#### Health Centre System in Uganda

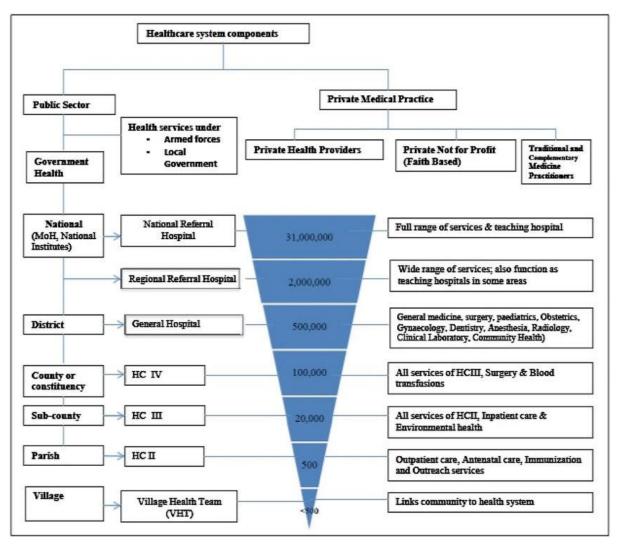


Figure 1: Health Centre System in Uganda

Source: Acup, C., Bardosh, K. L., Picozzi, K., Waiswa, C., & Welburn, S. C. (2017). Factors influencing passive surveillance for T. b. rhodesiense human African trypanosomiasis in Uganda

# (PLEASE INCLUDE THIS DIAGRAM WITHHOUT THE "PRIVATE MEDICAL PRACTICE" ARM OF THE DIAGRAM)

The government health service in Uganda is structured into national and regional referral public hospitals, general hospitals and, at district level, is divided into four levels (I–IV).<sup>1</sup>

## The hierarchy of government health facilities in Uganda

#### Village Health Teams/community medicine distributors aka Health Centre Is

The first contact for someone living in a rural area would be a community medicine distributor or a member of a village health team (VHT). These are volunteers expected to be available in every village, providing basic drugs for illnesses such as malaria. They advise patients and refer them to health centres, thus serving as conduits to the National Health Service.

### Health Centre IIs aka Dispensaries

Every parish is expected to have a Health Centre II. The facility is expected to be able to treat common illnesses, like malaria. It is required to be led by an enrolled nurse, working with a midwife, two nursing assistants and a health assistant. It should run an out-patient clinic and offer antenatal care, with the expectation of serving roughly 5000 people.

### **Health Centre IIIs**

It is expected that each sub-county in the country have a Health Centre III. The Centres should be staffed with 18 medical personnel, led by a senior clinical officer, responsible for the operation of a general outpatient clinic and a maternity ward. It should also have a functioning laboratory.

The Health Centre III is also expected to supervise community health workers and the Health Centre IIs, within its own jurisdiction.

## **Health Centre IVs**

Health Centre IV serves at county/constituency level. A Health Centre IV is a mini hospital; meaning it is expected to offer the services of a Health Centre III, but it should have wards for men, women, and children and should be able to admit patients. It is run by a senior medical officer and another doctor and there should be a theatre for carrying out emergency operations.

<sup>&</sup>lt;sup>1</sup> Acup, C., Bardosh, K. L., Picozzi, K., Waiswa, C., & Welburn, S. C. (2017). Factors influencing passive surveillance for T. b. rhodesiense human african trypanosomiasis in Uganda