

A nurse draws a blood sample from Hon Santa Okot, the outgoing Member of Parliament for Aruu North, at Lawiire Health Centre II. Faster access to medical services is increasingly found only in private health facilities, often at costs that strain already struggling households. PHOTO/GEOFFREY OYET OKWERA

Too many patients, too few health workers in Pader

With only four doctors serving nearly 240,000 people, health facilities in Pader District are buckling under pressure, raising concerns over patient safety and access to essential care.

BY GEOFFREY OYET OKWERA

Joy Lakaraber tightly clutches her daughter as she rushes into Okinga Health Centre III in Pader District, northern Uganda, seeking urgent medical attention. Instead of receiving prompt care, she encounters long queues and exhausted health workers struggling to manage an overwhelming number of patients.

In the outpatient department of the facility, between 900 and 1,200 patients arrive daily, yet only a handful of medical personnel are on duty. For Lakaraber and many others, delays in receiving care have become a distressing norm.

Her experience reflects a broader crisis in Pader District, where a severe shortage of health workers continues to undermine access to timely and effective healthcare. At Lawiire Health Centre II, long waiting times are equally common. Joy Lakot, another patient seeking treatment, shares that waiting for hours has become almost inevitable. Many patients face prolonged delays before being seen, while others choose to leave public facilities and seek care at private clinics.

"In most cases, you are diagnosed in the government facility and then told to purchase medicine elsewhere," Lakot explains. "If you do not have money, you just go back home."

For many residents of Pader, this situation has gradually become an accepted reality. Faster access to medical services is increasingly found only in private health facilities, often at costs that strain already struggling households.

Angella Lamara, a resident of Bongotiko Sub-county, recalls a frightening incident where a child in her community nearly lost her life due to delayed care. The child was saved only because a member of the Village Health Team (VHT) acted quickly, rushing her to Lawiire Health Centre II, where the medical staff managed to stabilise her.

Pader District ranks among the three districts in Uganda with the highest prevalence of malaria, according to the Ministry of Health. Nationwide, malaria remains a leading cause of death among children, with health authorities estimating that approximately 30 children die each day across the country. District health records indicate that between July 2024 and March 2025, 655 out of 1,291 tested positive for malaria in Pader alone. Health experts are calling for increased community awareness on early testing and treatment to help reduce preventable deaths.

Staff stretched thin

Stella Daisy Acan, the nursing officer in charge of Okinga Health Centre III, acknowledges that the facility operates under immense pressure.

"We are overwhelmed by patient numbers, yet we do not have enough staff," Acan says. "This forces us to rely heavily on outreach programs to reach communities in hard-to-reach areas." However, outreach services operate at only 35 percent capacity, further limiting access to care.

According to district statistics, Pader has 38 health facilities, including two Health Centre IVs, 13 Health Centre IIIs, and 23 Health Centre IIs, serving a population of approximately 240,000 people. Despite this, the entire district has only four medical doctors. Overall staffing stands at just 38 percent, with only 342 health workers expected to serve all facilities. Compounding the challenge, nine of Pader's 18 sub-counties lack a public health unit, which health officials describe as one of the district's most pressing problems.

George Onencan, an officer in Bongotiko Sub-county, expresses that staffing levels remain critically low and appeals to the Ministry of Health for urgent intervention. Godfrey Kilama, the outgoing LC3 Chairperson of Bongotiko Sub-county, estimates that some facilities operate at just 27 percent of the required staffing levels, placing unbearable pressure on the few available health workers.

"Our people are forced to travel long distances, sometimes as far as Gulu, in search of better medical services," Kilama says. "This situation is deeply concerning."

Giving birth on the floor

Dr Benson Oyoo, the acting District Health Officer for Pader, warns that the staffing crisis is becoming increasingly dangerous, particularly for mothers and newborns.

"Approximately 120 babies are delivered in this district every day," he says. "Without adequate staffing, we are putting both mothers and children at serious risk." Patients with complex emergency cases often have to travel to Acholpii Military Health Centre IV or outside the district to Kitgum General Hospital and Gulu Regional Referral Hospital.

Col. (rtd) Fearless Obwoya, the Pader District Chairperson, describes the situation as alarming. "Unfortunately, none of our Health Centre IIIs has a maternity ward," Obwoya says. "I receive reports of mothers delivering on the floor." He adds that Pader's central location within Omoro and Agago districts exacerbates congestion, as [illegible] from neighbouring areas also seek [illegible] there.

James Onek, a health officer in the [illegible] trict, recalls an incident last year [illegible] patient collapsed while waiting in [illegible] "She arrived at the facility at 10:00am [illegible] and was still waiting at 11:30am," [illegible] says. "The government needs to increase [illegible] staff recruitment."

For Saidiya Lakot, a breastfeeding [illegible] mother, the consequences of underfund[illegible] ing are immediate and frightening. [illegible] visited a health facility in Pader, [illegible] she prefers not to name, where supply [illegible] staff attempted to administer treatment [illegible] without proper supervision. Alarmed, [illegible] she rushed her son to a private clinic [illegible] stead, paying a significant amount [illegible] save his life.

No funds for upgrades

Stakeholders are calling for the upgrading and equipping of health facilities to enhance service delivery. However, the Ministry of Health asserts that such investments are currently beyond its financial reach.

Health Minister Dr Jane Ruth Aceng says the government lacks the necessary funds to upgrade facilities to district hospital status. "Upgrading a health centre costs between Shs8b and Shs20b," Dr Aceng states. "At the moment, this is financially unattainable."

As funding constraints continue and staffing gaps widen, patients such as Joy Lakaraber arrive at health facilities in search of timely care, only to encounter long waits, exhausted health workers, and uncertain outcomes.

For many families in Pader, access to healthcare is not just a matter of distance; it is also a matter of chance.

Consequently, many public health facilities operate with limited staff, placing heavy workloads on the few workers available and negatively impacting the quality and timeliness of care.

Rural areas most affected
Staff shortages are particularly severe in rural areas, where retaining health workers is a persistent challenge. Reports from districts such as Rukiga, parts of the Tooro sub-region and Karamoja indicate similar issues, including long patient queues, frequent referrals, and a reliance on private facilities. Health analysts warn that without increased recruitment and funding, staffing gaps will continue to persist across the country.

CamScanner