

Process And Experiences For Development And Digitalization Of Integrated Health Information Registers In Uganda: Work In Progress

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BACKGROUND / INTRODUCTION

The Ministry of Health (MOH) of Uganda has adopted **integrated service delivery models** to enhance efficiency, improve patient outcomes, and strengthen health system performance. To support this transformation, the Ministry identified the need to **harmonize monitoring and evaluation (M&E) practices** across programs and disease areas, including **HIV, TB, malaria, RMNCAH, NCDs, and community health**.

Previously, Uganda's health system relied on numerous **fragmented and program-specific M&E tools**—comprising 77 registers, 60 booklets, 26 care cards, and 2 forms. This fragmentation led to data duplication, inconsistent indicators, and missed opportunities for evidence-based decision-making.

To address these inefficiencies, the MOH initiated a nationwide process to **integrate and digitize all program data systems**, transitioning from paper-based registers to **interoperable electronic systems**. The **M&E Technical Working Group (TWG)** was assigned to lead this reform through:

- Development of an **Integrated Health Services M&E Framework**;
- Alignment and rationalization of indicators across program areas; and
- Definition of **integration-specific performance indicators and digital measurement tools**.

This initiative forms part of Uganda's broader effort to strengthen data governance, enhance data quality, and support **results-based health system management**

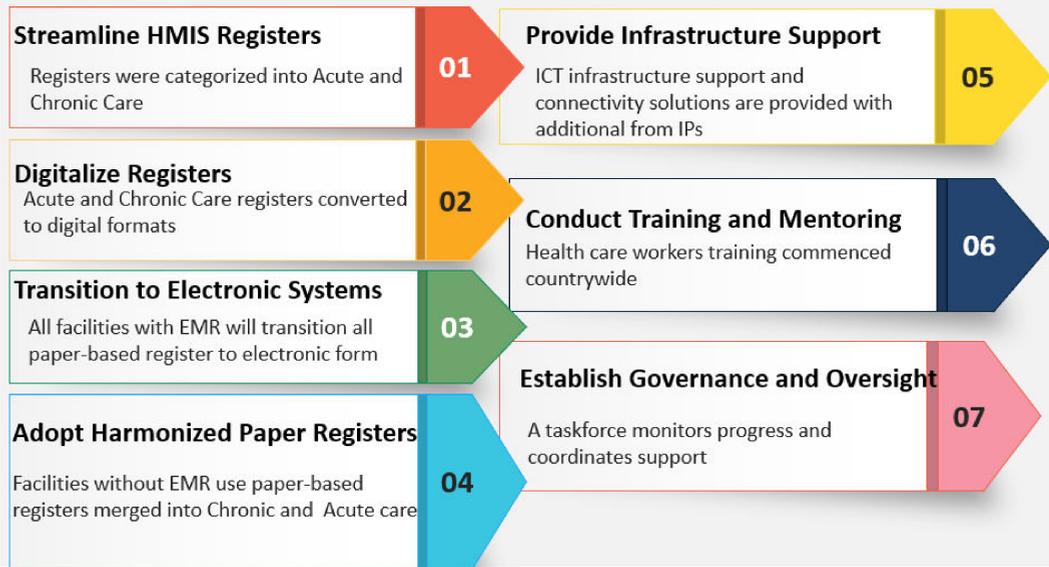
METHODS

Issuing of a national circular on integration, *MOH Permanent secretary's circular with Guidance on Improvement of service delivery in both Central and Local Government Health Facilities*.

Creation of Ministry of Health Integration Service Delivery Taskforce.

M&E Technical Working Group was tasked with the core functions to develop the Integrated Health Services M&E Framework.

RESULTS



DISCUSSION

MOH lead and support is very critical

- Some **patient pathways** are still unclear, yet they have to be mapped in the digital systems.
- Coordination across stakeholders:** Alignment among multiple MoH departments, districts, and partners is essential but often difficult. Stakeholder engagement should be sustained.
- Initial situational analysis** helps to define programmatic, data and resource gaps
- A clear roadmap is incentivizing**
- Understanding the **new patient pathways during integration** is key to defining strategic data points for monitoring
- There are **disparities in application of digital infrastructure** particularly for rural areas
- Resource needs:** Significant funding required for printing, ICT infrastructure, training, and supervision. Digitalization is resource intensive, and the government response is slow
- Digital infrastructure gaps:** Limited digital devices and unreliable power supply in some facilities may delay full digital adoption.

NEXT STEPS

