospitals.

j) Provide technical guidance and support to Local Governments and District Service Commissions on a demand driven basis.

k) Implement the Health Service Commission HIV/AIDs workplace policy.

l) Implement the 5th Strategic plan for FY 2025/26 - 2029/2030.

m) Monitoring and tracking the implementation of HSC decisions.

n) Placement of staff on the newly approved structures for the various Health Institutions.

o) Complete the Review of the guidelines for recruitment of the Health Workers arising from the newly approved structures.

p) Review of training and qualifications of Health Workers.

q) Review of Standing Orders for the Health Service.

r) Dissemination of revised Standing Orders for the Health Service.

s) Provide Administrative Support Services.

3.62.2 Key Achievements

The key achievements of the Commission are outlined below, as per the objectives in the Strategic Plan 2025/26-2029/30.

2.2.1 Strategic Objective 1: Provide advice to H.E. the President of Uganda and Government in respect to Human Resource for Health for timely and strategic decision making.

The Commission recommended fifty-one (51) Health Workers to H.E. the President for appointment, re-designation and dismissal from Service as provided for under Article 172 (1) (a) of the Constitution. These were; three (3) Directors for Uganda Blood Transfusion Services, Director Health Governance and Regulation for Ministry of Health; and Director Public Health and Environment for KCCA for appointment; one (1) Assistant Director Immunisable Diseases under UVRI for appointment; four (4) Commissioners for Health Services for Prisons Service, Health Sector Partners and Multi Sectoral Coordination, Pharmaceuticals and Natural Medicines and Health Information Statistics and Sector Monitoring and Evaluation for appointment; fourteen (14) Senior Consultants for specialty of Oral and Maxillofacial, Neuro surgery, Internal Medicine, Psychiatry, Reproductive Medicine, Pulmonology, General Surgery, Obstetrics and Gynecology and Plastic Surgery and twenty (20) Consultants for the specialty of General Psychiatry, General Surgery, Obstetrics and Gynecology, Orthopedics, Internal Medicine, Neonatology, Maternal Fetal Medicine, Pediatrics and Child Health.

Also recommended eight (8) Senior Executive Consultants for re-designation and one Consultant for dismissal from the Public Service. The details are indicated in the table 2.1.

Table 2.1: Recommendations to H.E the President during FY 2025/26

SN	POST	SCALE	APPOINTED	INSTITUTION	REMARKS
1	Director Health Governance and Regulation	U1SE	1	MoH	Retained
2	Senior Consultant (General Surgery)	U1SE	1	MoH	Promotion
3	Senior Consultant (Obstetrics and Gynaecology)	U1SE	1	MoH	Promotion
4	Senior Consultant (Pulmonology)	U1SE	1	Mulago NRH	Transfer within Service
5	Senior Consultant (Obstetrics and Gynaecology)	U1SE	1	MSWNH	Transfer within Service
6	Senior Consultant (Internal Medicine)	U1SE	1	Mbale RRH	Transfer within Service
7	Senior Consultant (Plastic Surgery)	U1SE	1	Kiruddu RH	Promotion
8	Senior Consultant (General Surgery)	U1SE	1	Kayunga RRH	Local Contract
9	Senior Consultant (Internal Medicine)	U1SE	1	Mulago NRH	Local Contract
10	Consultant (Obstetrics and Gynecology)	U1SE	1	MoH	Promotion
11	Commissioner (Health Information Statistics and Sector Monitoring and Evaluation)	U1SE	1	MoH	Local Contract
12	Commissioner (Pharmaceuticals and Natural Medicines)	U1SE	1	MoH	Promotion
13	Consultant (General Psychiatry)	U1SE	1	Butabika NRMH	Promotion
14	Consultant (Obstetrics and Gynaecology)	U1SE	1	Hoima RRH	Promotion
15	Consultant (Internal Medicine)	U1SE	1	Kiruddu RH	Promotion
16	Consultant (Paediatrics and Child Health)	U1SE	1	Lira RRH	Promotion
17	Consultant (Paediatrics and Child Health)	U1SE	1	Mbarara RRH	Promotion
18	Consultant (General Surgery)	U1SE	1	Moroto RRH	Promotion
19	Consultant (Paediatrics and Child Health)	U1SE	1	Soroti RRH	Transfer of service
20	Director	U1SE	1	UBTS	Local Contract
21	Senior Executive Consultant, U1S	U1SE	8	MoH-RRHs	Re-designation
22	Consultant (Paediatrics and Child Health)	U1SE	1	Kabale RRH	Probationary period waived.
23	Senior Consultant (Oral and Maxillofacial Surgery)	U1SE	1	Mulago NRH	Local Contract
24	Senior Consultant (Neurosurgery)	U1SE	1	Mulago NRH	Local Contract

SN	POST	SCALE	APPOINTED	INSTITUTION	REMARKS
25	Commissioner, Health Services	U1SE	1	UPS	Promotion
26	Senior Consultant (Psychiatry)	U1SE	1	MoH-RRH	Transfer within service
27	Consultant (Surgery)	U1SE	1	Kayunga RRH	Local Contract
28	Commissioner Health Sector Partners and Multi-sectoral Coordination (Personal-to-Holder)	U1SE	1	MoH	Transfer within Service
29	Senior Consultant (Psychiatry)	U1SE	1	Mulago NRH	Promotion
30	Senior Consultant (Reproductive Medicine)	U1SE	2	MSWNH	Promotion
31	Consultant (Maternal Fetal Medicine)	U1SE	1	MSWNH	Promotion
32	Consultant (Neonatology)	U1SE	2	MSWNH	Promotion
33	Consultant (Paediatrics and Child Health)	U1SE	1	MSWNH	Promotion
34	Consultant (Paediatrics and Child Health)	U1SE	1	Kabale RRH	Promotion
35	Consultant (Paediatrics and Child Health)	U1SE	1	Kawempe RH	Promotion
36	Consultant (Obstetrics and Gynaecology)	U1SE	1	Kawempe RH	Promotion
37	Consultant (Obstetrics and Gynaecology)	U1SE	1	Lira RRH	Promotion
38	Consultant (General Surgery)	U1SE	1	Lira RRH	Promotion
39	Consultant (Paediatrics and Child Health)	U1SE	1	Soroti RRH	
40	Assistant Director Immunisable Diseases	U1SE	1	UVRI	Promotion
41	Director Public Health and Environment	KCCA 3	1	KCCA	Promotion
42	Consultant (Orthopaedic Surgery)	U1SE	1	Arua RRH	Dismissal from the Public Service
	TOTAL		**51**		

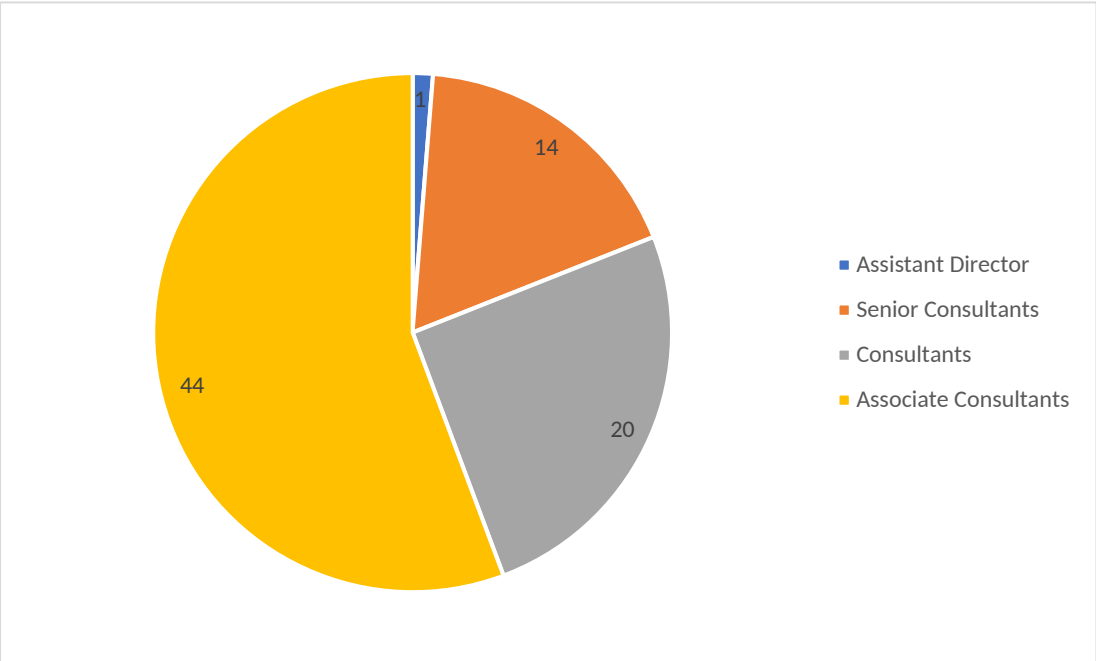
2.2.1.1 Consultants of Different Specialties

Table 2.2: Consultants of different specialties

SN	Cadre	Specialty	Number
1	**Assistant Director**	Research Immunisable Diseases UVRI	1
2	**Consultant**	Peadatrics and Child Health	8
		Neonatology	2
		Obs and Gyn	3
		Maternal Fetal Medicine	1
		General Surgery	2
		General Psychiatry	1
		Internal Medicine	1
		Orthopedic Surgery	1
		Surgery	1
3	**Senior Consultant**	Psychiatry	2
		Reproductive Medicine	2
		Obs and Gyn	2
		General Surgery	2
		Nuero surgery	1
		Pulmonology	1
		Internal Medicine	2
		Plastic Surgery	1
		Oral and Maxillofacial Surgery	1
4	**Associate Consultant**	Obstetrics and Gynaecology	12
		Internal Medicine	3
		Anaesthesia	4
		Intensive Care	2
		Orthopaedic Surgery	2
		Psychiatry	4
		Public Health	1
		Plastic Surgeon	1
		General Surgery	2
		Radiology	2
		Paediatrics and Child Health	2
		Ophthalmology	3
		Paediatric Ophthalmology	1
		ENT	2
		Pathology	1

SN	Cadre	Specialty	Number
		Microbiology	1
		Dermatology	1
	Totals		**79**

Figure 1. Chart showing number of different Specialties Recruited in FY 2025/2026



The Commission recruited consultants of different specialists and this included Assistant Director for Research Immunisable Diseases, 14 Senior Consultants, 20 Consultants and 44 Associate Consultants as indicated in figure one above.

Besides the Consultants recommended to the President, the Health Service Commission made appointments of forty-four (44) Associate Consultants in the specialty of Obstetrics and Gynaecology, Internal Medicine, Anaesthesia, intensive Care, Orthopaedic Surgery, Psychiatry, Public Health, Plastic Surgeon, General Surgery, Radiology, Paediatrics and Child Health, Ophthalmology, Paediatric Ophthalmology, ENT, Pathology, Microbiology, Dermatology as indicated below:

2.2.2 Strategic Objective 2: Recruit qualified and competent Human Resources for Health for efficient and effective Health Service Delivery

The key planned outputs under this objective were the appointment of Health Workers and provision of technical support to DSCs. Besides these two the Commission conducted a validation exercise across the country for staff funded under the United States of America Government supported Health Workers.

2.2.2.1 Recruitment of Health Workers

The Commission held a Recruitment Planning Meeting with Health Institutions from 1st to 3rd October 2025 at Hotel Africana and actively followed up with development of the Recruitment Plan.



Principal Human Resources Officer - Kawempe NRH A Participant raising issues during the Recruitment Planning meeting at Hotel Africana

Arising from planned recruitment for Health Institutions, the Commission had planned to recruit one thousand two hundred (1,200) Health Workers of various categories for the Institutions under its jurisdiction through both advertisement and regular submissions. The Commission ran one (1) External Advert No. 1 of February 2026 which was published on Tuesday 24th February, 2026 and closed on Tuesday 17th March, 2026.
The Advert was run both on-line and in the print media.

During the Financial Year under review, eight hundred thirty-six (836) Health Workers were recruited through Adverts, five hundred one (501) through assessment of suitability and one (01) through absorption of COVID -19 Health Workers.

A total of one thousand one hundred eighty-nine (1189) Health Workers of the planned recruitment were appointed by the Commission, besides the fifty-one (51) recommended to H.E the President for appointment, leading to a total of 1240. This translated into a performance of 103% of the set target.

It is important to note that one thousand three hundred ninety (1390) vacancies were declared by the Institutions for filling. Against the declared vacancies, the Commission recruited 1,240 Health Workers, representing 89.2% of the declared positions.

2.2.2.1.1 Appointments by Job Category in FY 2025/26

During the FY under review, the commission made 1,189 appointments under different categories in addition to 51 recommended to the President for appointment. These included 554 appointments under Probation, 28 under Transfer within service, 25 under Transfer of service, 208 under Promotion, 309 under Higher Qualifications, 24 under Contract, 9 under Placement/Validation, 6 under Probation Waived, and 26 under attainment of Relevant Qualifications. The analysis of the appointments by job category is as shown in table 2.3 below.

Table 2.3: Analysis of appointments by Job Category in FY 2025/26

Appointments	Probation	Transfer within Service	Transfer of Service	Promotion	Attainment of Higher Qualifications	Attainment of Relevant qualifications	Placement/Validation	Probation Waived	Contract	*Total*
Doctors & Dental Surgeons	52	1	14	34	38	0	0	0	12	**151**
Nurses	126	5	3	51	54	15	5	2	0	**261**
Midwives	27	0	6	43	29	11	1	4	0	**121**
Pharmacists	0	0	0	8	6	0	0	0	0	**14**
Allied Health Professional	70	5	2	37	139	0	3	0	1	**257**
Scientific and Administrative Officers	102	2	0	35	22	0	0	0	3	**164**
Support Staff	177	15	0	0	21	0	0	0	8	**221**
Totals	**554**	**28**	**25**	**208**	**309**	**26**	**9**	**6**	**24**	**1189**

2.2.2.1.2 Positions that did not attract Suitable Candidates during FY 2025/26

During the period under review, there were posts that were advertised but did not attract suitable applicants. These included; Consultant (Ophthalmology), Consultant (Pathology), Consultant (Psychiatry), Associate Consultant (Public Health), Associate Consultant (Public Health), Associate Consultant (Anesthesia), Associate Consultant (Emergency Medicine), Associate Consultant (ENT), Associate Consultant (Intensive Care), and Principle Ophthalmic Clinical Officer. The information is illustrated in table 2.4 below.

Table 2.4: Posts of Medical Specialists Positions that did not attract Suitable Candidates during FY 2025/26

SN	POST	SALARY SCALE	NO. OF POSTS ADVERTISED
1	Consultant (Ophthalmology)	U1SE	1
2	Consultant (Pathology)	U1SE	1

3	Consultant (Psychiatry)	U1SE	1
4	Associate Consultant (Public Health)	U2	2
5	Associate Consultant (Anesthesia)	U2	3
6	Associate Consultant (Emergency Medicine)	U2	1
7	Associate Consultant (ENT)	U2	1
8	Associate Consultant (Intensive Care)	U2	1
9	Principle Ophthalmic Clinical Officer	U4	1
	TOTAL		**12**

2.2.2.1.3 Posts that attracted high numbers of Applicants

There were, however, posts that attracted high numbers of applicants against the advertised positions. These included, Medical Officer, Medical Laboratory Technician, Nursing Officer Nursing as seen from table 2.5 below. In total 14 posts attracted 776 Applicants.

Table 2.5: Posts that attracted high numbers of Applicants during FY 2025/26

		No. of posts Advertised	No. of Applicants
Post	**Scale**	**2025/26**	**2025/26**
Medical Officer	U4	10	271
Nursing Officer Nursing	U4	02	267
Medical Laboratory Technician	U5	02	238
Total		**14**	**776**

The posts that did not attract suitable applicants and those that attracted high numbers of applicants were highlighted not only because they affected the recruitment activities of the Commission but to provide information to Government for appropriate decisions regarding training, recruitment and employment policy. There is need for affirmative action in prioritizing allocation of resources to training courses with few applicants.

2.2.2.2 Provision of Technical Support to District Service Commissions (DSCs)

The Commission provides Technical Support in line with the Local Government Act 1997. Section 55(3). This support is demand driven, that is on request from the respective districts. The technical support was in terms of providing guidance during shortlisting and interview for the recruitment of Health Workers in Salary Scale U2 and above and other matters related to Human Resource for Health management.

The Commission provided Technical Support as follows;

i. Technical support was provided to 26 DLGs namely Sheema, Kiboga, Buikwe, Rwampara, Bushenyi, Kasese, Wakiso, Kikuube, Bulambuli, Kumi, Iganga, Hoima, Masindi, Kazo, Kyotera, Masindi, Rubanda, Kaberamaido, Yumbe, Kyotera, Buhweju, Palisa, Nakaseke, Nebi, Butaleja and Mitooma.
ii. Aptitude tests for applicants under Bukomansimbi, Moyo, Yumbe, Kasese, Adjumani, Kabale and Mukono (Kasese was done in two phases)
iii. Interviews for applicants under Allied Health professional council were conducted.

2.2.2.2.1 Applicants who sat Aptitude Tests at Various District Local Government in FY 2025/2026

In the eight (8) districts where the Commission supported District Local Governments by conducting Aptitude Tests, the total number of vacancies in the various Districts mentioned below were 78, and 1,971 Applicants were Shortlisted where by 1,616 Candidates turned up for Aptitude Tests for the posts advertised as seen in the table below.

Table 2.6. Showing Applicants who were shortlisted and those who sat Aptitude Tests at various District Local Governments for the posts advertised in FY2025/2026

Sn	District/ Hospital	Post	No. of Vacancies	No. of Applicants shortlisted	No. of Candidates who sat for the aptitude test	Date of the Aptitude
1	Bukomansimbi District	Enrolled Midwife,Scale U7	1	12	12	11/02/26
	Sub - Total		**1**	**12**	**12**	
2	Moyo District (24/2/2026)	Medical Officer, U4	1	16	13	22/2/2026
		Medical Laboratory Assistant, U7	1	22	20	
		Enrolled Midwife, U7	2	50	48	
		Porter, U8	5	53	44	
	Sub - Total		**9**	**141**	**125**	
3	Yumbe District	Enrolled Nurse, U7	1	89	82	16/3/2026
		Enrolled Midwife, U7	1	45	40	
	Sub – Total		**2**	**134**	**122**	
4	Kasese District (Phase 1)	Medical Officer, U4	3	56	42	22/4/2026
		Health Educator, U4	1	13	6	
		Clinical Officer, U5	3	108	84	
		Dispenser, U5	1	15	14	
		Assistant Nursing Officer (Midwifery), U5	4	60	58	
		Assistant Nursing Officer (Nursing), U5	5	52	50	
		Laboratory Assistant, U7	3	95	71	
		Cold Chain Assistant, U7	1	12	10	
		Askari, U8	5	185	156	

Sn	District/ Hospital	Post	No. of Vacancies	No. of Applicants shortlisted	No. of Candidates who sat for the aptitude test	Date of the Aptitude
	Sub - Total		**26**	**596**	**491**	
5	Adjumani District	Medical Officer, U4	1	24	14	19/5/2026
		Pharmacist, U4	1	13	10	
		Clinical Officer, U5	1	31	25	
		Medical Laboratory Technician, U5	1	10	8	
		Pharmacy Technician,	1	16	14	
		Assistant Engineering Officer (Biomedical), U5	1	9	7	
		Medical Laboratory Assistant, U7	1	23	16	
		Enrolled Nurse, U7	5	256	218	
		Enrolled Midwife, U7	5	123	105	
		Cold Chain Assistant, U7	1	8	6	
		Pharmacy Attendant, U8	1	26	22	
		Porter, U8	1	41	33	
	Sub - Total		**20**	**580**	**478**	
6	Kabale RRH (Private Wing)	Medical Officer	2	37	19	08/06/26
		Enrolled Nurse, U7	2	19	14	
		Enrolled Midwife, U7	3	43	35	
	Sub - Total		**7**	**99**	**68**	
7	Kasese District (Phase 2)	Clinical Officer, U5	1	44	20	10/06/26
		Enrolled Midwife, U7	2	130	119	
		Medical Laboratory Assistant, U7	2	95	44	
	Sub - Total		**5**	**269**	**183**	
8	Mukono District	Medical Officer, U4	1	17	16	12/06/26
		Clinical Officer, U5	1	29	29	
		Enrolled Midwife, U7	3	51	50	
		Enrolled Nurse, U7	2	30	29	
		Medical Laboratory Assistant, U7	1	13	13	
	Sub - Total		**8**	**140**	**137**	

Sn	District/ Hospital	Post	No. of Vacancies	No. of Applicants shortlisted	No. of Candidates who sat for the aptitude test	Date of the Aptitude
	Grand Total		**78**	**1971**	**1616**	

2.2.2.3. Validation of United States Government Supported Health Workers Exercise

Arising from the cooperation between Government of Uganda (GoU) and United States Government (USG); the Health Service Commission (HSC), in collaboration with the Ministry of Health (MoH) and USG, conducted a validation exercise for USG supported Health Workers to verify staffing status, deployment, qualifications and alignment with approved Public Service structures. The physical validation exercise was carried out by the HSC from 2 nd March to 10 th April 2026 across all regions in Uganda and selected Health Institutions in Kampala and Entebbe. At the regions, the exercise was conducted at the Regional Referral Hospitals (RRHs) as a central point targeting their respective Districts of coverage (catchment areas).

2.2.2.3.1 Validated staff by category/cadre

The top five cadres validated were Clinical Officers (777), Enrolled Nurses (741), Enrolled Midwives (668), Assistant Nursing Officers (Nursing) (539) and Counselors (438). Table 2.7 below shows the top thirty cadres validated by HSC by numbers.

Table 2.7: Top Thirty (30) Cadres validated (by numbers)

S/N	Cadre	Frontline	Number Validated
1.	Clinical Officer	Yes	777
2.	Enrolled Nurse	Yes	741
3.	Enrolled Midwife	Yes	668
4.	Assistant Nursing Officer (Nursing)	Yes	539
5.	Counselor	Yes	438
6.	Medical Laboratory Assistant	Yes	418
7.	Medical Social Worker	Yes	411
8.	Medical Officer	Yes	366
9.	Information Technology Officer	No	344
10.	Medical Laboratory Technologist	Yes	332
11.	Assistant Medical Records Officer	No	296
12.	Assistant Nursing Officer (Midwifery) (Midwifery)	Yes	289
13.	Accountant	No	247
14.	Medical Laboratory Technician	Yes	229
15.	Biostatistician	Yes	213
16.	Driver	No	208
17.	Monitoring and Evaluation Officer	No	191
18.	Human Resource Officer	No	158
19.	Medical Records Assistant	No	153
20.	Statistician	No	115
21.	Dispenser	Yes	110
22.	Health Educator	No	102

S/N	Cadre	Frontline	Number Validated
23.	Health Information Assistant	No	96
24.	Medical Records Officer	No	84
25.	Nutritionist	No	78
26.	Procurement Officer	No	74
27.	Hospital Administrator	No	70
28.	Nursing Officer (Nursing)	Yes	53
29.	Senior Assistant Accountant	No	42
30.	Epidemiologist	Yes	40
	Totals		**7,882**

The top thirty cadres validated constituted 7,882 Health Workers, which is 93% of all the staff validated.

2.2.2.3.2 Front-line cadres eligible for appointment into the Public Service

Table 2.8 Appointable, Recommended for absorption into the public service by Cadre

S/N	Cadre	Number Validated	Appointable, Recommended for absorption into the Public Service
1	Clinical Officer	777	761
2	Enrolled Nurse	741	714
3	Enrolled Midwife	668	649
4	Assistant Nursing Officer (Nursing)	537	515
5	Counselor	438	309
6	Medical Laboratory Assistant	418	392
7	Medical Social Worker	411	347
8	Medical Officer	365	356
9	Medical Laboratory Technologist	332	319
10	Assistant Nursing Officer (Midwifery)	289	277
11	Medical Laboratory Technician	229	218
12	Nursing Officer (Nursing)	53	52
13	Epidemiologist	40	37
14	Pharmacist	39	39
15	Senior Medical Officer	27	27
16	Nursing Officer (Midwifery)	15	15
17	Associate Consultant, Internal Medicine	12	12
18	Senior Medical Laboratory Technician	10	10

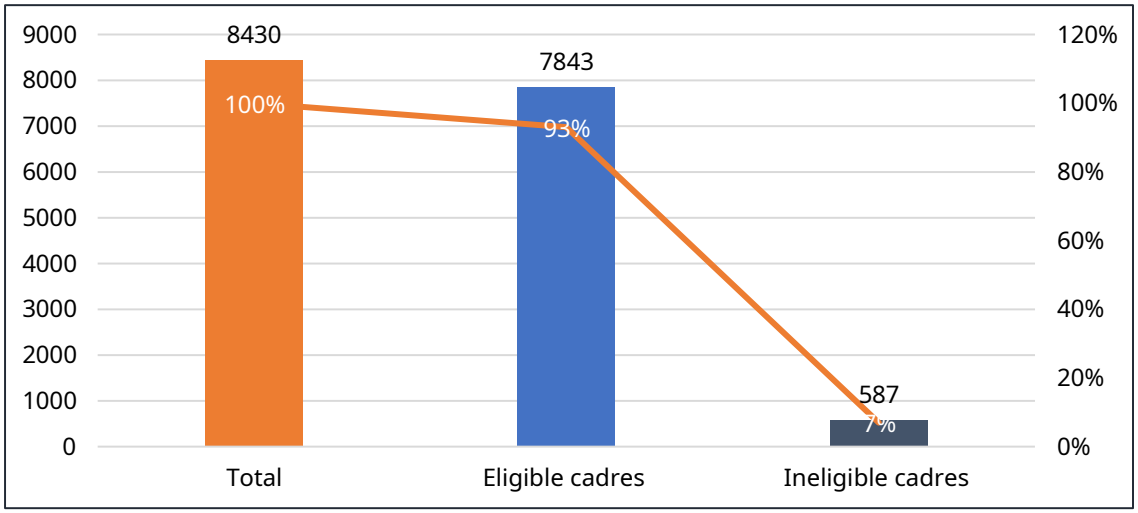
19	Associate Consultant Public Health	9	6
20	Associate Consultant, Paediatrics & Child Health.	9	9
21	Senior Medical Laboratory Technician	10	10
22	Associate Consultant Public Health	9	9
23	Associate Consultant, Paediatrics & Child Health	9	9
24	Senior Epidemiologist	9	9
25	Principal Medical Officer	8	8
26	Associate Consultant, Obstetrics & Gynaecology	5	5
27	Senior Medical Laboratory Technologist	4	4
28	Pharmacy Assistant	3	3
29	Consultant (Public Health)	2	2
30	Senior Biostatistician	2	2
	Total	**5480**	**5125**

The table above shows all the frontline cadres validated and are eligible for appointment to public service. Frontline cadres are Health Workers who offer health care excluding other cadres not directly involved in health care. Out of the 5,480 frontline Health Workers validated, 5,125 are eligible for appointment to the Public Service.

2.2.2.3.3 Validated staff and eligibility for transition into the Public Service

A total of 8,430 health workers were validated during the exercise. These Health Workers were spread across public and PNFP facilities including Centers of Excellence managed by implementing partners. 7,843 were found eligible for appointment on contract and eventual absorption into the Public Service after passing the validation exercise; and 587 were deemed ineligible.

Figure 2: Validated staff by eligibility for absorption



Out of the **8,430** validated staff, **7,843** were found eligible for appointment on contract and eventual absorption into the Public Service after passing the validation exercise. A total of **587** were deemed ineligible as shown in figure 2 above. The implication of this is that the total number of **3,642** frontline staff provided for absorption in the USG-GoU Memorandum of Understanding is less than those found eligible by **4,201** staff.

Table 2.9, Front-line cadres eligible for appointment into the Public Service

S/N	Cadre	Number Validated	Appointable, Recommended for absorption into Public Service
1	Clinical Officer	777	761
2	Enrolled Nurse	741	714
3	Enrolled Midwife	668	649
4	Assistant Nursing Officer (Nursing)	537	515
5	Counselor	438	309
6	Medical Laboratory Assistant	418	392
7	Medical Social Worker	411	347
8	Medical Officer	365	356
9	Medical Laboratory Technologist	332	319
10	Assistant Nursing Officer (Midwifery)	289	277
11	Medical Laboratory Technician	229	218
12	Nursing Officer (Nursing)	53	52
13	Epidemiologist	40	37
14	Pharmacist	39	39
15	Senior Medical Officer	27	27
16	Nursing Officer (Midwifery)	15	15
17	Associate Consultant, Internal Medicine	12	12
18	Senior Medical Laboratory Technician	10	10
19	Associate Consultant Public Health	9	6
20	Associate Consultant, Paediatrics & Child Health.	9	9
21	Senior Medical Laboratory Technician	10	10
22	Associate Consultant Public Health	9	9
23	Associate Consultant, Paediatrics & Child Health	9	9
24	Senior Epidemiologist	9	9
25	Principal Medical Officer	8	8
26	Associate Consultant, Obstetrics & Gynaecology	5	5
27	Senior Medical Laboratory Technologist	4	4
28	Pharmacy Assistant	3	3
29	Consultant (Public Health)	2	2
30	Senior Biostatistician	2	2

S/N	Cadre	Number Validated	Appointable, Recommended for absorption into Public Service
	Total	**5480**	**5125**

The USG has committed to funding the wage bill for 2,800 front line staff, out of the eligible health workers, for one year from FY 2026/2027. GoU will thereafter, progressively absorb them into the Public Service beginning FY 2027/2028 and complete absorption of 3,642 health workers over a 5-year period.

It was observed that Hub Riders play a critical role in health service delivery, especially so during outbreaks of epidemics like Ebola and yet their positions are not on the Public Service structures. It was further observed that the number of frontline staff provided for absorption in the USG-GoU Memorandum of Understanding (3,642) is far less than those found eligible (7,843).

The Report recommends, among other things, that one; all Hub Riders who have not been recommended for appointment to other positions should be retained under the prevailing arrangement; two, the position of Hub Rider should be mainstreamed into the Public Service structures and three, the balance of wage from unfilled positions (out of the 2,800 allocated by USG) be used to recruit more front line staff such as Nurses, Midwives and Laboratory staff who were very much in excess of the allocated positions.

2.2.2.3.4 Challenges arising from Validation Exercise

1. The validation exercise had a very tight timeline with heavy workload, thus the difficulty in having it completed within the earlier allocated time frame.
2. During preparation for the validation exercise, there was no clear indication of the number of staff to be validated. This affected preparations for the exercise.
3. The high turn-up of applicants for the validation exercise which made the validating teams to work for long hours each day.
4. Some of the validated staff held positions which were not on the Public Service staffing structures. Examples include Technical Advisor, Linkage Facilitators and Hub Riders.
5. There was difficulty in sourcing technical persons for some of the positions, in some validation centers. Examples of such positions are Epidemiologist, Psychiatrist, Biostatistician, Economist and Monitoring and Evaluation Officer.
6. Some candidates presented forged documents, particularly employment contracts, which were required to have been valid by January 2025.
7. The number of health workers to be appointed on contract and subsequently absorbed into the mainstream Public Service is relatively low at 2,800 compared to the total number validated and eligible for recruitment (over 8,000). This will certainly disrupt service delivery, given that staffing levels are less than 35% across the public facilities.

2.2.2.3.5 Recommendations to the above Challenges

1. MoH should implement the HSC Minutes of Appointment for the initial 2,800 health workers as per the MoU, and ensure that they are deployed.

2. USG and GoU should consider recruiting the remaining eligible validated staff, considering that HRH staffing levels across the country are still below 35%.

3. HSC and key stakeholders should finalize Guidelines on recruitment and management of transitioning eligible validated staff into the Public Service, to ensure a smooth transition.

4. Change management sessions should be conducted for USG supported health workers who will be appointed in July 2026, to prepare them for transitioning into the mainstream Public Service. The supervisors of these health workers should also be engaged to support a smooth transition and ensure their productivity in the Public Service.

5. HSC and Ministry of Health should maintain up-to-date databases of USG supported staff and the transitioned staff to ensure a smooth transition process.

6. Inter-Ministerial/Agency coordination should be strengthened in order to realize a smooth transition process and avoid disruption of service delivery.

7. Recruitment planning and wage analysis at both national and sub-national levels, should be strengthened in order to identify staffing gaps, plan for and utilize available wage effectively.

8. Eligible validated staff who are above 50 years should be considered for employment on contract terms.

9. Hub Riders who have not been recommended for appointment to other positions should be retained under the prevailing arrangement.

10. The position of Hub Rider should be mainstreamed into the Public Service structures.

11. The balance of wage from unfilled positions (out of the 2,800 allocated) be used to recruit more Nurses, Midwives and Laboratory staff who were very much in excess of the allocated positions.

12. MoH and MoLG should ensure that all Districts have substantive District Health Officers (DHOs) to manage the transition and absorption of recruited Health Workers.

13. Given the critical role played by IT/Data Management staff in laboratory/diagnostic services, the number of staff in these cadres should be enhanced to ensure quality service delivery.

Strategic Objective 3: Enhance Efficiency in Recruitment Systems and Processes

2.2.3.1 Implementation of the e-Recruitment System

The HSC operates an e-recruitment system. Applications in response to External Adverts were received online through the e-recruitment system. During FY 2025/2026, there were two thousand nine hundred fifty-seven (2,957) applications received on-line against one hundred twelve (112) vacancies. This continued to contribute to the reduction in delays in recruitment and reduction of face-to-face interaction with applicants therefore reducing corruption

2.2.3.2 Upgrade of the e-Recruitment System

The e-recruitment system was launched in October 2017 and has been operational since then. During FY 2025/2026 the system was upgraded to enhance its functionality and to take into account changes in technology. This included (i) completing the SMS integration with NITA-U, UMDPC, NIRA and AHPC (ii) completed development of the mobile APP for e-RS. It is hoped that the upgraded system will further enhance efficiency in the recruitment system for example; -

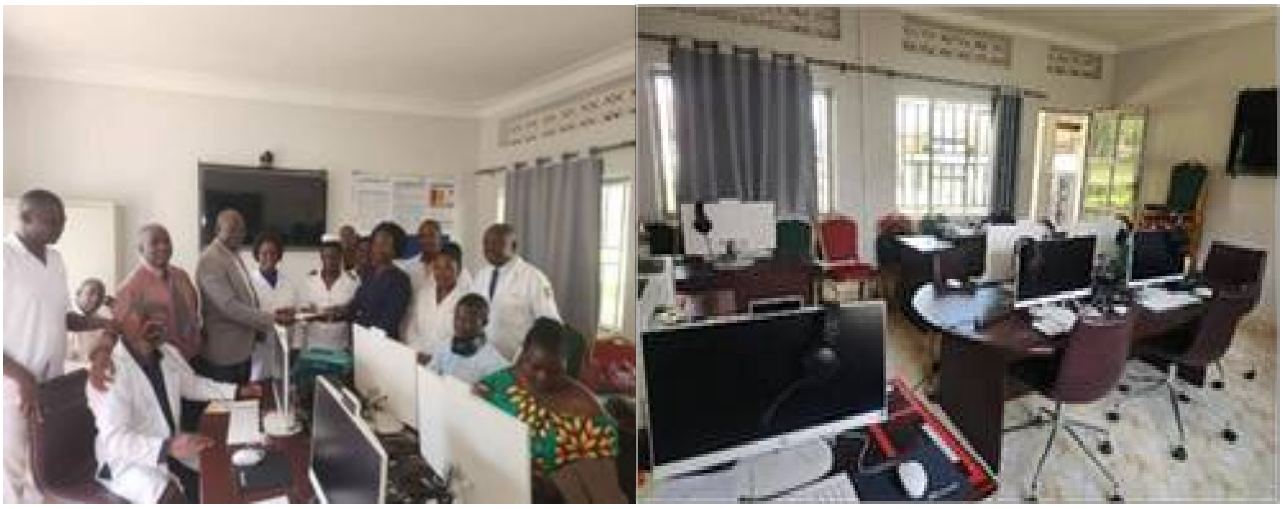
i. Easy access to the e-RS using the mobile application while applying for the advertised vacant posts by HSC.
ii. Easy verification of the Registration Certificates and practicing Licenses for Health Workers.
iii. Easy identification of applicants.
iv. Reduction in time for shortlisting and generation of shortlisting reports, reduction of need for stationary and improved security and confidentiality.

2.2.3.3 Strengthening of the e-RS Hubs

The Health Service Commission in an effort to strengthen the Electronic Recruitment System (e-RS) established regional e-RS Hubs. The objectives for the establishment of the Hubs were:

i. To provide Health Workers (especially those in hard to reach with convenient access to HSC service)
ii. To provide Hospital Directors and Human Resource Officers with convenient environment for submitting staffing levels, requests for recruitment and HRH management data.
iii. To enable Health Workers from the regions, utilize the e-RS to submit applications and enlist in the HSC Health Workers' database.
iv. To create an environment that will enable HSC to conduct Aptitude Tests and oral interviews remotely.

e-RS Regional Hub at the RRH



Testing of one of the Hubs by the staff on the left and on the right an organized Hub.

2.2.3.4 Monitoring of e-Hubs

The Health Service Commission carried out a monitoring exercise at the Regional Hubs which received state-of-the-art ICT equipment as strategic investment that holds immense potential for transforming the efficiency and accessibility of online recruitment processes. Monitoring of nine (9) Regional eRS Hubs of Mbale, Moroto, Soroti, Lira, Arua, Hoima, Fort Portal, Mbarara and Kabale was carried out.

This monitoring exercise aimed to:

i. Assess the operational efficiency and functionality of ICT infrastructure in the eRS Hubs;
ii. Identify gaps and challenges in hardware, software, network, power, and technical support;
iii. Provide recommendations for improving system performance, security, and sustainability.

2.2.3.5 Challenges at the e-RS Regional Hubs

i. Unstable internet provided by the Service Providers.
ii. Lack of Information, Communication and Technology Officers (ICTOs) at the Regional Hubs who are properly appointed by the Public Service Commission (PSC).
iii. Majority of the Hubs lacked furniture.
iv. Security of rooms allocated for e-RS Hubs was unreliable. The doors and windows lacked anti-burglar reinforcement.
v. All Hubs had internet connectivity; however, the bandwidth was not constant.
vi. IT skills were lacking amongst the Hub support staff.
vii. Training on e-RS basics was required for the team and management.

2.2.3.6 Recommendations

i. All e-RS Hubs at the Regional Hospitals should be served with Government Broadband (NITA-U/Soliton).
ii. The vacant positions of the Information, Communication and Technology Officers (ICTOs) on the Hospital Structure should be filled.

viii. There was need to provide adequate furniture for the Hubs. Though Hospital Administration of RRHs were cooperative in providing furniture.
iii. Anti-burglar reinforcement was required in all Hubs for the safety of the ICT equipment.
iv. The bandwidth should be increased in all Hubs.

2.2.3.4 Administration of aptitude tests

The Commission administered aptitude tests for twenty-seven (27) cadres namely: Associate Consultant (General Surgery), Senior Medical Laboratory Technician, Medical Laboratory Technologist, Anaesthetic Officer, Medical Social Worker, Medical Records Officer, Biostatistician, Enrolled Midwife, Donor Clerk, Medical Laboratory Technician, Orthopaedic Officer, Assistant Engineering Officer (Biomedical), Assistant Engineering Officer (Civil), Assistant Medical Records Officer, Medical Officer, Assistant Nursing Officer (Nursing) Legal Officer, Executive Assistants, Records Officer, Librarian, Statistician, Information Technology Officer (Examination Processing), Information Technology Officer (Systems and Network), Data Entry Management Officer, and Assistant Records Officer, where there were many applicants against the number of posts advertised. The detailed number of applicants shortlisted for aptitude tests is indicated in annex 5(a).

Aptitude Examination Conducted for Posts that attracted large number of Applicants under the HSC External Advert No.1 of February, 2026



Applicants sitting for aptitude Exam at Makerere College of Computing and on the Right Deputy Chair addressing the Applicants

2.2.4 Strategic Objective 4: Carry out Advocacy and make Recommendations to improve the Terms and Conditions of Service of Health Workers

Under this strategic objective, there were two planned outputs namely handling Human Resource for Health decisions and Support Supervision to Health Institutions and Local Governments. In addition, the Commission participated in reviewing of Job Descriptions and Schemes of Service for cadres under Allied Health Professional Councils.

The Commission also reviewed new structures and made recommendations on; -

i. Development of an implementation plan.
ii. Development of Job Descriptions for the various new posts in the Health Sector.

3.72.2.4.1 Human Resource for Health decisions handled during the FY 2025/2026

During the period under review, the Commission made one thousand five hundred fifty-five (1,555) Human Resource for Health decisions in respect of: confirmation, corrigenda, re-designation, study leave, interdictions, abscondments, and retirement on medical grounds for Health Workers in the Institutions under its jurisdiction. The Summary of the HRH decisions is provided in table 2.10 below.

Table 2.10: Human Resource for Health decisions handled by category during FY 2025/26

Cadre	Confirmation	Redesignation	Corrigenda	Asses for suitability	Study leave	Abscondment	Retirement on Medical Grounds	Regularization of appointment	Rescinding appointment	Dismissal	Validation	Discipline	Renewal of Local contract	Accelerated promotion	Total
Doctors & Dental Surgeons	48	13	13	54	18	2	0	0	1	0	4	8	3	0	**164**
Nurses	87	44	10	288	9	2	0	1	0	0	15	1	0	0	**457**
Midwives	74	14	5	292	6	5	0	1	0	0	7	0	0	0	**404**
Pharmacists	6	0	0	24	4	0	0	0	0	0	0	0	0	0	**34**
Allied Health Professionals	84	7	8	35	19	2	1	0	0	0	23	0	0	0	**179**
Scientific and Administrative Officers	13	0	1	96	3	0	0	0	1	0	0	9	0	1	**124**
Support Staff	115	0	6	57	0	0	0	0	0	0	7	8	0	0	**193**
Total	**427**	**78**	**43**	**846**	**59**	**11**	**1**	**2**	**2**	**0**	**56**	**26**	**3**	**1**	**1555**

Timely handling of Human Resource for Health decisions contributes to improving human resource management. Most of the decisions handled were confirmation in appointment and assessment of suitability.

2.2.4.2 Handling of discipline.

The Commission handled twenty-six (26) disciplinary cases which were concluded. The majority were cases of irregular attendance to duty and absenteeism resulting into abandonment of duty.

2.2.4.3 Support Supervision

Support Supervision was undertaken in both Central Health Institutions and Local Governments. Support Supervision was undertaken in;

a) 12 Regional Refferal Hospitals namely Moroto, Yumbe, Gulu, Masaka, Jinja, Kabale, Hoima, Lira, Kayunga, Fortportal, Arua and Mbarara.
b) 77 District Local Governments namely Kisoro, Rubanda, Kabale, Rukiga, Rukungiri, Kapelebyong, Katakwi, Kaberamaido, Soroti, Kumi, Nakapiripirit, Amudat, Kabarole, Moroto, Rakai, Kyotera, Sembabule, Luwero, Kitgum, Agago, Adjumani, Moyo, Yumbe, Busia, Tororo, Sironko, Pallisa, Budaka Iganga,Bugwere, Buguiri, Kanungu, Kikuube, Hoima, Apac, Kwania, Kole, Buikwe, Mukono, Kyunga, Maracha, Koboko, Arua, Rwampara, Mbarara, Kamuli, Kaliro, Namutumba, Iuuka, Namayingo, Kalaki, Serere, Ngora, Bukedea, Kyankwanzi, Kiboga, Bulisa, Masindi, Kiryandongo, Lira, Otuke, Alebtong, Dokolo, Amolatar, Luwero, Nakasongola, Nakaseke, Mpigi, Wakiso, Kagadi, Kakumiro, Kibaale, Mubende, Mityana, Butaleja, Butebo, Mbale, and Kibuku.
c) 2 Cities of Soroti and Mbale and
d) One Blood Bank of Mengo Blood Bank.

The objectives of support supervision to the Institutions were to:

a) Apprise the Hospital leadership and staff about the HSC constitutional mandate, functions, operational framework and linkages.
b) Provide on-site support in handling key HRH matters (for example confirmation in appointment, discipline and study leave).
c) Share best HRM practices on performance management and the thematic areas that included HRH staffing, management of HRH training, and management of rewards and sanctions.
d) Hold face to face meetings with health workers to provide them with information related to performance and ethics and respond to their concerns and questions.



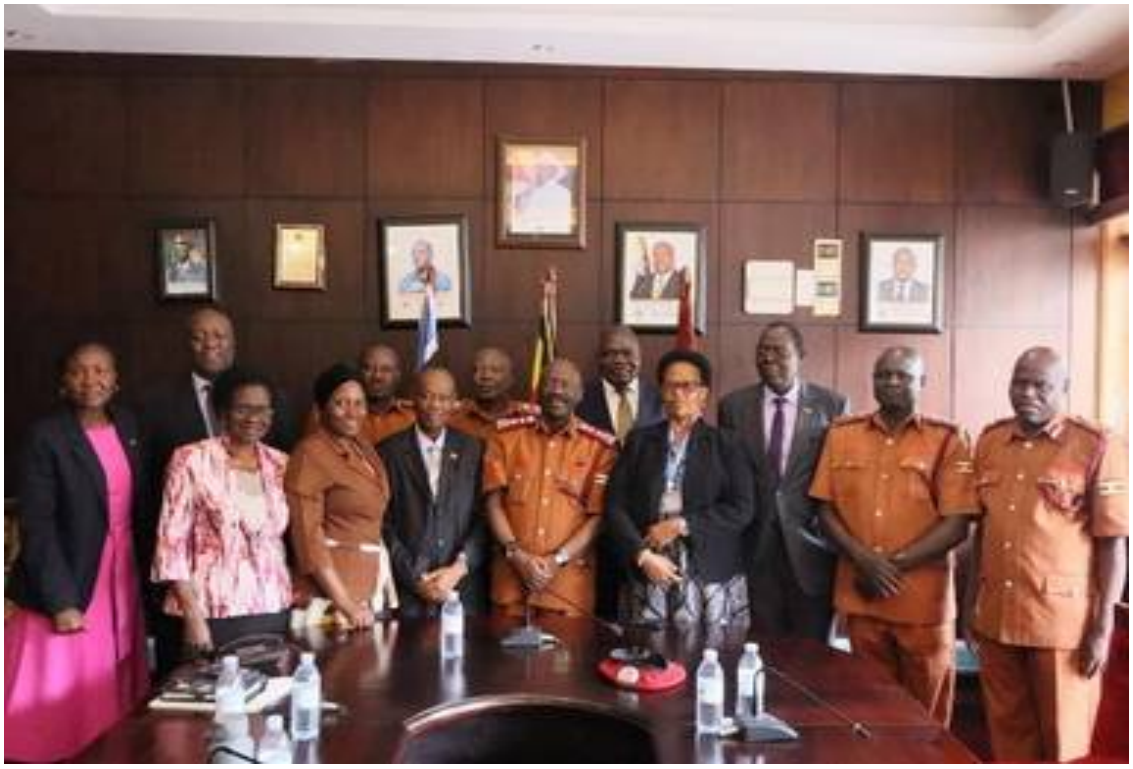
Members of the Commission together with the Executive Director and staff of Mulago NRH during Support supervision



The Chairman Health Service Commission Dr. Henry Mwebesa addressing the Administrative Staff of Mulago NRH on the Government Position on Human Resources for Health



Members of the Commission together with the staff of UVRI



Members of the Commission together with the Commissioner General and staff of Uganda Prisons at the Uganda Prisons Headquarters.



Members of the Commission together with the Executive Director and staff of KCCA at KCCA Head Office

2.2.4.4. The cross-cutting HRH issues highlighted in Central Health Institutions included:

a) Institutions are under staffed and still operating under the old staffing structure due to inadequate wage.

b) Over whelming number of patients against the limited staff.
c) Drug and sundries stock outs.
d) Lack of accommodation for Health workers at Health Facilities.
e) Failure to attract critical staff like Radiologists.
f) Natural Chemotherapeutic Research Institute is semi-autonomous but has no vote status and the UNHRO Board is not operational.

The Specific issues per Institution arising out of the Support Supervision are detailed in Annex 3(a).

2.2.4. Support Supervision to Local Governments

i) Background to support supervision to District Local Governments

Section 55 (3) of the Local Government Act, CAP 243 stipulates that when Local Governments are considering recruitment of staff in the Health Service, they shall use Guidelines issued by the Health Service Commission. This provision is also stipulated under Section 25 (2) of the Health Service Commission Act, 2001.

Section 58 (7) of the Local Government Act, Cap 243 and Section 26 (2) of the HSC Act, 2001 also require District Service Commissions to submit quarterly reports to the Health Service Commission. These legal provisions mandate the Commission to monitor compliance of District Local Governments and District Service Commissions with the Recruitment Guidelines.

Section 25 (3) of the Health Service Commission Act, 2001 mandates the Commission to render such advice to the districts as may be required regarding human resource management in the District Health Service. To this end, Support Supervision visits are conducted to promote good practices in human resource for health management in District Local Governments.

In the year 2025/26, the Commission planned to carry out Support Supervision visits to eighty-four (84) districts. The Commission provided Support Supervision to 77 DLG and 2 Cities as detailed in annex 3(b).

A detailed list of Districts, General Hospitals, Health Centres and other Health Establishments within those Districts that were visited is provided under table 11.

ii) The objectives of Support Supervision to Local Governments

The overall objective of Support Supervision to Local Governments was to assess the extent of compliance and adherence to the HSC recruitment guidelines for Health Workers; identify HRH management issues (problems/challenges); share the best HRM practices and provide on-site guidance on the issues raised by the Local Governments. The specific objectives were to:

1) Apprise the Local Government leadership about the HSC constitutional mandate, functions, operational framework and linkages.
2) Determine the extent to which the HSC recruitment guidelines were being followed by the City Service Commissions (CSCs) and District Service Commissions (DSCs).
3) Establish how regularly and timely quarterly reports were submitted by DSCs.
4) Establish how the key HRH matters were being handled (for example confirmation in appointment, discipline and study leave).

5) Share best HRM practices with DLGs and DSCs. The thematic areas handled included Performance management, HRH staffing, management of HRH training, and management of Health Workers Rewards and Sanctions.

iii) Key issues arising from the Support Supervision of Districts and District Service Commissions

Many of the issues affecting Human Resource for Health management and health service delivery were identified in the 77 DLGs. Below are cross cutting issues requiring the attention of stakeholders.

a) Staffing levels for all the visited Health Institutions in relation to the newly approved structures were below 35% because entities did not have wage to recruit staff to fill vacant positions. This was cited in almost all entities visited.
b) Current existing health infrastructure in the Health Institutions cannot accommodate the newly approved staff structures.
c) Newly upgraded Health Facilities did not have the required staffing, equipment, physical infrastructure and often drug stock outs.
d) Drug stock outs in General Hospitals and other Health Centres, like Lyantonde General Hospital, Bundibugyo General Hospital, Kyazanga HCIV, Vura HCIII, Bukulula HCIV, Buwanga HCIII, Oli HCIV, Karugutu HCIV.
e) Inadequate budget allocations for the activities of the District Service Commissions.
f) Non-payment of retainer fees to Members of the DSCs. This was cited in almost all Districts visited.
g) Failure to attract substantive DHOs, like in the Districts of Lwengo, Ntoroko, Bukomansimbi, Gomba, Bulisa, Kasese, Koboko, Arua and Rukiga.
h) Inadequate facilities and staff accommodation in most lower Health Facilities visited for example Gomba, Hoima, Jinja and Kagadi
i) A number of DSCs operating without substantive Secretaries for example Bugweri, Bukomansimbi, Bulisa and Butambala
j) Some District Service Commissions were not fully constituted for example Wakiso, Nebbi, Napak
k) Some Districts visited during Support Supervision lacked training plans which were expected to regulate the number of staff recommended for further studies.

iv) Recommendations for addressing the issues arising from Support Supervision

a) MoPS and MoFPED should provide additional wage for implementation of newly approved structures.
b) MoLG and MoPS should guide on how to proceed with the Performance Management function including capacity building of supervisors and health facility in charges.
c) MoH should upgrade physical infrastructure in Health Institutions to match with the newly approved staff establishment.
d) MoH should align the newly upgraded Health Institutions with the required staffing, equipment, drugs and physical infrastructure.
e) MoH and MoLG should expedite the proposed one-off central recruitment for all DLGs without substantive DHOs and Assistant DHOS.
f) CAOs should coordinate and ensure that the positions of Secretary DSCs are filled substantively.
g) The City Principle Human Resource Officers should develop training plans.

The details of issues arising from support supervision are attached as Annex 3 (b).

3.82.2.4.2.4 Review of Reports from District Service Commissions

In accordance with Section 26 (2) of the HSC Act 2001, DSCs are required to submit quarterly performance reports to the Health Service Commission. For the year under review, 68 submissions were received in quarter one, 53 in quarter two, 34 in quarter three and 33 in quarter four out of the expected 145 District and City Commissions. The districts which did not submit completely reports in either of the quarters were only 43 in the year under review. The submissions were received as per the table below.

Table 2.11: Summary table on reports from DSCs for FY 2025/26

	Local Gov'ts	Quarter One (1)	Quarter Two (2)	Quarter Three (3)	Quarter Four (4)
1	No. of Districts and Cities that submitted	68	53	34	33
2	No. of Districts and Cities that did not submit	77	92	111	112

The trend of submissions is attached as annex 4(a). Many of issues arose from the reports of the District Service Commissions as detailed in annex 4(b). These are highlighted below for the attention of stakeholders.

a) A number of District Local Governments did not have a substantive Secretary, DSC at the level of Principal Human Resource Officer. This has resulted into assigning duties of the Secretary DSC to any staff of preference regardless of qualifications and work experience. This compromises the quality of the decisions of DSCs. Examples of Districts affected include Kikuube, and Kotido.
b) Inadequate budget allocation (especially from Local revenue) for District Service Commissions operations.
c) Some District Service Commissions were not fully constituted for example Masindi, and Busia
d) Non - payment of retainer fees and sitting allowances to the Members of DSCs.
e) Failure to attract a District Health Officer despite three (3) external advertisements in Bulambuli DLG.

2.2.4.2.5 Recommendations for addressing the above issues

a) The Chief Administrative Officers should coordinate and recruit Secretary for DSCs.
b) MoFPED should increase and ring fence the budget allocation for DSC activities.
c) MoLG and MoFPED should standardise payment of Retainer Fees.
d) Chief Administrative Officers should coordinate and ensure the DSCs are fully constituted and address the identified challenges
e) The Chief Administrative Officer of Bulambuli should request for secondment of staff from MoH as he lay strategies to have his own District Health Officer.
f) The CAO, MoH, MoFPED and the DHO to ensure that the Health Facilities are constructed.

2.2.5 Review of Terms and Conditions of Service for the Health Workers

The Commission engaged a consultant to undertake the review of the Health Workers standing orders. A lot of consultations were conducted involving different stakeholders and a draft Standing Order was produced which was discussed during the final stakeholders' consultative meeting held on 5th to 6th November, 2025. The recommendations in the final report were presented to the Ministry of Public Service for technical guidance and finalization of the Health Workers as an addendum to the Public Service Standing Orders for 2021.

2.2.6 Strategic Objective 5: Enhance the Institutional Capacity of the Health Service Commission to deliver on its mandate.

2.2.6.1 Procurement of tools, equipment and services

During the year under review IT equipment for the Commission were procured these included; Procurement of 3 all-in-one desktop computers, 3 cameras, 9 black and white printers, 10 laptops, 3 shredders, 2 scanners, 1 network switch, 1 wireless router and 3 UPS machines. The Commission also procured 36 all-in-one desktops, 6 printers, 6 wireless long range access points, 6 network switches, 16 wireless router, 12 UPS machines for e-RS Regional Hubs as indicated in the table 2.12 below.

Table 2.12. Procurements for Health Service Commission

SN	Procurements for HSC	Quantity/ Number
1.	Procured all-in-one desktop computers	99
2.	Procured bullet CCTV cameras	6
3.	Procured 14 dome CCTV cameras	14
4.	Procured biometric machines	2
5.	Procured 3 Station wagons and 1 pickup	4
6.	Procurement of heavy-duty power system	1
7.	Procurement of office furniture	30
SN	**Procurements for e-RS Regional Hubs**	**Quantity/ Number**
1.	Procurement of all-in-one desktops	36
2.	Procurement of printers	6
3.	Procurement of wireless long range access points	6
4.	Procurement of network switch	6
5.	Procurement of wireless router	16
6.	Procurement of UPS machines	12

ICT EQUIPMENT FOR THE CENTRAL eRS HUB



New procured computers for eRS Central Hub at the HSC

2.2.6.2 Gender and Equity Issues

The values and principles followed by the Commission during recruitment take into account the requirement not to discriminate candidates on the basis of sex, religion and different abilities, notwithstanding the gender disparities of Health Professionals on completion of training.

2.2.6.3 Implementation of HIV/AIDS Work Place Policy

In keeping with the Government's multi-sectoral approach to combat HIV/AIDS, the Commission continued to implement the HIV/AIDS work place policy.

2.2.6.4 Standard Operating Procedures against infectious diseases.

The Commission continued to implement the standard operating procedures against COVID-19. This was through ensuring social distancing at the workplace and during interviews. Face masks and sanitizers were procured and distributed to the staff and Members of the Commission. Hand washing points have also been maintained.

2.2.6.5 Training of staff

To enhance the capacity of staff, the Commission provided training opportunities to staff according to the training plan as indicated in the table below.

Table 2:13 Staff who under took training in FY 2025/26

SN	NAME	DESIGNATION	TRAINING UNDERTAKEN	DURATION	VENUE
1	Ms. Ketty Lamaro	Permanent Secretary	Public Service Leadership Excellence Training for Permanent Secretaries	2nd - 6th July, 2025	Botswana
2	Ms. Miriam Atim Ochaya	Principal Human Resource Officer	Seminar on Health Strategy and Development Planning for Developing Countries	10th -30th July, 2025	Beijing China
3	Mr. Moses Lorika	Principal Human Resource Officer	Appropriate health experience of China's health development for the belt and road countries	10th – 25th August 2025	Beijing China
4	Mr. Dan Charles Namonyo	Principal Human Resource Officer	Seminar on Medical Services Management for "Belt and Road"	15th – 28th September, 2025	China
5	Ms. Annah Kasande	Senior Human Resource Officer	Seminar on Medical Services Management for "Belt and Road"	15th – 28th September, 2025	China
6	Kobusingye Annet	Principal Human Resource Officer	Seminar on Health Quarantine for Officials of Developing Countries	14th – 27th October, 2025	China

2.2.6.6 Status of staff who joined and left the Commission

In FY 2025/26 some staff left the Commission and some new staff joined the Commission as indicated in the table 2.14 below.

Table 2.14 Staff who left and staff who joined the commission.

Staff who left HSC	
Name	**Post**
Ms. Leofridah Oyella	Commissioner Human Resource Advisory Services
Staff who joined HSC	
Mr. Richard Juuko	Undersecretary
Ms. Mwenyango Deborah Kauma	Senior Human Resource Officer
Mr. Oriokot Simon Peter	Senior Human Resource Officer
Ms. Mbabazi Caroline	Procurement Officer.

2.3 Challenges affecting the performance of the Commission and recommendations

2.3.1 Challenges

The Commission in its operations in the Financial Year under review had a number of challenges that affected the implementation of its activities as outlined below.

2.3.1.1. Internal Challenges

The challenge internal to the HSC include;

1) inadequate funds to carry out more support supervision, Technical Guidance, and Support Districts in conducting aptitude interviews.

2) Inadequate vehicles to support Commission activities.

2.3.1.2. External challenges to the HSC

a) Inadequate wage to recruit staff to vacant positions in the newly approved structures with most Health Institutions having a staffing level of less than 35%.
b) High number of applicants for certain cadres for example Enrolled Nurse, Enrolled Midwife, Medical Laboratory Assistant that necessitates space for aptitude tests.
c) Failure to attract suitable applicants for some posts for example Anaesthesia, ENT and Radiology.
d) Findings of unauthorized study leave due to lack of training plan especially in the District Local Governments due to the direct link between training and career progression. This affects health service delivery in terms of numbers available to deliver services.
e) Delay in clearance of entities to recruit, leading to return of wage to the Treasury.

2.3.1.3 Recommendations for addressing the Challenges

a) Government should provide adequate wage for Health Institutions to fill the vacant posts in the newly approved structures.
b) The training policy and schemes of service should be reviewed to guide the management of the training function.
c) Recruitment planning should be aligned to the planning and budgeting cycle.
d) The DLGs and Institutions should develop training plans guided by the training policy and implement them.

CHAPTER THREE

3.0 BUDGET PERFORMANCE FOR FINANCIAL YEAR 2025/2026 AND PLANNED ACTIVITIES FOR FINANCIAL YEAR 2026/2027

3.1 Budget performance for FY 2025/26

The Commission approved budget was 21.244Bn shillings which was revised to 21.691Bn. The Commission received additional wage leading to a revised wage budget of 3.274Bn from 2.838Bn. The additional wage led to increase of Budget from 21.244 to revised budget of 21.691Bn. Both Wage and Non-wage release spent performed well at 98.1% and 98.7% respectively while Development performed poorly due to return of funds meant for the Construction of assessment Centre since the project had not been approved by the Development Committee of Ministry of Finance, Planning and Economic Development. The Commission's budget performance for FY 2025/26 in terms of resources appropriated by Parliament was **115%** (inclusive of taxes), the Commission absorption was at 79.9% of the released funds due to the delay in approval of the construction of the HSC assessment center project in Butabika:

Table 3.1: HSC Budget Performance for FY 2025/26

	Approved Budget (UShs. bn)	Revised Budget (UShs. bn)	Releases (UShs. bn)	% Budget Released	% Budget Spent	% Release Spent
Recurrent						
Wage	2.838	3.274	3.274	115.0%	113.0%	98.1%
Non-Wage	11.359	11.370	11.370	100%	98.8%	98.7%
Development	7.048	7.048	7.048	100%	41.2%	41.2%
Total	**21.244**	**21.691**	**21.692**	**102.1%**	**81.6%**	**79.9%**

3.2 Commitment Control System

By adhering to the Commitment Control System, the Commission ensured that its expenditures were within the quarterly releases and schedules. Funds were committed and allocated according to the expenditure priorities based on the quarterly ceilings.

3.3 Budget Allocations for the Financial Year 2026/27

In accordance with the Medium-Term Expenditure Framework (MTEF), the Commission was allocated a budget of UGX.27.949bn, including taxes, for the Financial Year 2026/27. Wage is 4.164Bn, non-wage is 15.885Bn and Development is 7.901Bn, as detailed below:

Table 3.2: Summary of Budget Allocation in Financial Year 2026 /27

Item	UGX. Bn
Wage	4.164
Non-wage	15.885
Development	7.901
Total	**27.949**

3.4 Planned Activities for Financial Year 2026/27

The activities that the Commission plan to implement in the Financial Year 2026/27 include the following;

a) Recruit one thousand two hundred (1,200) Health Workers of all categories. This will depend on submissions from the Institutions under the jurisdiction of the Commission.

b) Handle one thousand (1,100) Human Resources for Health decisions in respect of: confirmation, corrigenda, re-designation, study leave, disciplinary action and retirement. This will depend on submissions from the Health Institutions.

c) Facilitate performance and career enhancement training for Members and staff of the Health Service Commission in accordance with the training plan.

d) Finalize the SMS integration with NITA-U, integration of the e-RS with the other government system e.g. National Identification Register (NIRA) and Professional Council Registers, deployment of the mobile App for e-RS.

e) Procure and distribute ICT equipment to eight (8) new Hubs.

f) Carry out Support Supervision in eighty-four (84) districts, seventeen (17) Regional Referral Hospitals, three (3) National Referral Hospitals and two (2) Referral Hospitals.

g) Render Technical Guidance and support to Local Governments and District Service Commissions on a demand driven basis.

h) Implement the Health Service Commission HIV/AIDs workplace policy.

i) Implement the Strategic Plan for FY 2025/26 - 2029/2030

j) Monitoring and tracking the implementation of HSC decisions carried out.

k) Placement of staff on the newly approved structures of Central Health Institutions.

l) Review of the guidelines for recruitment of the Health Workers arising from the newly approved structures.

m) Review of training and qualifications of Health Workers.

n) Finalize the review of Standing Orders for the Health Service.

o) Dissemination of revised Standing Orders for the Health Service.

p) Stakeholders' engagement on Human Resource for Health issues.

q) Provide administrative support services.

r) Carry out prefeasibility and feasibility studies for the Construction and Equipping of the HSC Assessment Centre.

s) Commence the Construction of the HSC Assessment Centre

3.5 Conclusion

The Commission extends its appreciation to Parliament most especially the Committee on Health, Ministry of Health, Ministry of Public Service, Ministry of Finance, Planning and Economic Development, all Health Institutions, Development Partners and all our stakeholders for the support rendered to the Commission in the implementation of the Ministerial Policy Statement for FY 2025/2026.

The Commission is committed to providing adequate and competent Human Resource to deliver health services necessary for the Social Economic Transformation of the Country. Adequate and Competent Human Resource for Health are key for a healthy and productive population that contribute to the development and prosperity of Uganda to achieve the NDP IV and the Tenfold Growth Strategy.

Annex 1: Members and Staff of the Health Service Commission as at 30th June 2026

During the Financial Year 2025/26, the composition of the Health Service Commission was as shown in Table 1:

Table 1: Members of the Health Service Commission

No.	Designation	Scale	Approved	Filled	Name of Incumbent
1	Chairperson	SSC	1	1	Dr. Henry Gatyanga Mwebesa
2	Deputy Chairperson	SSC	1	1	Ms. Christine Kakuru Kyomuhangi
3	Member	SSC	1	1	Dr. Nathan Walufu Onyachi
4	Member	SSC	1	1	Dr. Mary Namubiru
5	Member	SSC	1	1	Mr. Aisu Peter Steven
6	Member	SSC	1	1	Ms. Janet Apayi Okumu
7	Member	SSC	1	1	Mr. Obua Thomas Ocwa
			7	***7***	

The staffing of the Secretariat of the Health Service Commission by Department was as shown in Table 2 below:

Table 2: Secretariat Staff of the Health Service Commission

SN	Designation	Scale	Approved	Filled	Vacant	Name of Incumbent
OFFICE OF THE SECRETARY						
1	Secretary	U1S	1	1	0	Ms. Ketty Lamaro
FINANCE AND ADMINISTRATION						
2	Undersecretary	U1SE	1	1	0	Mr. Juuko Richard
3	Principal Assistant Secretary	U2	1	1	0	Mr. Adeya Vincent
4	Principal Human Resource Officer	U2	1	1	0	Mr. Namonyo Dan Charles
5	Principal Personal Secretary	U2	1	0	1	Vacant
6	Senior Accountant	U3	1	1	0	Ms. Bright Atwine
7	Senior Economist	U3	1	1	0	Mr. Wandera Ibrahim
8	Senior Assistant Secretary	U3	1	1	0	Mr. Kolinako Noah
9	Senior Human Resource Officer	U3	1	1	0	Mr. Ogwere Simon
10	Senior Personal Secretary	U3	3	3	0	Ms. Nawaguma Monica Ms. Achan Grace Ms. Baluka Merabu
11	Senior Procurement Officer	U3	1	1	0	Ms. Namalota Grace
12	Senior Records Officer	U3	1	1	0	Ms. Modo Ruth
13	Personal Secretary	U4	4	2	2	Mr. Mboijana Samuel

SN	Designation	Scale	Approved	Filled	Vacant	Name of Incumbent
						Ms. Mirembe Grace Angulo
14	Internal Auditor	U4	1	1	0	Ms. Nabatuusa Ritah
15	Accountant	U4	1	1	0	Mr. Sanyu Henry
16	Inventory Management Officer	U4	1	1	0	Ms. Anna Ejoru
17	Economist	U4	1	1	0	Ms. Agonzebwa Waridah
18	Senior Systems Analyst/Administrator	U4	1	0	1	Vacant
19	ICT Officers	U4	2	2	0	Mr. Mugabi Ivan Mulindwa Mr. Ssebyatika Andrew
20	Records Officer	U4	1	1	0	Ms. Barbra Nagasha
21	Procurement Officer	U4	1	1	0	Ms. Mbabazi Caroline
22	Senior Assistant Accountant	U5	1	0	1	Vacant
23	Senior Office Supervisor	U5	1	0	1	Vacant
24	Asst. Records Officer	U5	2	2	0	Ms. Olodriku Paskaline Ms. Nebye Judith
25	Assistant Accountant	U7	1	1	0	Ms. Busingye Flavia Mwesigwa
26	Records Assistant	U7	2	1	1	Mr. Simplisio Kanyesigye
27	Receptionist	U7	2	1	1	Ms. Nakyanzi Juliet
28	Office Attendant	U8	6	5	1	Mr. Luwagga Eriah Ms. Ayeet Ritah Mr. Semugga Asaad Muhammad Ms. Nassaka Immaculate Mr. Olupot Nicholas

SN	Designation	Scale	Approved	Filled	Vacant	Name of Incumbent
29	Driver	U8	19	12	7	Mr. Eribu Peter Mr. Droma Leoriano Mr. Ogaja Dan Mr. Serugo Hamidu Mr. Kopio Andrew Mr. Joshua Mwesigwa Mr. Ssebba Ronald Richard Mr. Onzima Felix Mr. Byamugisha Paul Katsimu Mr. Duko Joseph Mr. Godfrey Balwane Muzale Mr. Anguyo Robert
Sub Total			**61**	**45**	**16**	
HUMAN RESOURCE ADVISORY SERVICES						
SN	**Designation**	**Scale**	**Approved**	**Filled**	**Vacant**	
30	Commissioner/HRAS	U1SE	1	1	0	Ms. Oyella Leofrida
31	Asst. Comm/ HRAS	U1E	1	1	0	Ms. Naluzze Hellen Jesca
32	Asst. Comm/ HRAS	U1E	1	0	1	Vacant
33	Principal Human Resource Officer	U2	5	5	0	Ms. Nabwire Flavia, Ms. Miriam Atim Mr. Ochaya, Ms. Kobusinge Annet, Mr. Keefa Nabyama, Mr. Taremwa Joram
34	Senior Human Resource Officer	U3	5	5	0	Ms. Kesande Annah, Mr. Chrisanto Ocaya, Ms. Lydia Linda, Mr. Muhumuza Mark Ms. Nakatukula Sania
	Sub Total		**13**	**12**	**1**	
RECRUITMENT AND SELECTION SYSTEMS						
35	Commissioner/HRM	U1SE	1	0	1	
36	Asst. Comm/HRM	U1E	1	1	0	Ms. Miriam Nayiga
37	Principal Human Resource Officer	U2	2	2	0	Ms. Musiime Christine Hope, Mr. Moses Lorika Oreka
38	Senior Human Resource Officer	U3	2	2	0	Mr. Oryekot Simon Peter Ms. Mwenyango Deborah Kauma
	Sub Total		**6**	**5**	**1**	
Grand Total			**89**	**70**	**19**	

Annex 2: Recruitment and Human Resources for Health Issues in FY 2025/26

3.9Table 3: Trends analysis of Posts which attracted high numbers of applicants

S/No	Post	Scale	2023/24		2024/25		2025/26	
			No. of posts	No. of applicants	No. of Posts	No. of Applicants	No. of Posts	No. of Applicants
1	Pharmacists	U4	-	-	2	43		
2	Medical Laboratory Technician	U5	-	-	2	256	02	238
3	Medical Laboratory Technologist	U4	-	-	04	403		
4	Dispenser	U5	-	-	10	454		
5	Enrolled Nurse	U7	-	-	52	2572		
6	Enrolled Midwife	U7	-	-	27	936		
7	Theatre Assistant	U7	-	-	2	101		
8	Orthopedic Officer	U5	01	23	1	29		
9	Orthopedic Technician	U5	01	18	1	25		
10	Orthopedic Technologist	U5	-	-	1	23		
11	Nutritionist	U4	-	-	1	23		
12	Clinical Officer	U5	-	-	5	145		
13	Psychiatric Clinical Officer	U5	-	-	1	29		
	Total		**02**	**41**	**109**	**5039**		

3.10 Table 4: Analysis of appointments by Job Category

Appointments	Probation	Transfer within Service	Transfer of Service	Promotion	Attainment of Higher Qualification	Attainment of Relevant qualification	Placement/Validation	Probation waived	Contract	*Total*
Doctors and Dental Surgeons	52	1	14	34	38	0	0	0	12	**151**
Nurses	126	5	3	51	54	15	5	2	0	**261**
Midwives	27	0	6	43	29	11	1	4	0	**121**
Pharmacists	0	0	0	8	6	0	0	0	0	**14**
Allied Health Professional	70	5	2	37	139	0	3	0	1	**257**
Scientific and Administrative Officers	102	2	0	35	22	0	0	0	3	**164**
Support Staff	177	15	0	0	21	0	0	0	8	**221**
Totals	**311**	**27**	**16**	**110**	**164**	**17**	**9**	**6**	**11**	**1189**

3.11 Table 5: Summary of Trends Analysis of appointments by Job Category

S/No.	Cadre	2023/24	2024/25	2025/26
1	Medical Doctors and Dental Surgeons	198	172	151
2	Nurses	375	574	261
3	Midwives	192	154	121
4	Pharmacists	24	1	14
5	Allied Health Professionals	202	219	257
6	Scientific and Administrative Officers	87	40	164
7	Support Staff	142	90	221
	Totals	**1220**	**1250**	**1189**

3.12 Table 6: Summary of analysis of Human Resource for Health decisions made during FY 2025/26

Cadre	Confirmation	Redesignation	Corrigenda	Asses for suitability	Study leave	Abscondment	Retirement on Medical Grounds	Regularization of appointment	Rescinding appointment	Dismissal	Validation	Discipline	Renewal of Local contract	Accelerated promotion	Total
Doctors and Dental Surgeons	48	13	13	54	18	2	0	0	1	0	4	8	3	0	**164**
Nurses	87	44	10	288	9	2	0	1	0	0	15	1	0	0	**457**
Midwives	74	14	5	292	6	5	0	1	0	0	7	0	0	0	**404**
Pharmacists	6	0	0	24	4	0	0	0	0	0	0	0	0	0	**34**
Allied Health Professional	84	7	8	35	19	2	1	0	0	0	23	0	0	0	**179**
Scientific and Administrative Officers	13	0	1	96	3	0	0	0	1	0	0	9	0	1	**124**
Support Staff	115	0	6	57	0	0	0	0	0	0	7	8	0	0	**193**
Total	**427**	**78**	**43**	**846**	**59**	**11**	**1**	**2**	**2**	**0**	**56**	**26**	**3**	**1**	**1555**

3.13 Table 7: Summary of Trend analysis of Human Resource for Health decisions made during FY 2023/24 to 2025/26 by Cadre

S/No.	Cadre	Financial Year		
		2023/24	2024/25	2025/26
1	Doctors and Dental Surgeons	182	184	164
2	Nurses	514	560	457
3	Midwives	202	95	404
4	Pharmacists	20	27	34
5	Allied Health Professional	185	345	179
6	Scientific and Administrative Officers	35	79	124
7	Support Staff	120	96	193
	Total	**1258**	**1386**	**1555**

3.14 Table 8: Central Institutions visited during FY 2025/26.

A.	Central Health Institution
1.	Butabika NMRH
2.	Kawepe NR
3.	KCCA
4.	Kirundu NR
5.	Mulago NRH
6.	Mulago WNSH
7.	UBTS
8.	Ug Prisions
9.	UVRI

3.15 Table 9: Regional Referral Hospitals visited during FY 2025/26.

B.	Regional Referral Hospitals
1.	Arua
2.	Fort Portal
3.	Gulu
4.	Hoima
5.	Jinja
6.	Kabale
7.	Kayunga
8.	Lira
9.	Masaka
10.	Mbarara
11.	Moroto
12.	Yumbe

3.16 Table 10: The Districts, Cities, General Hospitals and Health Centres visited during FY 2025/26.

S/N	District	District Hospital	HCIV	HCIII	HC II
1.	Agago DLG			Lukole	
2.	Alebtong District Local Government			Abia HCIII	
3.	Amolatar District Local Government		Amolatar HCIV		
4.	Amudat	-	-	-	Abilyep
5.	Budaka DLG		Budaka		
6.	Bugiri	Bugiri			
7.	Bugweri				
8.	Buikwe DLG		Nkokojeru		
9.	Buliisa DLG	-	Buliisa	-	-
10.	Busia DLG	Masafu			
11.	Butaleja DLG	Busolwe			
12.	Butebo		Butebo		
13.	Dokolo District Local Government			Amwoma HCIII	
14.	Gulu City				
15.	Hoima City	-	-	Buhanika	-
16.	Hoima DLG	-	Kigorobya	-	-
17.	Iganga	Iganga			
18.	Kabale DLG			Kyanamiira	
19.	Kaberamaido	Kaberamaido			
20.	Kaliro			Namugongo	
21.	Kamuli	Kamuli			
22.	Kanungu		Kanungu		
23.	Katakwi			Koritok	
24.	Kayunga DLG			Ntenjeru	
25.	Kayunga RRH				
26.	Kiboga DLG	Kiboga	-	-	-
27.	Kibuku			Kadama	
28.	Kikuube DLG	-	Kikuube	-	-
29.	Kiryandongo DLG	-	-	-	-
30.	Kisoro DLG	Kisoro GH			
31.	Kitgum DLG	Kitgum GH			
32.	Kole District Local Government			Apalabarowo HC III	
33.	Kpelebyong				
34.	Kumi	Atutur GH			
35.	Kyankwanzi DLG	-	-	Kikonda	-

S/N	District	District Hospital	HCIV	HCIII	HC II
36.	Lamwo DLG		Palabek Refugee Settlement		
37.	Lira District Local Government			Barlonyo HCIII	
38.	Luuka				
39.	Luwero DLG	Luwero General Hospital			
40.	Masindi DLG	-	-	Pakanyi	-
41.	Mbale City		Bufumbo		
42.	Mbale DLG			Siira	
43.	Mbarara City		Mbarara Municipal		
44.	Mbarara DLG			Kashare	
45.	Moroto	-	-	Kalemungole	-
46.	Mpigi DLG			Ssekiwunga	
47.	Mukono DLG			Nakifuma	
48.	Nakapiripirit	-	Tokora	-	-
49.	Nakaseke DLG			Bitalangu	
50.	Nakasongola DLG		Nabiswera		
51.	Namayingo		Buyinza		
52.	Namutumba				
53.	Otuke District Local Government			Okwang HCIII	
54.	Pallisa DLG			Kameke	
55.	Rubanda	Muko			
56.	Rukiga		Mparo		
57.	Rukungiri	Kebisoni			
58.	Rwampara DLG		Bugamba		
59.	Sironko DLG			Bundege	
60.	Soroti				
61.	Tororo DLG		Mukuju		
62.	Wakiso DLG		Kansangati		

Annex 3(a): Key issues arising from Support Supervision to Regional Referral Hospitals during FY 2025/26

SN	DSC / RRH	Key issue	Recommendation/Response
1.	Arua RRH	i. Understaffing, with Staffing level estimated at 23%	MoPS and MOFPED should provide adequate wage for the Hospital to recruit additional staff.
		ii. Inadequate staff accommodation at the Hospital.	MOH and Arua RRH should plan for accommodation of critical staff at the Hospital.
		iii. Drugs and sundries stockouts.	Proper planning for drugs and medical supplies should be done.
		iv. Inadequate budget to facilitate the activities of the training committee and the rewards and sanctions committee respectively.	Arua RRH should plan and budget for the activities of the training committee and the rewards and sanctions committee.
		v. Institution Client Charter was not in place.	Customized Client Charter for the Hospital should be developed.
		vi. Overwhelming numbers of patients compared to the existing physical infrastructure	The hospital facilities should be expanded and more structures should be constructed to accommodate the increasing population
		vii. There was proper waste management with the availability of the segregation bins, incinerators, placenta pits and clean water sources in place.	i. Good practice and should be maintained
		viii. Regional Referral Hospital had functional Rewards and Sanctions and Training Committees	Good practice and should be maintained
2.	Hoima RRH	i. Inadequate staff accommodation.	There is need for MOH to prioritize budgeting for Staff accommodation in the health facility.
		ii. The RRH has staffing imbalances by cadre with some of the critical staff e.g. consultants lacking while other cadres like Clinical Officers over staffed ie 17 compared to 11 as per structure. This locks up wage for critical staff under this cadre.	Focus on retirement of clinical Officers without their replacement. This will free up wage for consultants.
		iii. The RRH lacks a PHA, the substantive position holder is under interdiction (case originated from Mulago	The RRH should link up with mother Ministries to have positions like Principal Hospital Administrator filled.

SN	DSC / RRH	Key issue	Recommendation/Response
		NRH), and also a procurement officer	
		iv. Cases of Monkey pox were still at large in Hoima Region. For example, Hoima RRH had six (6) cases on admission at the time of the visit.	Continuous awareness to the public on the dangers of monkey pox.
		v. Cases of un confirmed and non-redesignated MOSG.	Five cases of re-designation of MOSG to Associate Consultant and three cases of confirmation were handled on site.
3.	Kabale RRH	i. Planned absenteeism among staff of Kabale RRH is at a high rate where more than 78 staff were found to have been warned in writing.	There is need to re-organize Kabale Hospital by the various stakeholders ie MOH, HSC etc since service delivery is in poor state due to HRM issues. Disciplinary action should be enforced on Kabale RRH staff that are breaching laws governing service especially dissemination of unauthorized information and planned absenteeism.
		ii. Most staff are undertaking studies without authorization of the hospital management at Kabale RRH which has affected service delivery.	The MOH should liaise with Kanungu DLG on the smooth management of scholarships given to the staff of the district to balance career growth and service delivery.
		iii. Oath of secrecy in Kabale Hospital is not observed by some members on the training and rewards and sanction committees where information is leaked to third parties prematurely.	Continuous staff training and supervision should be put on Kabale RRH to equip staff with policies that govern public service and code of conduct to avoid negative effects of staff misconduct. There is need for timely delivery of drugs in Kanungu DLG to enable timely usage by the population. Kabale RRH rewards and sanctions committee should sit regularity when need arise at least one in a quarter. All staff who have gone for study leave without permission should be recalled back or regarded to have abandoned duty and resigned.
4.	Kampala City Council Authority	Critical Posts not filled	KCCA, MoPS and MoFPED, should prioritize wage allocation to cater for the staffing gaps.
5.	Kisugu HC III	i. Overwhelming Numbers of patients	i. MoPS and MoFPED should provide adequate wage to institution to recruit staff
		ii. Drug stock outs and sundries due to the overwhelming numbers of patient	ii. MoH and MoFPED should provide plan and budget for increased drug supply and sundries

SN	DSC / RRH	Key issue	Recommendation/Response
		iii. Understaffing at 44% compared to the 65% staffing standard.	iii. MoPS and MoFPED should provide adequate wage to the institution to recruit staff.
6.	Lira RRH	i. The approved Structure of the Hospital was not implemented to the recommended levels of 65% due to inadequate wage. Staffing level was low, estimated at 26.8 % (883 staff in post, and unfilled was 883) and had vacant critical posts of specialist doctors, nurses and allied health workers; The hospital had submitted to MoFPED a request for an additional wage of 32%.	i. The new staffing structure should be implemented to be able to meet the increased health services and high population. A follow-up should be done on the request for the supplementary wage.
		ii. The bed occupancy was 164%, the number of beds at the facility were 456 beds. Plus 200 floor cases out of the approved bed capacity of 400 beds.	ii. The bed capacity should be increased to meet the services offered from 456 to 656.
		iii. The recently allocated Akii Bua stadium by the city to the Hospital was not yet fenced.	iii. Fencing of Akii Bua stadium premises should be budgeted for and undertaken to safe guard the land from encroachers.
		iv. The available staff quarters accommodated only about 15% of the staff, and needed repairs.	iv. There is need to renovate the staff quarters and build more housing units for the health workers.
		v. Most of the wards were built in 1928 and were old with inadequate space and required renovation.	v. Financial Resources should be mobilized to renovate the wards and also construct new wards.
7.	Mbarara RRH	i. The Hospital had received the newly approved staff structure but had not been cleared for recruitment by the MoPS.	i. The MoPS should expedite the process of clearing the entity for recruitment.
		ii. Low Staffing levels attributed to inadequate wage.	ii. The MoPS and the MoFPED should allocate more wage for recruitment Health Workers in the Regional Referral Hospital.
		iii. Drug stock outs in the Regional Referral Hospital. For example, the General Pharmacy at Mbarara RRH had a budget allocation of 2.8 billion UGX from National Medical Stores yet for the past three (3) consecutive years, the Hospital needs analysis indicated that they required 53 billion UGX.	iii. The budget of the drugs should be increased.
		iv. Lack of enough	iv. The MoFPED should allocate the

SN	DSC / RRH	Key issue	Recommendation/Response
		accommodation for critical staff in the Regional Referral Hospital. Thirty-two (32) apartments/units were under construction and had stalled for over three (3) due to non-allocation of funds	Hospital funds to complete the housing Units.
		v. Mbarara Regional Referral Hospital had forty-one (41) units providing specialized and super specialized services. i. Overwhelming numbers of patients compared to the existing physical infrastructure in the Regional Referral Hospital.	v. Mbarara Regional Referral Hospital should be upgraded to a National Referral Hospital due to the catchment population it serves and the specialized and super-specialized functions it provides.
8.	Moroto RRH	i. Inadequate staff accommodation. The available staff quarters accommodated only about 20% of the staff, and needed repairs. Some structures were in a very poor condition.	i. Need to provide adequate staff accommodation. Available structures should be renovated.
		ii. Newly appointed Staff had not been inducted in the last two years due to limited funds.	ii. Funds should be mobilized to induct staff.
		iii. Schedule of duties had not been issued to the Staff.	iii. Schedule of duties should be given to the staff.
9.	Yumbe RRH	i. Understaffing, with Staffing level estimated at 18%	i. MoPS and MOFPED should provide adequate wage for the Hospital to recruit staff.
		ii. Inadequate staff accommodation at the Hospital.	ii. MOH and Yumbe RRH should plan for accommodation of critical staff at the Hospital.
		iii. Drugs and sundries stockouts.	iii. Proper planning for drugs and medical supplies should be done.
		iv. The hospital fencing was partially completed.	iv. MOH and Yumbe RRH should Plan and expedite the process of fencing the facility.
		v. Inadequate budget to facilitate the activities of the training committee and the rewards and sanctions committee respectively.	v. Yumbe RRH should plan and budget for the activities of the training committee and the rewards and sanctions committee.
		vi. Institution Client Charter was not in place.	vi. Customised Client Charter for the Hospital should be developed.

Annex 3(b): Key issues arising from the Support Supervision Reports of Districts/Cities and District /City Service Commissions in FY 2025/26.

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
10	**Adjumani DLG**	Understaffing. The health staffing level was 49%	MoPS and MOFPED should provide adequate wage for the Hospital to recruit staff.
		Drugs and sundries stockouts.	Proper planning for drugs and medical supplies should be done.
		Most of the physical structures were old and needed renovation.	MOH and CAO Adjumani DLG should plan and budget to renovate the health facilities.
		42 Health facilities in Adjumani DLG did not have land titles	CAO Adjumani DLG should plan and budget to acquire land titles for the 42 health facilities.
		50% of the Health Facilities were fenced	CAO Adjumani DLG should plan and budget to fence health facilities.
		The DSC was not fully constituted. There was a no Chairperson and two (2) members.	PSC and CAO Adjumani DLG should make effotrs to fully constitute the District Service Commissio
		There was no substantive Secretary	CAO Adjumani DLG should be recruit Secretary DSC at the level of a Principal Human Resource Officer.
		The Office accommodation was inadequate. The DSC was housed in Education department.	CAO Adjumani DLG should adequate Office accommodation for the Chairperson DSC and the Secretariat.
		Inadequate budget to facilitate the activities of the training committee and the rewards and sanctions committee respectively.	CAO Adjumani DLG should plan and budget for the activities of the training committee and the rewards and sanctions committee.
	Amudat	Understaffing especially at Abilyep HCII.	Budgeting for more wage to cater for staff recruitment
		The District Service Commission was not in place and had returned wage for two consecutive financial years	There is need to urgently constitute a District service commission and have it approved to enable recruitment process begin
		Inadequate accommodation for staff.	There is need for government to provide adequate accommodation for staff
	Arua DLG	The health staffing level was at 23%.	MoPS and MOFPED should provide adequate wage for the District Local Government to recruit staff.
		Inadequate accommodation for Health Workers.	The DLG and MoH should plan for adequate accommodation for Health Workers at the health facilities.
		Inadequate budget to facilitate the activities of the training committee and the rewards and sanctions committee respectively.	CAO Maracha DLG should plan and budget for the activities of the training committee and the rewards and sanctions committee.
		The DSC was not fully constituted.	PSC and CAO Arua DLG should make efforts to fully constitute the District Service Commission.
	Buikwe	Most health facilities are on	There was a lot of scrabbing on uniforms

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		kabaka's land i.e. ownership was through land agreements	yet where the purposes were different.
		Following the upgrade of Ngogwe HC III Health Centre IV	A health center III was required to be upgraded to the Health Centre IV status.
		There were visible work operations at most facilities since staff attended weekend study programs	There were visible work operations at most facilities since staff attended weekend study programs
		Majority of staff on study were unbonded	Staff should be informed of the procedure of taking study leave even on weekends while avoiding invisibility at station.
		Staff had few or no uniforms yet they were for identification and protection.	A seamstress be recruited by the district to enable staff sew uniforms at a fair cost.
		There was a lot of scrabbing on uniforms yet where the purposes were different.	Staff advised respect uniform and only apply it, use it for its own purpose and need.
	Bukedea District	Buying off annual leave.	Should follow Section (C-a) 12 (a), (b) of the Uganda Public Service Standing Orders 2021 when giving leave
		Salary only comes without allowance like it used to be in olden days.	All the allowances that Gov't used to pay as part of salary were consolidated into Salary.
		No promotions for staff and yet a majority had upgraded and graduated with Diplomas and Degrees.	Promotion in Government was based on availability of a vacancy in the approved structure, Wage and clearance to recruit from Ministry of Public Service. The positions were already in the new structure the only challenge was wage. Staff were advised to seek for promotions in other Districts or even at the Center (HSC) when jobs are externally advertised.
		Accommodation: very few staff were accommodated at the facility and the majority were commuting from far places.	
		Understaffing in most of the units at the facility.	The district should lobby for additional wage from MoPS & MoFPED for recruitment of staff.
		265 deliveries per months and therefore need to upgrade Bukedea HC IV to a general Hospital	The district authorities should lobby for the upgrade of Bukedea HC IV to a General Hospital.
	Buliisa DLG	Workload due to few staff at the health facility.	Advised to submit the critical vacant posts for filling on availability of wage and vacancy.
		Organized absenteeism among health workers	Need for introduction of Biometric machine and also support roll out of EYAFIA System in the lower Health facilities.
		None deployment of 20 Health	Justify and lobby for wage with MOPS,

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		workers that were recruited on promotion due to wage related challenges	MOFPD and MOH.
		Inadequate office equipment for the DSC like computer set.	Need to prioritise procurement of office equipment for the DSC.
		Inadequate accommodation for staff at Buliisa HC IV.	Need to expidite completion of staff house at the health facility.
		Drug addiction among some Health workers	implement MOH Guidance on the Management of substance abuse by Human Resource for Health, Dated 5th August, 2026
	Hoima City	Workload due to few staff at the health facility.	Advised to submit the critical vacant posts for filling on availability of wage and vacancy.
		The CSC did not have a substantive Secretary.	The position of Secretary Service commission should be prioritized for filling
		Inadequate office equipment like computer set.	Need to prioritise procurement of office equipment for the CSC.
		Inadequate accommodation for staff at Buhanika HCIII.	Need to plan for adequate accommodation for Health Workers at the health facility.
	Hoima DLG	Failure to attract DHO after Advertising more than twice.	Outsourcing should be encouraged for rare cadres that are hard to attract like DHO. Also, there is need to seek support from the HSC through MOLG in case they are failing to attract critical health positions e.g. DHO.
		The DSC did not have a substantive Secretary. The DSC Secretary assigned was a Sub-County Chief.	The position of Secretary Service commission should be prioritised for filling.
		The DSC continued to face challenges of inadequate Office space, office equipment (computer set and Photocopier) and transport means	Provision of adequate budget to DSC
		Inadequate staff accommodation, Kigorobya HCIV.	Prioritise budgeting for Staff accommodation in the health facility
		Inadequate staff at the health facility especially Anaesthetic officer Cadre	Advised to submit the critical vacant posts for filling on availability of wage and vacancy.
	Kaberamaido	The DSC members were not available at the time of our visit.	
	Kagadi DLG	Low staffing level (31.5%) and critical shortages of Doctors, Anesthetists and specialized health workers.	The district should prioritize filling critical vacant posts within the available wage bill and submit requests for additional wage provisions where the existing allocation is insufficient. The Ministry of Health and Ministry of Public Service should support the district to address critical staffing gaps, particularly in specialized cadres.

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		Recently upgraded health facilities have not been matched with corresponding wage allocations	The Ministry of Health and Ministry of Public Service should expedite provision of corresponding wage allocations and staffing structures for the upgraded facilities to enable them to operate at their approved levels.
		Mabare HC III has a severe staffing gap, with only 19 staff against an approved establishment of 56.	The District should prioritize recruitment and deployment of staff to Mabare HC III, particularly critical cadres, in line with the proposed upgrade of the facility to Health Centre IV.
		Inadequate critical health infrastructure, including lack of maternity and emergency theatres and inadequate theatre space at Kagadi General Hospital.	The Ministry of Health and District Local Government should prioritize construction of dedicated maternity and emergency theatres and expansion of the existing general theatre, while progressively improving infrastructure at lower-level health facilities.
		Frequent stock-outs of essential medicines, particularly anti-malarial and antibiotics, alongside excess stocks at some facilities.	The District Health Office should strengthen quantification, forecasting and stock monitoring, and ensure timely redistribution of excess medicines and supplies from overstocked facilities to facilities experiencing shortages.
		Expired ARVs at Mabare HC III had accumulated because they had not been collected since October 2025.	The District Health Office, facility management and relevant supply-chain partners should urgently facilitate collection and safe disposal of expired ARVs and strengthen routine stock monitoring to prevent accumulation and wastage of medicines.
		Training Committee has limited functionality and funding; it had not met for three quarters and had no dedicated operational budget.	The District should provide a dedicated budget for the Training Committee, ensure quarterly meetings are held, induct all members and provide them with the relevant Government training policies and guidelines.
		Weak monitoring and control of staff training, including training beyond approved periods, enrolment in unaccredited institutions and changes of programmes without approval.	The PHRO and Training Committee should strengthen monitoring of staff training before, during and after training, ensure all training programmes receive prior approval, and conduct formal post-training evaluations to confirm the relevance and application of acquired skills.
		DSC operational constraints, including inadequate office space and equipment, outstanding sitting allowances and recruitment-related pressures	The District should provide adequate office accommodation and essential equipment for the DSC, clear outstanding sitting allowances and strengthen logistical and technical support to enable the Commission to conduct recruitment

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
			effectively and independently
		Weaknesses in HR performance monitoring, attendance reporting, induction and HR records.	The District should strengthen HR records management, conduct induction for all newly recruited staff, ensure schedules of duties are maintained on personal files, conduct quarterly performance reviews for all health workers, and submit mandatory attendance reports to the Ministry of Public Service within the prescribed timelines.
		Weaknesses in disciplinary case management, including poor documentation, inadequate response periods, undue influence and limited capacity of supervisors.	Strengthen documentation, ensure statutory timelines are observed and train Heads of Department and supervisors in disciplinary procedures and case management.
	Kakumiro	**Severe shortage of health workers:** The district has only **310 health workers out of 1,195 approved positions, representing 26% staffing**. Critical cadres, including medical officers, anesthetic officers, nurses and midwives, remain inadequate.	The district should undertake a **comprehensive staffing-gap analysis**, prioritize critical vacancies and develop a concept note to advocate for additional wage allocation and progressive recruitment of health workers.
		Inadequate staffing at Igayaza HC III: Only **11 of the 56 approved positions** are filled, significantly limiting the facility's capacity to provide services.	The district should **prioritize recruitment and deployment of critical health workers** to Igayaza HC III and other severely understaffed facilities
		Medicine stock-outs and inappropriate commodity distribution: Stock-outs were reported for antibiotics, anti-malarial, syringes, needles and peripheral lines, while some commodities were over-supplied and major expiries occurred.	Strengthen **forecasting, quantification, ordering and redistribution of medicines**, with closer monitoring of consumption patterns to minimize stock-outs, over-supply and expiries.
		Weak capacity to utilize some specialized medicines: Expiry of antipsychotic medicines was associated with limited capacity to manage mental health conditions, while carbamazepine was not utilized.	Strengthen **capacity building and mentorship in mental health service delivery** and ensure appropriate utilization of specialized medicines.
		Weaknesses in District Service Commission documentation and reporting: DSC minutes were not prepared in the standard format and the quarterly report was still pending submission.	The DSC Secretariat should be guided on the **approved format for minutes and reports**, and quarterly reports should be submitted within the prescribed timelines to PSC and HSC.
		Inadequate induction of DSC members: Some current DSC	Arrange **formal induction of all DSC members** and strengthen the DSC

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		members had not received induction, while the last reported induction was conducted many years earlier. The Secretariat also lacks a records officer.	Secretariat by providing an appropriately assigned **records officer**.
		Risks to recruitment integrity: The DSC reported influence peddling, leakage of confidential recruitment information, inadequate e-recruitment tools and difficulty monitoring disciplinary cases	Strengthen **confidentiality, professionalism and independence of the DSC**, provide adequate e-recruitment equipment and training, and enforce recruitment and disciplinary procedures.
		Poor attendance management and absenteeism: Absenteeism was estimated to result in a loss equivalent to approximately **one month of salary expenditure (UGX 70 million)**, while required reports on attendance-related sanctions had not been submitted	Introduce **electronic/biometric attendance monitoring**, strengthen supervisory checks and ensure timely submission of quarterly reports on attendance-related sanctions.
		Incomplete performance appraisal at facility level: At Igayaza HC III, only **2 staff had completed performance appraisals while 9 had not**, and updated schedules of duty were not available on staff files.	The DHO, PHRO and facility In-charge should **complete all outstanding appraisals**, update schedules of duty and ensure performance management records are properly maintained.
		Unauthorized study leaves and weak training coordination: Unauthorized studies were reported, together with inadequate coordination and planning of staff training programmes.	Ensure **all training and study leave is planned, approved and documented before commencement**, with stronger coordination between staff, facility in-charges, PHRO and DHO.
		Disciplinary process weaknesses at facility level: Disciplinary cases had been forwarded to the DHO, but communication to affected officers had not been done and staff were not fully familiar with the disciplinary framework.	Ensure **strict adherence to due process**, timely communication to affected officers and continuous sensitization of staff on the applicable disciplinary procedures.
		Expired District Client Charter: The previous Client Charter expired on **30th June 2025**, and a current Charter was not available	Finalize, approve and **disseminate an updated Client Charter** to staff and clients to strengthen service standards, accountability and client rights.
		Inadequate health infrastructure and service coverage: The district has **no General Hospital**, five sub-counties lack health facilities, and several existing health facilities	Advocate for **upgrading one HC IV to a General Hospital**, establishment of facilities in underserved sub-counties and progressive renovation/maintenance of old health infrastructure.

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		have old infrastructure.	
		Critical infrastructure and equipment gaps at Igayaza HC III: The facility has no medical ward, lacks a land title, has inadequate water infrastructure and an incomplete incinerator.	Prioritize **land titling, completion of the incinerator, improvement of water supply, renovation of staff houses and expansion of facility infrastructure** according to service needs.
		The Vector Control Officer and the scheme of service of 2024 changed the titles to Assistant Entomology Officer, and was wondering why the salary didn't change to medical scale.	The Permanent Secretary Ministry of Public Service responsible for structures clearly guided in the Establishment Notice No. 3 of 2026 that, Vector Control Cadres are categorized as science personnel not medical and it remains in full force.
		No promotions for staff and yet a majority of Nurses had upgraded with Diplomas and Degrees.	Promotions in Government are based on availability of vacancies in the approved structure, wage and clearance to recruit from Ministry of Public Service. The positions were already in the new structure however the only challenge was wage. Staff were advised to seek for promotions in other Districts and the Center when jobs are externally advertised.
		It was very hard to get study leave.	Study leave should be planned for and the Facility should come up with a training plan that would be forwarded to DHO's office consolidated and forwarded to CAO's Office.
		Medical Officer who qualified 2 years ago but never assigned any additional responsibilities to perform duties of the Medical Officer and yet she was performing such duties.	The staff is deployed to his/her substantive positions after completion of studies. However, there was need for the management to assign her additional duties/ responsibilities to the Officer since she was performing extra duties of the Medical Officer at the facility.
	Kalaki District	v. Some Sub Counties didn't have HC III's and therefore causing congestion at the HC IV.	District authorities should engage Ministry of Health for the Upgrade of HC II's and establishment of HC III's in those Sub Counties without HC III's.
	Kanungu	Lack of wage to fill the vacant positions.	District to lobby for more wage.
		Inability to get technical representatives for posts like inventory management officer.	Need to engage Ministry of finance on the issue of technical representatives of Inventory management office
		1000 sacks of expired drugs were burnt and the cause was supplying drugs that are soon to expire especially ARVs in Kanungu DLG	
		Each year 20000 refugees are received and Sub counties exposed to refugees have poor health services in Kanungu DLG	

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		There is a challenge of wage in Kanungu DLG where by new health structure is implemented at 29%.	
		Lack of coordination between Kanungu DLG and MOH on the scholarships given to health staff.	
	Kapelebyong	Inadequate funds to run DSC activities especially payment of monthly retainer fee.	Increase the budget for the DSC activities.
		Absence of the Assistant Records Officer to help in the documentation of Commission work.	Recruitment of the Assistant Records Officer should be done.
		Lack of Office equipment i.e. Desk top Computer, Printer and Photocopier.	Avail the DSC with adequate office equipment.
		The suspension of DSC operation by Council and CAO's failure to implement the decision of the Court.	The responsible Officer to seek guidance on suspension of DSC and implementation of the court decision on the retrospective payment of DSC allowance.
		The bad working relationship between CAO's office and DSC.	
	Katakwi	Inadequate funds to run DSC activities.	Increase the budget for the DSC activities.
		Irregularity in the payment of allowances.	Central Government should provide enough resources for DSC activities.
		High numbers of applicants against the few vacancies.	Invite Health Service Commission to conduct aptitude exams for health workers if the numbers are big.
	Kibale DLG	**Severe health-worker staffing gaps** – District staffing is only **47% (254/535)**, while Kibale HC IV is at **60% (78/130)**, with critical shortages in MCH, theatre, laboratory, nutrition, radiography and mortuary services.	**The district should prioritize filling critical health-worker vacancies**, particularly in essential service areas, through phased recruitment and deployment. The CAO, DHO and PHRO should submit a request for additional wage allocation to enable recruitment against the approved structure.
		Failure to recruit health workers due to inadequate PHC wage funding. No health workers were recruited in FY 2025/26 because of a wage shortfall.	**MoH, MoPS and MoFPED should support the district to secure additional PHC wage provision**, while the district should fast-track recruitment clearance and implement the approved 2026/27 recruitment plan once wage funds are provided.
		Persistent stock-outs of essential medicines and supplies, including anti-malarial, antibiotics, anti-rabies and snake-bite medicines, gloves, vaccines, testing kits and surgical supplies.	**NMS, MoH and the District should strengthen quantification, forecasting and budgeting for medicines and supplies**, ensure equitable distribution to facilities, and urgently address recurrent stock-outs of life-saving and emergency

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
			medicines.
		Inadequate health infrastructure, staff accommodation and inpatient capacity. Kibale HC IV has 58 beds but reported occupancy of about 160, while staff accommodation is insufficient.	**The District, MoH and relevant stakeholders should develop and implement a phased infrastructure development plan**, prioritizing expansion of inpatient wards, staff accommodation, pharmacy/stores and other critical service areas.
		Need to upgrade HC IV to a General Hospital and establish facilities in underserved areas. Six sub-counties reportedly have no health centres and the district has no General Hospital.	**MoH and the District Council should fast-track the process of upgrading the existing HC IV to a General Hospital and establish/upgrade health centres in underserved sub-counties**, subject to approved standards, infrastructure and staffing requirements.
		Non-functional Training Committee and absence of a comprehensive staff training plan. The committee had expired and staff training was not systematically planned.	**The CAO and PHRO should immediately reconstitute and induct the Training Committee and develop an annual staff training plan based on identified skills gaps.** Adequate funds should be allocated to implement and monitor the plan.
		Unauthorized staff training/study without proper approval or study leave. Some staff were undertaking studies without formal authorization.	**All staff training and study programmes should receive prior written approval and appropriate study leave in accordance with Public Service training policies and guidelines.** The PHRO and DHO should maintain an updated register of all staff undertaking training.
		Weak compliance with disciplinary procedures and inadequate facilitation of the Rewards and Sanctions Committee. Cases included absenteeism, extortion and negligence, with some procedural gaps and no dedicated committee budget.	**Management should ensure strict adherence to the 2019 Rewards and Sanctions Framework**, including proper notification, documentation, due process and timely conclusion of cases. A dedicated operational budget should be provided for the Committee.
		Inadequate DSC equipment, records staffing and operational funding. The DSC lacks adequate computers, printer/photocopier and dedicated records staff, while some allowances remain in arrears.	The district should strengthen the DSC by providing adequate equipment, appointing/deploying records personnel, renovating the office where necessary and ensuring timely release of operational funds and payment of outstanding allowances.
		Expired Client Charter and inadequate formalization/display of service-delivery standards. The facility did not have a current Client Charter and service	**The district should urgently review, approve and disseminate the Client Charter and develop/display clear service-delivery standards in all health facilities**, including translation into

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		standards require strengthening.	appropriate local languages to improve client awareness and accountability.
	Kiboga DLG	In Kiboga General Hospital, Circumcision kits were many and about to expire. Inadequate staffing for example Kiboga General Hospital lacked Associate Consultant (Surgery), Sonographer, and Nurses. NICU was understaffed -1 Nurse attending to 13 babies per shift. Inadequate staff accommodation for health workers. The DSC continued to face challenges of inadequate Office space, office equipment (computer set and Photocopier) In Kiboga General Hospital, Circumcision kits were many and about to expire.	Redistribution of excess Kits should be done so that facilities with shortages can be re-stocked. Justify and lobby for wage with MOPS, MOFPD and MOH Prioritize budgeting for Staff accommodation in the health facility. Need to prioritise procurement of office equipment for the DSC. Redistribution of excess Kits should be done so that facilities with shortages can be re-stocked.
	Kikuube DLG	Failure to attract a DHO after Advertising more than twice. The DSC did not have a substantive Secretary. The DSC Secretary assigned was a Sub-County Chief. Inadequate accommodation for staff at Kigorobya HCIV The DSCs continued to face challenges of inadequate Office space, office equipment (computer set and Photocopier) and transport means. The DSC Secretary assigned was a Sub- County Chief. Inadequate water supply	Outsourcing should be encouraged for rare cadres that are hard to attract like DHO. Also, there is need to seek support from the HSC through MOLG in case they are failing to attract critical health positions e.g. DHO. The position of Secretary Service commission should be prioritized for filling Need to plan for adequate accommodation for Health Workers at the health facility. Provision of adequate budget to DSC. More sources of water should be embraced like connection to NWSC, harvesting rain water, drilling wells to ensure constant water supply at the health facilities.
	Kiryandongo DLG	The District did not have a substantive DHO. The DSC did not have a substantive Secretary Lack of a consolidated Training Plan for the District Mismanagement of cases as the due process is not followed by the Rewards and Sanctions Committee Term of office for the three Members of Kiryandongo DSC had expired. The three (3) Members had just been approved and not yet sworn in.	Outsourcing should be encouraged for rare cadres that are hard to attract like DHO The position of Secretary Service commission should be prioritised for filling The Training Plan should be developed as per Training Policy, 2006. The Rewards and Sanctions Committee should be trained on case management. The Rewards and Sanctions framework should be adhered to. Need to have the new Members assume office and be inducted.
	Koboko	The health staffing level was at	MoPS and MOFPED should provide

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
	DLG	22% Drugs and sundries stockouts. Inadequate accommodation for Health Workers. Inadequate budget to facilitate the activities of the training committee and the rewards and sanctions committee respectively.	adequate wage for the District Local Government to recruit staff. Proper planning for drugs and medical supplies should be done. The DLG and MoH should plan for adequate accommodation for Health Workers at the health facilities. CAO Maracha DLG should plan and budget for the activities of the training committee and the rewards and sanctions committee.
	Kumi	Inadequate funds to run DSC activities especially payment of monthly retainer fee. Inadequate Office space Irregular pay of sitting allowance (arrears for 30 days had not been paid)	Increase the budget for the DSC activities. Avail the DSC with adequate office space. Provide budget allocation for the DSC.
	Kyankwanzi DLG	Inadequate accommodation for staff at Kikonda HC III	Need to prioritize construction of a staff house.
		Inadequate staffing. For example the District lacked critical cadre like ADHO-Maternal and Child Health Health, and ADHO-Environmental Health	Justify and lobby for wage with MOPS, MOFPD and MOH
		The DSC continued to face challenges of inadequate Office space, office equipment (computer set and Photocopier	Need to prioritise procurement of office equipment for the DSC.
		Malaria prevalence was very high in the area and this caused mismatch in the supply of anti malarials in Kyankwanzi due to disease burden.	MoH should prioritize construction of a general Hospital in Kyankwanzi DLG.
		Request to transfer DHO cadre and other Heads of Department to the Centre	MOH of health and Local Government to study the possibility
	Luwero	The District lacked critical cadres i.e the Medical Officer, Theatre Assistants and Anesthetic Officers thus affecting service delivery	The structure be customized to suit the needs of the District
		Insufficient drugs for the facilities	Budget for drugs be increased to meet and solve the existing health issues within the issues
		The District lacked a substantive District Health Officer	Position be advertised and Staff be assessed by the DSC with the available wage is to enable absorption into the Service
		Most Health facilities in Luwero	Efforts should be made by the District and

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		have no land titles a questionability to the ownership of the facility	Uganda Land Commission to prepare to process the land titles
		The District Service Commission has no permanent Offices	Efforts be made to get DSC Offices to perform the activities
		The aspect of rewarding best performers is not recognized in the facility	Efforts to reward staff be budgeted for as its for the sanctioning of staff.
		There was a high level of absenteeism within the district health facilities	Internal controls be strengthened to curb the vice of absenteeism
		Many health workers were on study especially for weekend program following the existence of education facilities within reach i.e Kampala resulting to high levels of absentees	All training programs be embedded in the training plan of the district
		There was a high request for retirement of health workers thus affecting service delivery	Reference should be made to the letter written by the President stopping health workers for Early retirement due to the salary enhancements.
		It was reported that a number of Health workers did not wear uniforms while on duty thus a challenge of identification by the clients	The health workers be told to wear uniforms since it's a form of protection and identification while executing their duties.
	Maracha DLG	Inadequate budget which hindered on major activities of the district inclusive of the transport of the Chairperson	Proper planning should be made to integrate the fuel and transport of the Chair and members of the DSC
		The health staffing level was at 33%.	MoPS and MOFPED should provide adequate wage for the District Local Government to recruit staff.
		The DSC was not fully constituted.	PSC and CAO Maracha DLG should make efforts to fully constitute the District Service Commission.
		Inadequate budget to facilitate the activities of the training committee and the rewards and sanctions committee respectively.	CAO Maracha DLG should plan and budget for the activities of the training committee and the rewards and sanctions committee.
		Inadequate accommodation for Health Workers.	The DLG and MoH should plan for adequate accommodation for Health Workers at the health facilities.
		Drugs and sundries stockouts.	Proper planning for drugs and medical supplies should be done.
	Masindi DLG	Through AFCON support, Masindi DLG would have a General Hospital constructed. Under staffing in HC III's level. For example, in Pakanyi HCIII an	Need to involve HSC in the process of recruiting Health workers in U2 and above. Justify and lobby for wage with MOPS, MOFPD and MOH Need for Medical Board to sit regularly

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		average of 50 deliveries, 270 antenatal care Services are handled per month with few skeleton staff on ground (2 Midwives only). Regional Medical Board delays to make recommendations on Workers who are seriously sick.	
	Mbarara City	The City had received the newly approved staff structure but with very low staffing levels of 20%.	The MoPS and MoFPED should avail additional wage for recruitment of more Health workers.
		The City had a substantive District Health Officer,	MOH should expedite the proposed one-off central recruitment of District/City Health Officers for all District Local Governments.
		Drug stock outs in Health Centres since deliveries by NMS were done after every two months.	The budget of the drugs should be increased.
		Inadequate accommodation for Health Workers.	The DLG and MoH should budget for construction of more housing units to cater for critical staff at the health facilities.
		Three (3) members of the City Service Commission had been suspended due to corruption. There were the Chairperson and a Member leading to lack of Quorum.	The members of the Commission should always uphold integrity.
		The City Service Commission Members were being paid retainer fees.	CAO was commended for the good work.
		Mbarara Municipal HCIV had received the newly approved staff structure.	The MoPS and MoFPED should provide wage for recruitment of more Health workers.
		The Health Centre did not have land for expansion.	The Town Clerk and the political leadership should lobby for funds to construct storied buildings.
	Mbarara DLG	The District had received the newly approved staff structure but with low staffing levels of 43%.	The MoPS and MoFPED should provide wage for recruitment of more Health workers.
		The District had a substantive District Health Officer	CAO was commended for the good work.
		Drug stock outs in Health Centres since deliveries by NMS were done after every two months.	The budget of the drugs should be increased.
		Inadequate accommodation for Health Workers.	The DLG and MoH should plan for adequate accommodation for health workers at health facilities.
		District Service Commission was fully constituted. There were four (4) Members and a Chairperson.	CAO was commended for the good work.
		The budget allocation for the operations of the District Service	The Central Government was highly commended for the increment.

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		Commission had been increased.	
		Kashare HCIII had received the newly approved staff structure.	The MoPS and MoFPED should provide wage for recruitment of more Health workers.
		Inadequate accommodation for Health Workers	The DLG and MoH should budget for construction of more housing units to cater for critical staff at the health facilities.
	Mityana DLG	**Pressure on health services arising from Mityana's population growth and urbanization**, particularly around Mityana Municipality and rapidly growing settlements.	Conduct a service-utilization and population analysis and align health-facility capacity, staffing and infrastructure to the actual population being served.
		Referral pressure on higher-level facilities, particularly where lower-level facilities lack adequate diagnostic, maternity, theatre and emergency capacity.	Strengthen HC IV and other high-volume facilities with critical staff, equipment and infrastructure while improving the district referral system.
		Critical gaps in health-worker staffing in high-demand departments.	Undertake a facility-by-facility staffing-gap analysis and prioritize recruitment of critical cadres within the available wage; seek additional wage where necessary.
		Inadequate staff accommodation at health facilities, affecting attraction and retention of health workers.	Prioritize construction and renovation of staff quarters, especially at facilities with critical staffing shortages
		Medicines and supplies not adequately matched to facility workload, particularly in high-volume facilities.	Improve quantification based on actual consumption and patient workload and strengthen redistribution between facilities to minimize stock-outs.
		Land/infrastructure ownership and development constraints affecting some health facilities, where applicable.	Verify land ownership and documentation for affected facilities and fast-track acquisition/regularization of land titles before major infrastructure investments.
		Weak coordination of staff training and development, particularly where officers pursue training without adequate institutional planning.	Operationalize the District Training Committee and develop a training plan based on district health-service skills gaps.
		Gaps in HR management and accountability, including attendance, duty schedules, leave records, performance management and disciplinary procedures.	Strengthen routine HR supervision and ensure complete HR documentation, timely appraisals and proper management of absenteeism and disciplinary cases.
		Inadequate operational capacity of the District Service Commission, particularly where recruitment volumes exceed available logistical and financial resources.	Strengthen the DSC with adequate funding, ICT equipment, records-management support and timely recruitment facilitation.
	Moroto	Understaffing for critical cadres.	Budgeting for more wage to cater for staff

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
			recruitment
		Overwhelming numbers of patients.	Provide adequate staff accommodation and access to clean water.
		Limited staff accommodation and access to clean water at Kalemungole HCIII. Inadequate funds for staff training	A comprehensive training needs assessment should be undertaken to develop a training plan for the Hospital
	Moyo DLG	The health staffing level was at 22% as aligned to the approved structure; Approved 1375, Filled 474, Vacant 901	MoPS and MOFPED should provide adequate wage for the Hospital to recruit staff.
		Drugs and sundries stockouts.	Proper planning for drugs and medical supplies should be done.
		29 Health facilities in Moyo DLG did not have land titles	CAO Moyo DLG should plan and budget to acquire land titles for the 29 health facilities.
		All Health Facilities were not fenced	CAO Moyo DLG should plan and budget to fence health facilities.
		Lefori HC III and staff quarters were dilapidated	CAO Moyo DLG should prioritize maintenance, renovation and expansion of Lefori HC III and staff quarters.
		Inadequate budget to facilitate the activities of the training committee and the rewards and sanctions committee respectively.	CAO Adjumani DLG should plan and budget for the activities of the training committee and the rewards and sanctions committee.
	Mpigi	Mpigi District had no District Hospital	Efforts be made to upgrade Mpigi District Health Center Iv to a District Hospital
		Many health workers were on study especially for weekend program following the existence of education facilities within reach.	All training programs be embedded in the training plan of the district
		There were inadequate staff in most health facilities thus resulting to burnout	Efforts be made to recruit staff to suit the needs of the hospital
		It was reported that a number of Health workers did not wear uniforms while on duty thus a challenge of identification by the clients	The health workers be told to wear uniforms since it's a form of protection and identification while executing their duties.
		Storage space for medicines in the district was inadequate.	Containers be installed and equipped to support drug storage.
		Partnership was halted due to trump effect	Proposals be written to gain support to health activities in the District
		There was a challenge of foul smell from garbage that was deposited at Buyala in Mpigi	Efforts be united with the KCCA Officials to curb the foul and ensure safe work environment for the health workers.
	Mubende	**Critical shortage of health workers** affecting effective service delivery, particularly in essential cadres and high-volume service areas.	**Prioritize recruitment and deployment of critical health workers** against the approved structure and submit a request for additional wage where the existing wage provision is inadequate.

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		Inadequate health facility infrastructure and staff accommodation, limiting the capacity of facilities to provide quality services and retain health workers.	**Develop and implement a phased infrastructure and staff accommodation improvement plan**, prioritizing critical service areas, staff housing and rehabilitation of dilapidated structures.
		Weak staff training and development planning, with inadequate systematic planning and funding for staff training.	**Develop and implement a comprehensive annual staff training plan** based on identified skills gaps, with adequate budgetary provision and proper approval of all training programmes.
		Weak compliance with disciplinary procedures, including gaps in communication, documentation and timely conclusion of disciplinary cases.	**Ensure strict adherence to the Public Service Rewards and Sanctions Framework**, including proper notification, documentation, due process and timely conclusion of all cases.
		Weak Human Resource records and performance management systems, including gaps in duty schedules, leave records and other HR documentation.	**Strengthen HR records management** by ensuring complete staff files, approved duty schedules, leave registers, performance plans and appraisal records are maintained and regularly updated.
		Inadequate client accountability mechanisms, including gaps in Client Charters, service standards and client feedback systems.	**Review, approve and disseminate the Client Charter and service delivery standards**, and strengthen client feedback mechanisms and regular community engagement.
		Inadequate capacity of the District Service Commission, particularly in terms of equipment, records management, staffing and operational resources.	**Strengthen the DSC secretariat** through provision of adequate computers, printers, photocopier, records personnel, office facilities and operational funding.
		Delays/constraints in recruitment of health workers, resulting in continued vacancies and inadequate staffing at health facilities.	**Fast-track recruitment clearance and wage allocation** and ensure the approved recruitment plan is implemented within the financial year.
		Weak infrastructure maintenance, resulting in deterioration of existing health facilities and equipment.	**Establish and implement a routine maintenance and rehabilitation plan** with dedicated funding for health infrastructure and equipment.
	Mukono	The DSC was in place but not functional	A functional DSC be put in place
		Most health facilities are on kabaka's land i.e ownership was through land agreements	Efforts should be made to acquire land titles for the health facilities in the District
		There is no district hospital following the upgrade of Mukono Health Centre IV to Mukono District Hospital to Kayunga	A district health center IV be elevated and equipped to the level of a district hospital

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		Regional Referral Hospital.	
		The withdraw of support partners for example World Health Organization for capacity building thus, affecting service delivery.	Districts to commend support partners
		DSC members were not inducted	PSC to induct DSC members
		There was no policy on interdistrict transfer of staff to avoid familiarity amongst patients.	Policy for transfer of staff across districts be made
		There were mushrooming pharmacies and clinics which affected the effectiveness and efficiency of the health facilities in the district.	Pharmacy regulations be put in place not to affect the hospital work
		DSC members lacked transport to the district due to a limited budget	Efforts on budget be made
		There was no substantive Records Officer for DSC	A Records Officer recruited
		There was no registry at the DSC Offices	Efforts be made to establish a registry at the DSC Offices
	Nakapiripirit	Understaffing for critical cadres.	Need to plan for adequate accommodation for Health Workers at the health facility
		Overwhelming numbers of patients at Tokora HCIV	
		There was no Training Plan in place.	
		Inadequate accommodation for Health staff at Tokora HCIV.	
	Nakaseke	There was no client charter	Efforts be made to complete the client charter
		Many health workers were on study especially for weekend program following the existence of education facilities within reach.	All training programs be embedded in the training plan of the district
		It was reported that a number of Health workers did not wear uniforms while on duty thus a challenge of identification by the clients	The health workers be told to wear uniforms since it's a form of protection and identification while executing their duties.
		Storage space for medicines in the district was inadequate.	Containers be installed and equipped to support drug storage.
		There was no training plan	A training plan be made to enable track of the study program for health workers in the district.
		The DSC was not inducted	Efforts be made by the district to have the DSC members inducted.
	Nakasongola	There was no client charter	Efforts be made to complete the client charter
		Many health workers were on study especially for weekend program following the existence of	All training programs be embedded in the training plan of the district

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		education facilities within reach.	
		There was no District Hospital	Nakasongola Health Center Iv be equipped and elevated to the level of a General Hospital
		It was reported that a number of Health workers did not wear uniforms while on duty thus a challenge of identification by the clients	The health workers be told to wear uniforms since it's a form of protection and identification while executing their duties.
		Storage space for medicines in the district was inadequate especially at Wabigalo and Nakasongola stores	Advised to follow up the matter of structure with Ministry of Public Service
	Ngora District	Challenge of managing medical supplies at lower Health facilities which didn't have pharmacy technicians/ Assistants in their structures to handle medicines and other medical supplies.	The Approved Structure had the position of Pharmacy Technician even at HC III level; however, the challenge was wage to recruit staff for the new structure.
		Understaffing and hence staff burn out.	The Authorities should lobby for more Wage from MoPS & MoFPED from recruitment of Health workers in the district
		No promotions for staff and yet a majority had upgraded and graduated with Diplomas and Degrees.	Promotions in Government were based on availability of Vacancies in the approved structure, Wage and clearance to recruit from Ministry of Public Service. The positions were already in the new structure the only challenge was wage. Staff were advised to seek for promotions in other Districts or even at the Center (HSC) when jobs are externally advertised.
		Accommodation for staff was a big challenge, very few staff accommodated and a majority were commuting from far places.	The district needs to plan and budget for staff accommodation in order to address issues of late coming by staff.
		The facility had 3 Scanning machines but without a Sonographer to operate.	The district should prioritize recruiting/ hiring a Sonographer to operate the Machines.
	Rwampara DLG	The District had received the newly approved staff structure but had very low staffing levels of 34%.	The MoPS and MoFPED should avail additional wage for recruitment of more Health workers.
		The District had a substantive District Health Officer, Assistant District Health Officer (Environment) and Assistant District Officer (Maternal).	CAO was commended for the good work.
		Drug stock outs in Health Centres since deliveries by NMS were	The budget of the drugs should be increased.

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		done after every two months.	
		Inadequate accommodation for Health Workers.	The DLG and MoH should budget for construction of more housing units to cater for critical staff at the health facilities.
		The term of contract of the Members of the Commission had expired.	The CAO and the PSC should expedite the process of appointing the members of the Commission.
		Bugamba HCIV had received the newly approved staff structure.	The MoPS and MoFPED should avail wage for recruitment of more Health workers.
	Serere District	No promotions for staff and yet a majority had upgraded and graduated with Diplomas and Degrees.	Promotions in Government were based on availability of Vacancy in the approved structure, Wage and clearance to recruit from Ministry of Public Service. The positions were already in the new structure the only challenge was wage. Staffs were advised to seek for promotions elsewhere when the opportunities prevail including the HSC external adverts.
		The Staff left with 5 years to retire were worried of joining the new Public Service Pension Fund scheme and generally staffs were not sensitized.	It was guided by MoPS in the Establishment Notice No.3 of 2026 that, it was optional for Staff left with less than 5years to reach mandatory retirement age of 60yrs to either join the new PSPF or remain in the old scheme until their retirement. Those transiting from old pension scheme to New PSPF shall be fully protected. The accumulated benefits will be recognized and secured through the issuance of a formal Retirement Bond by the Government of Uganda and that the bond shall serve as a guaranteed financial instrument that preserves the value of the officers past service, and it will be fully redeemed at the exact point of their retirement.
		Government to allocate money for Volunteers to facilitate performance of their duties.	Issues of volunteering was burned by Government and there was no form of employment in Uganda Public Service Standing Orders 2021 quoted as Volunteer jobs and therefore it was illegal to have Volunteers in the facility.
		Another staff wanted to about salary enhancement for other cadres like drivers	Government was committed in addressing issues of salaries and in the current FY 2026-2027 teachers and administrators including DCAO's, Deputy Town Clerks, Officers at Salary scale U.2 among others had been considered and therefore need for other staff need to remain hopeful.
	Soroti	Inadequate funding of the Commission.	Standardize and provide the budget allocation for DSC.

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
		Lack of furniture and equipment. The ones place are very old.	Plan and budget for furniture and equipment for the Commission.
		Irregular payment of allowances. Had pending allowance for eleven days.	Make budget allocation for payment of DSC allowances.
		Lack of a substantive Secretary.	CAO should ensure smooth recruitment of a DSC Secretary.
	Soroti City	The city had the last recruitment of health workers in 2012 with exception of City Health Officer, and Biostatistician who were recruited in the last FY and that staff were overwhelmed and therefore staff burned out	The City Authorities should always ensure that a comprehensive wage analysis is conducted, and health workers be given a priority as opposed to teachers alone every FY.
		Staff retire, transfer but are never replaced	Staff replacement does not require clearance from the MoPS since it was budget neutral for as long as it's done within the same FY. Guidance was therefore given to the City Authority to always declare positions to City Service Commission whenever such scenarios a rise without further delays.
		No promotions for staff and yet a majority had upgraded including Nursing Assistants who are even due for retirement.	Promotions in Government are based on availability of vacancy in the approved structure, wage and clearance to recruit from Ministry of Public Service. The positions were already in the new structure however the only challenge was wage. Staffs were advised to seek for promotions elsewhere when the opportunities prevail including the HSC external adverts.
		Another staff wanted to know about salary enhancement for other cadres like drivers	Government was committed in addressing issues of salaries and in the current FY 2026-2027 Teachers other cadres including DCAO's, Deputy Town Clerks, Officers at Salary Scale U.2 among others had been considered and therefore other staff need to remain hopeful
		A staff inquired whether they would be allowed to put on Uniforms based on their qualifications as opposed to their current appointments.	Guidelines do not allow staff to put on Uniforms based on their qualifications but it should be as per their appointments.
		A staff wanted to know whether government supports staff that loses a spouse.	Yes, it's clearly stipulated in section (O-d) of the Uganda Public Service Standing Orders 2021, regarding the death of a Member of the immediate family: spouse, biological child or adopted and the kind of support expected from government/ employer which include: Coffin, Grave construction, Wrapping Cloths, Transport,

SN	DISTRICT /FACILITY	KEY ISSUE	RECOMMENDATION / RESPONSE
			wreath plus any assistance.
	Wakiso	The District lacked a government General Hospital.	A Health Centre IV be equipped and elevated to the standard of a District Hospital.
		Insufficient drugs for the drugs for the facilities	Budget for drugs be increased to meet and solve the existing health issues within the issues
		The Trump effect that has led to contract staff to be terminated.	Staff be assessed by the DSC and when wage is availed, there shall be absorption into the Service.
		Most Health facilities in Wakiso have no land titles thus a questionability to the ownership of the facility	Efforts should be made by the District and Uganda Land Commission to prepare to process the land titles
		The District Service Commission was not in place.	Efforts be made to establish DSC Office to perform the district activities
	YUMBE DLG	The health staffing level was at 25%.386 staff in post, and unfilled was 1280	MoPS and MOFPED should provide adequate wage for the District Local Government to recruit staff.
		Drugs and sundries stockouts.	Proper planning for drugs and medical supplies should be done.
		The DSC was not fully constituted.	PSC and CAO Yumbe DLG should make efforts to fully constitute the District Service Commission.
		Inadequate budget to facilitate the activites of the training committee and the rewards and sanctions committee respectively. Inadequate accommodation for Health Workers.	CAO Yumbe DLG should plan and budget for the activities of the training committee and the rewards and sanctions committee. The DLG and MoH should plan for adequate accommodation for Health Workers at the health facilities.

Annex 4(a) Trend of reports from DSCs and CSCs

Quarterly Submissions	Quarter One (1)	Quarter Two (2)	Quarter Three (3)	Quarter Four (4)
No. of Districts that submitted	66	52	32	31
No. of Districts that did not submit	79	93	113	114

Few Districts and Cities made submissions of their Service Commission Performance reports, Q1 and Q2 had the highest number of reports submitted and Q4 had the least number of reports at thirteen (31) out of 145 DSCs and CSCs.

Annex 4(b): Status of submission of Reports from DSCs During FY 2025/26

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
1.	Hoima City				√	i. Dilapidated offices ii. Inadequate funding iii. Inadequate office space and equipment iv. Lack of induction of CSC Members.	Increase and ring fence budget allocation for operations of the DSC.
2.	Hoima DLG		√			i. Inadequate budget allocation to the District Service Commission. ii. There was no substantive Secretary to the DSC iii. Inadequate Office Equipment	Provision of adequate budget to DSC. The CAO should coordinate and recruit a Secretary for DSC. Provide adequate office equipment.
3.	Kabong	√	-	-	√	i. Inadequate budget allocation to the District Service Commission. ii. Inadequate filing equipment iii. Non-payment of retainer Fees	Increase and ring fence budget allocation for operations of the DSC.
4.	Kikuube	√	√	√	√	i. There were no substantive Secretary for the DSC ii. Inadequate budget allocation to the DSC iii. Inadequate office space for	The CAO should coordinate and recruit a Secretary for DSC. Increase and ring fence budget allocation for operations of the DSC.

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						DSC.	
5.	Kiryandongo	√	√	√	√	i. Inadequate funding ii. Inadequate Office equipment iii. Dilapidated offices.	CAO to support the DSC in addressing the identified challenge.
6.	Kotido			√	√	i. Inadequate funding Old office furniture i. Dilapidated offices.	CAO to support the DSC in addressing the identified challenge.
7.	Masindi			√	√	i. The DSC was not fully constituted ii. Inadequate office equipment, staff and un stable power supply.	CAO should coordinate and ensure the DSC is fully constituted and address the identified challenges
8.	Nakapiripirit	√		√	√	i. Inadequate funding, office space, and furniture ii. non-payment of retainer fee, i. Limited transport means ii. lack of induction to the new Members of the DSC.	Increase and ring fence budget allocation for operations of the DSC. CAO should coordinate and ensure the new members of DSC are inducted.
1.	Busia	√	√	√	√	i. Inadequate budget allocation. ii. Lack of transport means. iii. Limited office space. DSC not being fully constituted as it lacked one Member.	i. Increase and ring fence the budget allocation for DSC activities. ii. CAO should allocate more space for DSC activities. iii. The CAO should coordinate and ensure that the DSC is fully constituted.
2.	Budaka	√	√	√	√	i. Inadequate funding ii. Lack of a computer for data entry in registry. iii. Dilapidated office structure that require major rehabilitation and tilling of the DSC block	i.CAO should facilitate DSC from local revenue.

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						iv. Inadequate filling cabinets and lack of enough furniture for applicants during interview sessions	
3.	Mbarara City	√	√	√	√	i. Prolonged legal proceedings against members delaying reconstitution of the CSC ii. Poor physical infrastructure (leaking roof, untiled floor and Inadequate lighting) iii. Inadequate ICT infrastructure i.e. no NITA-U extension to CSC offices and non – prioritization of the waiting shade for candidates in the next budget.	i. The City Deputy Town Clerk should follow up the matter. ii. The City Council leadership should plan to renovate or re-allocate the DSC offices to another building in the City. iii. The City Deputy Town Clerk should coordinate and ensure that the CSC is operating normally.
4.	Tororo	√	√	√	√	Inadequate funding i.e. the members of the Commission have not been paid allowances amounting to 5,920,000/= that accumulated from FY 2020/2021 and Non-payment of retainer fees of 9,240,000/= that accumulated from FY 2022/2023 to date.	Increase and ring fence the budget allocation for DSC activities.
5.	Mbarara	√	√	√	√	i. Inadequate funding. Inadequate equipment like Computer, Laptop and a Photocopier.	Increase and ring fence the budget allocation for DSC activities.
6.	Rwampara	√	√	√	√	i. Inadequate budget ii. Inadequate furniture (filling cabinets), iii. Lack of a registry and iv. Lack of transport means for the commission. v. Lack of enough working space for commission	Increase and ring fence the budget allocation for DSC activities.

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						activities.	
7.	Namisindwa	√	√	√	√	i. Inadequate office space for the operation of commission activities. ii. Lack of space to store records and no Board room furniture.	The Chief Administrative Officer should allocate more space for DSC activities.
8.	Bududa	√	√	√	√	i. Inadequate funding. ii. Lack of office space. ii. The leaking of the building housing the District Service Commission.	i. Increase and ring fence the budget allocation for DSC activities. ii. CAO was advised to allocate more office space for DSC activities. iii. CAO was advised to ensure all issues are handled using the available budget and local revenue.
9.	Bushenyi	√	√	√	√	i. Inadequate funding. ii. Lack of filling cabinets in Registry. iii. Transport means for carrying out filed visits.	Increase and ring fence the budget allocation for DSC activities.
10.	Ntungamo	√	√	√	√	i. Inadequate funding. ii. Delay in submission of request for appointment from the reserve lists and people who masquerade as 'Agents' that tarnish the image of the Commission on corruption cases.	Increase and ring fence the budget allocation for DSC activities.
11.	Mbarara City	√	√	√	√	i. Inadequate funding ii. Inadequate equipment like Computer, Laptop and a Photocopier.	Increase and ring fence the budget allocation for DSC activities.
12.	Mbale DLG	√	√	√	√	i. Inadequate funding of commission activities. ii. Lack of transport means for the commission and iii. Increased number of	i. Increase and ring fence the budget allocation for DSC activities. ii. MoPS and the MoFPED should

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						applicants for the advertised Job Opportunities.	allocate more wage for the recruitment of more health workers.
13.	Bulambuli DLG	√	√	√	√	Failure to attract a District Health Officer despite three (3) external advertisements.	The Chief Administrative Officer should request for secondment of staff from MoH as they lay strategies to have their own District Health Officer.
14.	Sironko	√	√	√	√	Inadequate funding to facilitate the activities of the District Service Commission.	Increase and ring fence the budget allocation for DSC activities.
15.	Pallisa	√	√	√	√	i. Delay to replace Members whose tenure expired. ii. Inadequate funding. iii. Non-payment of retainer fee to members, and Interference of commission work by stakeholders.	i. CAO should follow up and ensure that the DSC is fully constituted. ii. Increase and ring fence the budget allocation for DSC activities.
16.	Sheema	√	√	√	√	i. Inadequate funding of the District Service Commission since it handles submissions from the District Local Government and the Municipal Council and ii. Lack of enough computers to support the newly introduced e-recruitment.	Increase and ring fence the budget allocation for DSC activities .
17.	Kiruhura	√	√	√	√	i. Inadequate office space for the operation of commission activities. ii. Lack of space to store records and no Board room furniture.	CAO should identify and allocate more space for DSC activities.
18.	Manafawa DLG	√	√	√	√	i. Inadequate budget. ii. Insufficient key reference	i. Increase and ring fence the budget allocation for DSC

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						materials. iii. Inadequate office space limiting effective records management and iv. Lack of induction for the newly appointed Chairperson.	activities. ii. CAO was advised to organize an induction for the new members.
19.	Kibuku	√	√	√	√	i. Inadequate funding. ii. Lack of transport for the Chairperson and members. iii. Lack of enough office space in terms of the Board room to use during DSC meetings and the required furniture, iv. Lack of office equipment like a Computer, Printer, laptop and Photocopier and v. Interferences by other stakeholders	i. Increase and ring fence the budget allocation for DSC activities. ii. CAO was advised to allocate more office space for DSC activities.
20.	Mitooma	x	x	√	√	i. Inadequate funding. ii. Lacked a substantiative Secretary DSC.	i. Increase and ring fence the budget allocation for DSC activities. ii. Budget and prioritize the recruitment of the Secretary DSC.
21.	Butaleja	√	√	√	√		
22.	Kween	√	√	√	√	i. Inadequate funding to facilitate the activities of the District Service Commission. ii. Political interference in the activities of the DSC. iii. Some candidates present fake documents during	i. Increase and ring fence the budget allocation for DSC activities. ii. The CAO should sensitize all stakeholders on the independence and activities of the DSC. iii. CAO should do due diligence before

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						application and oral interviews	appointing doubtable candidates.
23.	Rubirizi	√	√	√	√	i. Inadequate funding to facilitate the activities of the District Service Commission. ii. Increased number of applicants for the advertised Job Opportunities.	i. Increase and ring fence the budget allocation for DSC activities. ii. MoPS and the MoFPED should allocate more wage for the recruitment of more health workers.
	Luweero			√	√	Delayed induction.	The CAO should expedite the induction of the Luwero DSC members by PSC.
	Nakasongola			√	√	Inadequate wage to recruit for all the vacant 41 positions.	The MoLG and MoFPED should standardize and provide the budget allocation for recruitment through Ministry of Public Service.
	Nakaseke		√	√		i. Delay to implement District Service Commission minutes for study cases. ii. Two sub counties i.e Kito and Ngoma lacked health facilities.	i. The CAO should ensure that the training committee is fully constituted. ii. The CAO, MoH, MoFPED and the DHO to ensure that the HF are constructed.
	Mpigi	√		√		i. No equipment for the City Service Commission. ii. Inadequate funding to the Commission and non-	i. The Responsible Officer should increase the budget allocated for the Commission. ii. Ministry of Public Service

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						payment of retainer fee. ii. Poor storage facility for files and other documents.	and MoFPED should increase and ring fence budget allocation for operation of CSC. iii. The responsible Officer should provide better storage facility for files and other documents.
	Wakiso	√	√	√	√	i. Limited budget allocation and Retainer fee is hardly paid. ii. Limited Office space.	i. The MoLG and MoFPED should standardize and provide the budget allocation for retainer fees. iii. The CAO should avail the District Service Commission with sufficient office space.
	Mukono			√	√	i. Inadequate office equipment and supplies like computers, a printer and stationery. ii. staffing gaps at the District Service Commission. iii. inadequate budgetary allocation.	i. The CAO should avail the District Service Commission with sufficient office equipment. ii. The CAO should increase the budget allocated for the Commission. iii. MoLG and MoFPED should increase the budget allocation for

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
							operations of the DSC
	Buikwe			√	√	i. inadequate office space. ii. inadequate budgetary allocation to cater for planned activities.	i. The MoLG and MoFPED should source funds to construct offices. ii. The CAO should increase the budget allocated for the Commission activities.
	Kayunga DLG	√	√	√	√	i. The Commission is not fully constituted. It has a chairperson and three (3) Members. ii. Limited Office space. iii. No office equipment and furniture for the City Service Commission.	i. The CAO should ensure that the DSC is fully constituted. ii. The CAO should avail the District Service Commission with sufficient office space. iii. The CAO should increase the budget allocated for the Commission.
	Kayunga RRH			√	√	i. intermittent power supply, inadequate office equipment and suppliers like a printer and filing cabinets, staffing gaps at the District Service Commission, ii. inadequate budgetary allocation to cater for planned activities and payment of members iii. retainer fees and expiry	i. The CAO should increase the budget allocated for the Commission to purchase office equipment. ii. The MoLG and MoFPED should standardize and provide the budget allocation for

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						of the term of office of the members of Mubende District Service Commission.	retainer fees. The CAO should avail the District Service Commission with sufficient office space.
	Lamwo		√			i. Intermittent power supply, inadequate office equipment and suppliers like a photocopying machine. ii. Staffing gaps at the District Service Commission iii. Failure to attracted suitable candidates for key posts.	i. The CAO should ensure that the DSC is fully constituted. ii. The CAO should avail the District Service Commission with sufficient office space. iii. The CAO should increase the budget allocated for the Commission.
	Kitgum			√		i. Delayed submissions to the District Service Commission, ii. Inadequate office space and inconsistency in job descriptions and person specifications.	i. The CAO should ensure that the DSC is fully constituted. ii. The CAO should avail the District Service Commission with sufficient office space. iii. The CAO should increase the budget allocated for the Commission.
	Agago				√	Inadequate budgetary allocation to cater for planned activities	The CAO should increase the budget allocated for the

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
							Commission.
1	Masindi	√				i. Intermittent power supply ii. Inadequate office equipment like a of photocopying machine. iii. DSC does not have a stenographer Secretary	i. Need for stand by generator ii. Budget and plan for procurement of a photocopying machine. iii. Recruitment of a stenographer Secretary for the District service commission
2	Kakumiro	√			√	i. Delayed appointment of one member of District Service Commission. ii. Inadequate office space iii. Inadequate budgetary allocation to cater for planned activities. iv. Insufficient wage to recruit critical staff	i. PSC to support the district to expedite the process of replacing the DSC member whose contract expired. ii) CAO to plan and provide additional office space to the DSC. iii) Plan and budget for commission activities. iv) Plan and budget for wage for recruitment of critical staff
3	Pakwach	√				i. lack of substantive Secretary to the Commission. ii. Inadequate office space and storage facilities for files and other equipment. iii. Inadequate funds to facilitate the activities of the Commission	i. Substantive secretary to the commission should be recruited. ii. CAO to plan and provide additional office space to the DSC. iii. Plan and budget for commission activities.
4	Kagadi	√				i. Inadequate budgetary allocation to cater for planned activities	i. Plan and budget for commission activities.

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						ii. Lack of Transport	iii. Plan and budget for commission vehicle. iv. Allocate an existing vehicle to cate for commission activities
5	Zombo	√	√	√		i. Delayed appointment of members of the District Service Commission ii. Inadequate budgetary allocation to cater for planned activities iii. Failure to attract suitable candidates to fill critical posts	i. PSC to support the district to expedite the process of replacing the DSC member whose contract expired. ii. Plan and budget for commission activities.
6	Moyo	√				i. Inadequate funding (nonpayment of retainer fees) ii. Inadequate office furniture. iii. Inadequate office equipment. iv. No registry for proper records management v. Staffing gaps.	i. CAO to plan and budget for retainer fees. ii. CAO to plan and provide Office furniture and equipment iii. CAO to plan and provide Office space for establishment of a registry. iv. Substantive Assistant Records Officer and Office Attendant should be recruited
7	Nebbi	√	√	√	√	i. Dilapidated building housing the District Service Commission. ii. The District Service Commission was not fully constituted.	i. CAO to plan and budget for renovation of the building housing the District Service Commission. ii. PSC to support the District to expedite the process of replacing the

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						iii. Inadequate budgetary allocation to cater for planned activities.	DSC member. iii. Plan and budget for commission activities.
8	Kakumiro	√	√	√	√	i. Inadequate office space. ii. Inadequate budgetary allocation to cater for planned activities. iii. Insufficient wage to recruit critical staff.	i. CAO to plan and provide Office space for the DSC. ii. Plan and budget for commission activities. iii. Plan, budget and lobby for additional wage to facilitate recruitment of critical staff.
9	Kibaale		√			i. Inadequate budgetary allocation to cater for planned activities. ii. Lack of Transport	i. Plan and budget for commission activities. ii. Plan and budget for commission vehicle.
10	Yumbe	√	√	√	√	i. Inadequate budgetary allocation to cater for planned activities. ii. Inadequate office space. iii. Delay to fully constitute the District Service Commission. iv. delayed induction for members of the Commission. v. Delayed submissions for recruitment. vi. Failure to attract suitable candidates for key posts.	i. Plan and budget for commission activities. ii. CAO to plan and provide Office space for the DSC. iii. PSC to support the district to expedite the process of replacing the DSC member. iv. PSC to support the district to induct members of the Commission. replacing the DSC member. v. CAO to plan and make submission to

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
							the DSC by December of every Year.
11	Kassanda	√	√	√	√	i. Inadequate budgetary allocation to cater for planned activities. ii. Staffing gaps.	i. Plan and budget for commission activities. ii. Substantive Secretary to the DSC, Stenographer Secretary and Records Officer should be recruited.
12	Mubende				√	i. Inadequate budgetary allocation to cater for planned activities. ii. Staffing gaps. iii. Delay to fully constitute the District Service Commission. iv. Inadequate office equipment	i. Plan and budget for commission activities. ii. Substantive Assistant Records Officer should be recruited. iii. PSC to support the district to expedite the process of replacing the DSC member. iv. CAO to budget and plan to procure printer and filing cabinets
	Oyam DSC	√	√	√	√	i. Members of the DSC were not paid retainer fees regularly as this depended on Local revenue collected ii. Dilapidated and Inadequate office space and boardroom for interviews and conducting Commission Meetings.	i. MoLG and MoFPED should standardize and provide the budget allocation for retainer fees. ii. Renovation should be carried out on the DSC structure and Space should be provided to the

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
							DSC to carry out their duties.
	Lyantonde DSC	√	√			i. There was no District Service Commission. ii. Inadequate budget allocation.	i. CAO should coordinate and ensure the DSC is constituted. ii. ii. Increase and ring fence budget allocation for operations ofg the DSC.
	Ssembabule DSC	√	√	√	√	i. Failure to pay retainer to DSC Members ii. Inadequate budget allocation.	i. MoLG and MoFPED should standardize and provide the budget allocation for retainer fees ii. Increase and ring fence budget allocation for operations ofg the DSC.
	Lira DSC	√	√	√	√	i. lack of Information Communication Technology equipment and obsolete office furniture. ii. The DSC was not fully composed; there was a chairperson and three (3) Members.	i. The CAO should plan and budget for the equipment of the DSC DSC ii. The CAO should coordinate and ensure that the DSC is fully constituted.
	Otuke DSC	√	√	√	√	i. Inadequate Office space and equipment. ii. The DSC was not fully composed; there were only three (3) Members.	i. The CAO should ensure the DSC is allocated adequate and appropriate office space and equipment.

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
							ii. The CAO should coordinate and ensure that the DSC is fully constituted.
	Kalungu DSC	√	√	√	√	i. Failure to pay retainer to DSC Members ii. Inadequate budget allocation.	i. MoLG and MoFPED should standardize and provide the budget allocation for retainer fees ii. Increase and ring fence budget allocation for operations ofg the DSC.
	Amolatar DSC					i. Failure to pay retainer to DSC Members ii. Inadequate Office space and equipment	i. MoLG and MoFPED should standardize and provide the budget allocation for retainer fees ii. The CAO should ensure the DSC is allocated adequate and appropriate
	Kabale	√	-	-	-	Limited budget allocation and Retainer fee is hardly paid.	The MoLG and MoFPED should standardize and provide the budget allocation for retainer fees.
	Kalaki	√	-	-	-	i. Non-payment of retainer fees to members of commission ii. Inadequate office space, Leakage of office during rains	i. The MoLG and MoFPED should standardize and provide the budget allocation for

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
						iii. Inadequate office furniture and equipment and lack of power.	retainer fees. ii. The CAO should expedite the recruitment of a Records Officer. iii. The CAO should avail the District Service Commission with sufficient office space.
	Kanungu	√	-	-	-	Budgetary constraints which culminated in arrears in favor of members of the commission.	The MoLG and MoFPED should standardize and provide the budget allocation to cater for arrears.
	Rukungiri	√	-	-	-	i) Limited funding ii) inadequate storage space iii) unfilled one member of the commission iv) Lack of consolidated job description document	i. MOFED need to provide funds to Dsc ii. CAO should provide adequate office space iii. CAO should ensure one member is filled iv. CAO should provide clear JDs
	Soroti City	√	√	√	-	i. Inadequate Funding ii. Lack of office space iii. Shortage of furniture and Lack of substantive secretary.	i. The MoLG and MoFPED should standardize and provide the budget allocation for retainer fees. ii. The CAO should provide office space, furniture a to the commission iii. The CAO should ensure the smooth

	District Service Commission (DSC)	Quarterly Reports				Salient issues identified	Recommendations
		Q1	Q2	Q3	Q4		
							recruitment of a
	Kisoro	√	-	-	-	i. Inadequate budget ii. Untimely release of funds iii. Lack of Moden iv. computers, v. Lack of transport means.	i. MOFED need to provide funds to DSc ii. CAO should provide adequate office space
	Kaberamaido	√	√	√	-	Lack of funds for first quarter FY 2025/2026 to enable commission execute its functions.	MOFED need to provide funds to DSc
	Kumi	√	√	√	-	i. Inadequate office space ii. Non-payment of retainer fee to members iii. Inadequate office furniture iv. Lack of functional ICT equipment.	i. MOFED need to provide funds to DSc ii. CAO should provide adequate office space iii. CAO should provide furniture iv. CAO should provide ICT equipment to the commission
	Kapelebyong	√	√	√	-	i. Limited Office Space, and Lack of transport means for members and secretariat. ii. Lack of retainer fees for members. iii. Lack of a substantially appointed secretary of the commission, iv. Lack of power on the commission office block, Lack of functional district service commission, v. High arrears paid to the commission members, Political Interference and Inadequate budget allocation	The MoLG and MoFPED should standardize and provide the budget allocation to cater for arrears.

Annex 4(c): DSCs that did not submit Reports during FY 2025/26

S/No	District Service Commission (DSC)		S/No.	District Service Commission (DSC)
1	Abim		9	Iganga
2	Amudat		10	Mayuge
3	Napak		11	Bugweri
4	Karenga		12	Alebtong
5	Nabilatuk		13	Apac
6	Kiboga		14	Bukomansimbi
7	Kyankwanzi		15	Butambala
8	Kapchorwa		16	Dokolo
17	Bukwo		31	Kyotera
18	Kazo		32	Lira City
19	Ibanda		33	Masaka
20	Isingiro		34	Masaka City
21	Mbale City		35	Rakai
22	Pader		36	Soroti
23	Omoro		37	Rukiga
24	Nwoya		38	Amuria
25	Amuru		39	Bukedea
26	Wakiso		40	Ngora
27	Lamwo		41	Kole
28	Kitgum		42	Kwania
29	Gomba		43	Kalangala
30	Butambala		44	

Annex 5(a): Applicants who sat Aptitude Tests during FY 2025/2026

S/N	Post	No. of vacancies	No. of applicants shortlisted	No. of applicants that turned up for the Aptitude Test	Percentage turn-up in %
	Posts under HSC External Advert No.1 of February, 2026				
1.	Associate Consultant (General Surgery)	2	27	24	89%
2.	Senior Medical Laboratory Technician	1	36	32	89%
3.	Medical Laboratory Technologist	2	201	178	86%
4.	Nursing Officer (Midwifery)	5	66	60	91%
5.	Nursing Officer (Nursing)	1	154	135	87.7%
6.	Anaesthetic Officer	2	30	28	93.3%
7.	Medical Social Worker	4	56	42	75%
8.	Medical Records Officer	1	26	16	61.5%
9.	Biostatistician	2	69	56	81.2%
10.	Enrolled Midwife	5	257	190	73.9%
11.	Donor Clerk	9	83	76	91.6%
12.	Medical Laboratory Technician	13	431	399	92.6%
13.	Orthopaedic Officer	1	21	20	95.2%
14.	Assistant Engineering Officer (Biomedical)	2	23	18	78.3%
15.	Assistant Engineering Officer (Civil)	1	29	26	89.7%
16.	Assistant Medical Records Officer	2	36	29	80.6%
	Total	**53**	**1,545**	**1,369**	
	Posts under External Advert for Children's Surgical Hospital, Entebbe				
1.	Medical Officer	10	201	156	62.7%
2.	Assistant Nursing Officer (Nursing)	20	523	440	85.8%
	Total	**30**	**724**	**596**	
	Overall Total	**83**	**2269**	**1965**	

S/N	Post	No. of vacancies	No. of applicants shortlisted	No. of applicants that turned up for the Aptitude Test	Percentage turn-up
1.	Legal Officer	1	21	19	90.4%
2.	Executive Assistants	1	21	19	90.4%
3.	Records Officer	1	29	21	72.4%
4.	Librarian	1	19	15	78.9%
5.	Statistician	1	28	27	96.4%
6.	Information Technology Officer (Examination Processing)	1	15	14	93.3%
7.	Information Technology Officer (Systems and Network)	6	90	82	91.1%
8.	Data Entry Management Officer	13	408	367	90%
9.	Assistant Records Officer	4	57	50	87.7%
	Total	**29**	**688**	**614**	**89.2%**

Annex 5(b): Recruitment Performance for FY 2025/2026 [U1 - U7]

S/N	Institution	No. of Posts Declared	Advert	Assessment of Suitability	COVID-19 Lists	Contract (USAID G2G Project)	Total Filled	Total Not Filled
1.	Ministry of Health	65	2	24	0	0	26	39
2.	Mulago National Referral Hospital	134	46	88	0	0	134	0
3.	Butabika National Referral Mental Hospital	67	1	5	0	0	6	61
4.	Mulago Specialized Women and Neonatal Hospital	56	23	33	0	0	56	0
5.	Kawempe Referral Hospital	9	2	7	0	0	9	0
6.	Kiruddu Referral Hospital	22	4	5	0	0	9	13
7.	Arua RR Hospital	55	5	7	0	0	12	43
8.	China – Uganda Friendship Hospital, Naguru	44	3	16	0	1	20	24
9.	Entebbe RR Hospital	54	0	3	0	0	3	51
10.	Fort Portal RR Hospital	50	11	34	0	0	45	5
11.	Gulu RR Hospital	30	1	8	0	3	12	18
12.	Hoima RR Hospital	38	3	33	0	0	36	2
13.	Jinja RR Hospital	23	6	6	1	2	15	8
14.	Kabale RR Hospital	24	5	15	0	3	23	1
15.	Kayunga RR Hospital	98	22	32	0	0	54	44
16.	Lira RR Hospital	30	4	9	0	11	24	6
17.	Masaka RR Hospital	40	6	32	0	0	37	3
18.	Mbale RR Hospital	64	2	10	0	14	26	38
19.	Mbarara RR Hospital	28	12	10	0	0	22	6
20.	Moroto RR Hospital	25	3	5	0	17	25	0
21.	Mubende RR Hospital	101	6	24	0	0	30	71
22.	Soroti RR Hospital	18	0	15	0	0	15	3
23.	Yumbe RR Hospital	18	9	2	0	0	11	7
24.	Uganda Blood Transfusion Services	215	92	58	0	16	166	49
25.	Uganda Prisons Service	13	0	2	0	0	2	11
26.	KCCA	11	0	0	0	0	0	11
27.	Uganda Virus Research Institute	58	0	18	0	0	18	40
	Total	**1390**	**268**	**501**	**01**	**67**	**836**	**554**

Annex 5(c): Recruitment Performance for FY 2025/2026 [U8]

S/N	Institution	No. of Posts Declared	Assessment of Suitability	Total Filled	Total Not Filled
1.	Mulago National Referral Hospital	12	12	12	0
2.	Kiruddu Referral Hospital	7	7	7	0
3.	Arua RR Hospital	1	1	1	0
4.	China – Uganda Friendship Hospital, Naguru	17	17	16	1
5.	Entebbe RR Hospital	4	2	2	2
6.	Hoima RR Hospital	4	4	4	0
7.	Fort Portal RR Hospital	9	9	9	0
8.	Jinja RR Hospital	3	3	3	0
9.	Mbale RR Hospital	28	28	25	3
10.	Mbarara RR Hospital	1	1	1	0
11.	Moroto RR Hospital	4	4	4	0
12.	Mubende RR Hospital	17	17	17	0
13.	Soroti RR Hospital	2	2	2	0
14.	Kayunga Hospital	39	39	39	0
15.	Yumbe RR Hospital	16	16	16	0
16.	Uganda Blood Transfusion Services	15	15	14	1
	Total	**179**	**179**	**172**	**7**

Annex 5, (d) Applicants who sat Aptitude Tests at various District Local Government in FY 2025/2026

Sn	District/Hospital	Post	No. of Vacancies	No. of Applicants shortlisted	No. of Candidates who turned up for the aptitude test	Date of the Aptitude
1	Bukomansimbi District	Enrolled Midwife, Scale U7	1	12	12	11/2/2026
	Sub - Total		**1**	**12**	**12**	
2	Moyo District (24/2/2026)	Medical Officer, U4	1	16	13	22/2/2026
		Medical Laboratory Assistant, U7	1	22	20	
		Enrolled Midwife, U7	2	50	48	
		Porter, U8	5	53	44	
	Sub - Total		**9**	**141**	**125**	
3	Yumbe District	Enrolled Nurse, U7	1	89	82	16/3/2026
		Enrolled Midwife, U7	1	45	40	
	Sub – Total		**5**	**134**	**122**	
4	Kasese District (Phase 1)	Medical Officer, U4	3	56	42	22/4/2026
		Health Educator, U4	1	13	6	
		Clinical Officer, U5	3	108	84	
		Dispenser, U5	1	15	14	
		Assistant Nursing Officer (Midwifery), U5	4	60	58	
		Assistant Nursing Officer (Nursing), U5	5	52	50	
		Laboratory Assistant, U7	3	95	71	
		Cold Chain Assistant, U7	1	12	10	
		Askari, U8	5	185	156	
	Sub - Total		**26**	**596**	**491**	
5	Adjumani District	Medical Officer, U4	1	24	14	19/5/2026
		Pharmacist, U4	1	13	10	
		Clinical Officer, U5	1	31	25	
		Medical Laboratory Technician, U5	1	10	8	
		Pharmacy Technician,	1	16	14	
		Assistant Engineering Officer (Biomedical), U5	1	9	7	
		Medical Laboratory Assistant, U7	1	23	16	
		Enrolled Nurse, U7	5	256	218	
		Enrolled Midwife, U7	5	123	105	
		Cold Chain Assistant, U7	1	8	6	
		Pharmacy Attendant, U8	1	26	22	
		Porter, U8	1	41	33	
	Sub - Total		**20**	**580**	**478**	
6	Kabale Regional Referral Hospital (Private Wing)	Medical Officer	2	37	19	8/6/2026
		Enrolled Nurse, U7	2	19	14	
		Enrolled Midwife, U7	3	43	35	
	Sub - Total		**7**	**99**	**68**	
7	Kasese District	Clinical Officer, U5	1	44	20	10/6/2026

Sn	District/Hospital	Post	No. of Vacancies	No. of Applicants shortlisted	No. of Candidates who turned up for the aptitude test	Date of the Aptitude
	(Phase 2)	Enrolled Midwife, U7	2	130	119	
		Medical Laboratory Assistant, U7	2	95	44	
	Sub - Total		**5**	**269**	**183**	
8	Mukono District	Medical Officer, U4	1	17	16	12/6/2026
		Clinical Officer, U5	1	29	29	
		Enrolled Midwife, U7	3	51	50	
		Enrolled Nurse, U7	2	30	29	
		Medical Laboratory Assistant, U7	1	13	13	
	Sub - Total		**8**	**140**	**137**	
	Grand Total		**76**	**1702**	**1433**	

HSC Members and Staff during Support Supervision visits in Regional Referral Hospitals and District Health Centres



The HSC Support Supervision to Kabale RRH 2025



Members of the Commission together with the In-charge and Staff of Kisenyi HC IV 2025



Stakeholders meeting for Standing Orders, Launch of Service Delivery Standards and the Strategic Plan for FY 2025/26 to 2029/30 Stands held from 4th to 6th November, 2025 at Kabira Country Club



Moroto Regional Referral Hospital Validation exercise in March, 2026



Soroti Regional Referral Hospital USG Validation Exercise in April, 2026