Alebtong Community Needs Assessment Report

Rotary Club of Muyenga Sunday Sunset (RCMSS) · District 9214 · Alleluyah Joint Maternity Clinic, Aloi Corner, Alebtong District

1. Executive summary

Alleluyah Joint Maternity Clinic is well staffed and in high demand, but it cannot run its theatre, labour suite, laboratory or dental unit safely because it has no running water. Mothers in the community face distance, transport costs, high fees and gaps in maternal care.

This report combines two RCMSS assessments at the clinic in Aloi Corner, Alebtong District:

- **Community health needs assessment**, 14 September 2024: focus groups and interviews with leaders, VHTs, health workers and mothers.
- **Water supply and plumbing assessment**, 11 July 2026: an engineering inspection by Kalda Engineering Services Ltd.

The main findings:

- **Water is the critical gap.** One hand-pump borehole serves both the clinic and the community. It is not motorised, there is no storage tank, and most units have no piped water.
- **Maternal and child health needs are high.** Malaria, anaemia, malnutrition, teenage pregnancy and unmet family planning were all raised. Ultrasound has never been available to this community.
- **Access is costly.** Many mothers live about 7 km away and pay about UGX 2,000 per boda boda trip. Theatre fees can reach UGX 450,000.
- **The facility needs equipment** in every department, from emergency beds to an incubator and a blood fridge.
- **The community has strengths to build on**: farming, savings groups (SACCOs) and a stated willingness to contribute to projects.

2. Background and facility profile

Alleluyah Joint Maternity Clinic is a community-based facility in Aloi Corner, Alebtong District, in the Lango sub-region of Northern Uganda. It opened in 2015 to provide quick health services to everyone, regardless of race, tribe or denomination.

RCMSS has partnered with the clinic and has already part-funded its laboratory equipment. These assessments guide the Club's next phase of support for water, sanitation and maternal and child health.

Staff: 2 doctors, 1 administrator, 1 clinical officer, 2 laboratory assistants, 6 midwives, 1 comprehensive nurse, 2 records assistants, 1 radiographer and 1 orthopaedic officer.

Services: antenatal care, maternity, laboratory, inpatient and outpatient care, family planning, X-ray and ultrasound, cervical cancer screening, guidance and counselling, youth-friendly services and immunisation.

Because it is well staffed, the clinic draws patients from Lira, Otuke, Dokolo and the surrounding community. Ministry of Health standards for a Health Centre III require a reliable on-site water supply in maternity, theatre, laboratory and OPD.

Opening of the community assessment: the team was welcomed by Geoffrey; by Otim Daniel, LC1 / Mayor of the Town Council; and by Ogwang Jimmy, Assistant Town Clerk, who thanked RCMSS and recalled its work with the Rotary Community Corps at Kawempe Midland and in Aloi.

3. Methodology

Assessment	Date	Led by	Methods
Water supply and plumbing	11 July 2026 (report 17 July 2026)	Kilama Patrick, Kalda Engineering Services Ltd	Physical inspection of the borehole; interviews with the in-charge and laboratory, maternity and dental staff; observation of water-use points
Community health needs	14 September 2024	RCMSS	Focus group discussions and key informant interviews with local leaders, VHTs, health workers, mothers and household representatives

Health workers' and VHTs' focus group (19 participants): 14 VHTs, 2 health workers, 1 community leader and 3 others recorded as "Rofenares" (term to be confirmed).

Water assessment objectives: assess the water source; inspect plumbing, tanks and sanitary fittings in every unit; identify which units lack water; assess the effect on infection control, maternal care and laboratory services; and recommend interventions that meet Ministry of Health standards.

4. Community and household profile

The sampled mothers are mostly young, have little formal schooling and have low, uneven incomes.

Indicator	Finding
Ages of respondents	17, 18, 24, 25, 26, 27, 29 and 45
Monthly household income	UGX 20,000, 50,000, 100,000 and 500,000
Education	P.4 (2), P.5 (2), P.6 (1), P.7 (1), S.4 (1)
Distance to the clinic	About 7 km for 5 respondents; close by for 2
Transport	About UGX 2,000 per boda boda trip

- Some respondents live in someone else's household: with parents, with in-laws, or as orphans.
- Some earn their own income by tutoring or selling goods.
- Alebtong has a vocational institute the community can use.

5. What matters to the community, and its strengths

Mothers' top concerns were the cost of reaching and paying for care, and the basics needed for a safe delivery.

What mothers asked for

- Mama kits, basins, baby clothing and sanitary items
- Transport for antenatal visits, and ambulances
- Lower hospital fees, with subsidised payment plans for mothers with little money (general care costs about UGX 2,000 a week)
- Better postnatal care
- Less stigma for single mothers

Strengths to build on

- Farming is the main livelihood, mainly maize, sunflower and soya beans
- Pig rearing and other livestock, though better breeding stock and seed are needed
- Village savings groups and SACCOs
- Willingness to contribute money and materials to projects such as boreholes, and to maintain them afterwards
- Interest in opening up access to land for production

6. Challenges and gaps

Poverty, malaria and distance from care shape almost every health problem the community raised. Participants cited the district biostatistician as estimating that 76% of deaths in the area are due to malaria (to be validated).

Access to care

- Distance to the clinic, poor roads and transport costs
- No free medical package for single mothers
- Theatre fees of about UGX 450,000 (a reduced rate of UGX 25,000 was mentioned under one scheme)
- Ultrasound has never been available to this community
- Few health workers, and limited government recruitment

Disease burden

- High rates of malaria, pneumonia, diarrhoea, cough, TB and urinary tract infections
- Anaemia, with a continuing need for blood supply
- P. vivax and P. ovale malaria go untreated because standard rapid tests do not detect them
- Recent examples included a miscarriage, a case of severe malaria and a post-delivery complication needing a Pap smear follow-up

Reproductive, maternal, newborn, child and adolescent health (RMNCAH)

- High malaria risk in pregnancy and in children under 5
- Malnutrition in mothers and children

- Continued reliance on traditional birth attendants
- Unmet family planning needs
- Teenage pregnancy (under 18), and the stigma these girls face at health facilities
- Low use of available financial products and services
- A need for periodic gynaecologist-led camps for complicated cases

Wider community

- High poverty and few economic opportunities
- A water crisis, made worse because politicians discourage boreholes in favour of piped water that families cannot afford
- Limited market access and a need for improved seed
- Some areas have no school within 8 km

Facility use: use of the clinic was very high under the Voucher Plus scheme, but client numbers fell sharply after the scheme changed. This needs further investigation.

Questions to explore with the community

- How can mindsets on these issues be changed?
- How can men be more involved in maternal and reproductive health?
- How accessible is family planning in practice?

7. Water supply and sanitation

The clinic has the buildings and a good water source but no way to get water to where it is used. Its only source is a deep hand-pump borehole on site, shared with the surrounding community.

Water source

- Functional, and certified fit for drinking by NWSC
- Yield of about 2 m^3 per hour (pump test), enough to motorise
- No motor, no overhead tank; a tank stand behind the theatre has no tank and would hold only about 5 m^3

Status by unit

Unit	What the team found
Labour suite	No water for deliveries or infection prevention
Theatre	Pipes and fittings installed but of poor quality; no running water for scrubbing or sterilisation
Laboratory	No water or piping, so a high contamination risk
Dental	No water, so poor service to patients
OPD and consultation room	No piping
Doctors' changing rooms	Toilets and showers in poor condition

Unit	What the team found
Inpatient ward	No indoor toilets for men or women; the outside toilet is too far for weak patients
Outside toilet	Unfinished, with no pipework; the septic tank has no soak pit

Effect on care

- Low hand-washing compliance and a high risk of infections acquired at the facility
- Unsafe deliveries in the labour suite
- Theatre and dental units cannot operate, and laboratory capacity is limited
- Staff lose clinic time fetching water from the borehole

Other building issues

- No perimeter fence, a security risk
- No covered walkway from the theatre to the inpatient building
- Warped internal doors that do not close
- Floor tiles coming loose, and some rooms still untiled
- Serious cracks in the apron around the main OPD and inpatient building

8. Health facility needs by department

Every department reported equipment gaps. The laboratory runs at about 80% capacity and has already been part-funded by RCMSS.

Department	Needs identified
Emergency	20 beds
Examination / consultation room	General examination and consultation equipment
Laboratory	CBC machine, chemistry machine, blood fridge, centrifuge and timer, glucometers, ultrasound machine, reagents and consumables including rapid tests, electrical installation, health information system
Theatre	Operating table, air conditioner, 2 oxygen cylinders, oxygen concentrator, spare steriliser, water harvesting system (pump and tank), an item recorded as "inhibitor" (to be confirmed with staff)
Recovery room	Replacement beds (the existing bed is worn out)
Delivery room	Delivery bed, incubator, sterile drum, warmers, privacy partitions, waste bins and medical waste management
Postnatal room	Beds, blankets and curtains

Department	Needs identified
Antenatal room	Examination bed and linen
Reception	Seats and tables, management information system, lighting, external security
Water	Solar-powered pump (see section 7)

9. Recommendations and priorities

A solar-powered piped water system is the single intervention that would bring the theatre, labour suite, laboratory and dental unit into use. Without it, the clinic cannot meet basic Ministry of Health standards.

Water and sanitation (engineering recommendations)

1. Motorise the borehole with a hybrid submersible pump, powered by solar to keep running costs low.
2. Build a 6-metre elevated tank stand for a 20 m³ tank, and supply water to all fittings by gravity.
3. Build two public standpipes outside the clinic so the community keeps its water source.
4. Give urgent priority to water connections, fittings and drainage in the laboratory, OPD, labour suite and dental unit.
5. Replace all theatre fittings, pipework and drainage.
6. Convert one inpatient room into indoor washrooms for men and women.

Community priorities

- Health and disease prevention, named as the most pressing challenge
- Stronger primary health care, functional existing equipment, and operating support for the facility

Solutions the community proposed

- Introduce ultrasound services
- Provide mama kits, basins and baby clothing
- Supply medicines for common illnesses
- Support transport to the clinic
- Teach mothers how to prepare for delivery
- Provide pesticides and improved seed
- Offer skills training
- Add capital to SACCOs

10. Partnerships and next steps

RCMSS's next phase should pair the water system with continued equipping and direct support to mothers.

Possible partners

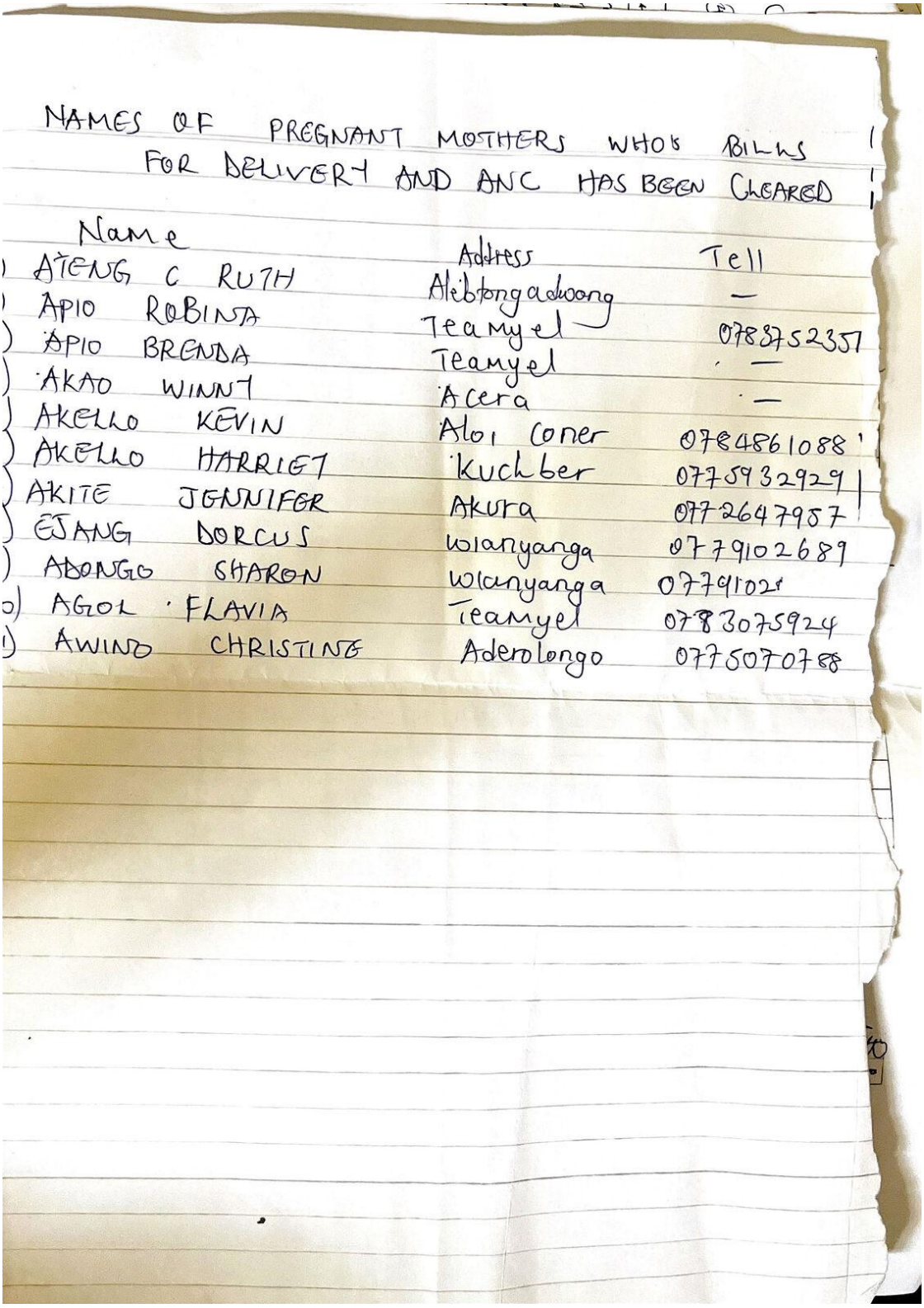
- Life Plus / Reproductive Health Uganda, which supplies family planning commodities
- AJMC, which could share data on adolescent mothers and their readiness to return to school
- The community, which offered to contribute to and maintain new facilities such as boreholes

Next steps

- Install the solar-powered piped water system, starting with the labour suite, theatre and laboratory
- Continue equipping the facility in phases: laboratory (under way), emergency beds and ultrasound
- Support mothers directly with mama kits, transport help and subsidised care for the most vulnerable
- Explore a family planning partnership with Life Plus / Reproductive Health Uganda
- Work with the district biostatistician to validate the malaria mortality figure and target interventions
- Investigate the drop in clinic use after the Voucher Plus change, with facility staff
- Continue sensitisation on delivery preparation, stigma against single and teenage mothers, and family planning
- Strengthen livelihoods through SACCOs and improved farm inputs
- Confirm unclear terms with facility staff: "Rofenares", "inhibitor" and EHCS (recorded as Electronic Health Communication System)

Annex: participants and supported mothers

Attendance at the community assessment, 14 September 2024: 53 people signed the attendance list. They included VHTs, midwives, medical clinical officers, enrolled nurses, a health assistant, community members and local leaders. **RCMSS members who attended:** Christine Namayanja, Nassali Hudah, Phionah Kyasimire, Natal Gloria Birungi, Eric Matovu, Joseph Ssebwana, Jasi Rommel, Ayele Egbuson and Prossy Nakalembe.



NAMES OF PREGNANT MOTHERS WHOSE BILLS FOR DELIVERY AND ANC HAS BEEN CLEARED

	Name	Address	Tell
)	ATENG C RUTH	Alebtongadwong	—
)	APIO ROBINA	Teamyel	0783752357
)	APIO BRENDA	Teamyel	—
)	AKAO WINNY	Acera	—
)	AKELLO KEVIN	Aloi Coner	0784861088
)	AKELLO HARRIET	Kuchber	0775932929
)	AKITE JENNIFER	Akura	0772647957
)	EJANG DORCUS	Wianyanga	0779102689
)	ADONGO SHARON	Wianyanga	0779102
0)	AGOL FLAVIA	Teamyel	0783075924
1)	AWINO CHRISTINE	Aderolongo	0775070788

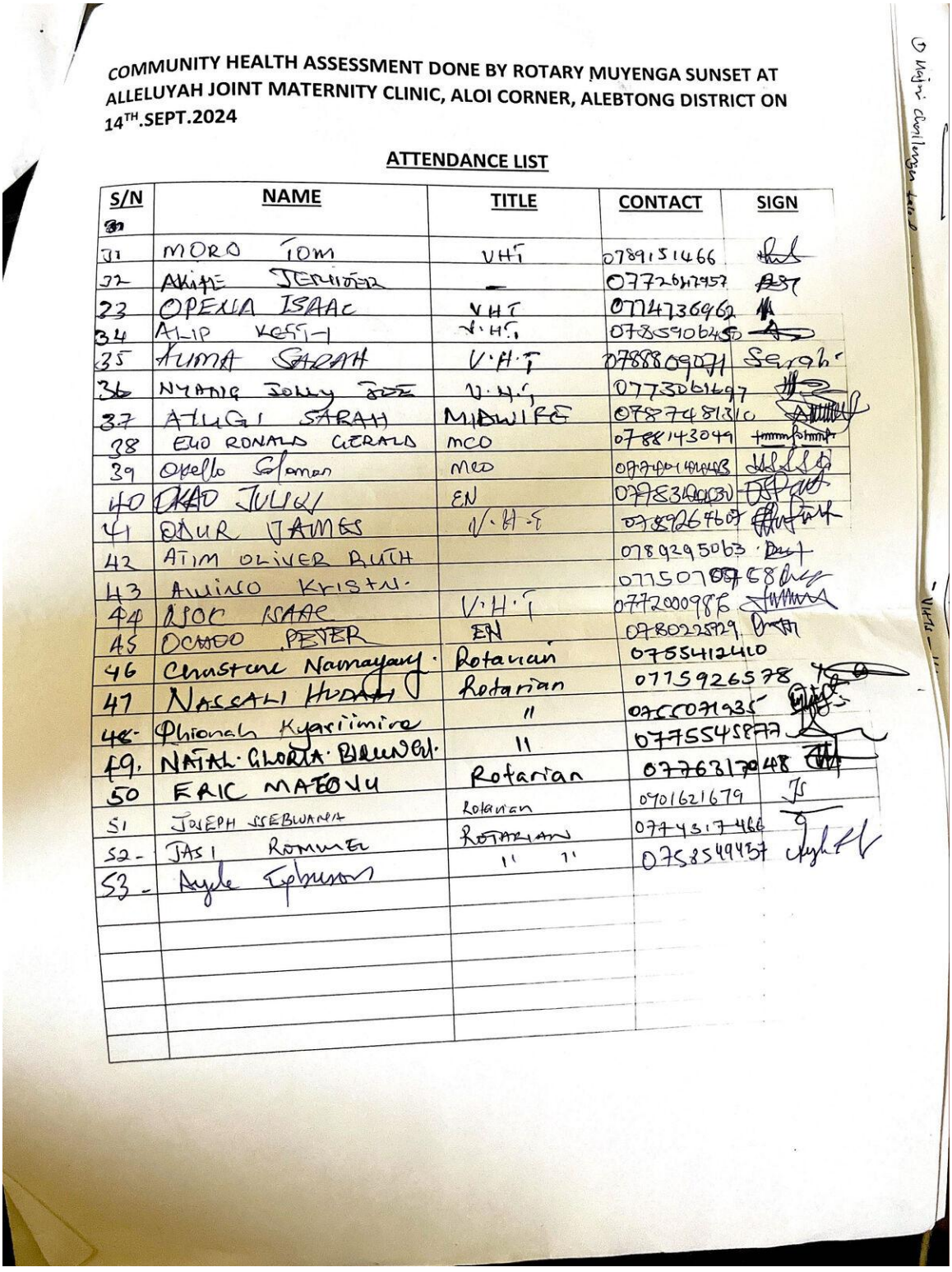
Attendance list, community health assessment, 14 September 2024 (page 1 of 2):

COMMUNITY HEALTH ASSESSMENT DONE BY ROTARY MUYENGA SUNSET AT ALLELUYAH JOINT MATERNITY CLINIC, ALOI CORNER, ALEBTONG DISTRICT ON 14TH.SEPT.2024

ATTENDANCE LIST

S/N	NAME	TITLE	CONTACT	SIGN
01	OKELLO STEPHEN	PRINCIPAL TTA	0772734491	
02	AKAO WINNY			
03	AKELLO HARRIET		0759329294	
04	OTIM DANIEL	Mayor Aloi TC	0786816113	
05	OGWANG Jimmy EMMANUEL	ASSISTANT TOWN CLERK	0773078076	
06	Denis Dukie	Chief Office	0783648204	
07	OKELLO THOMAS	VHT	0788864770	
08	APORO LEO	L.C.I ALOI Corner	0771039449	
09	ATIM COSTA	COMMUNITY MEMBER	0770300254	
10	ODICH ANSELM	(FOR HEALTH INSPECTOR) HEALTH ASSISTANT	0788603991	
11	AKELLO CISSY		0774447800	
12	ADONGO SHARON		0779102699	
13	EJANG DOCAS			
14	AGOI Flavia		0783075924	
15	APIO Robbina		0783752351	
16	OPIO ANTHONY	C/PERSON HEALTH	0772513052	
17	APIO BRENDA		~~0787381087~~	
18	ATENG CISIY			
19	AKUH ELON			
20	AKELLO KEVIN		0784861008	
21	ATIM Harriet		0771236227	
22	~~BYRUTA~~ ESEZA		0783427445	
23	Akumu Gilorig			
24	AMULE BOB KXA			
25	AJwag fiona			
26	OGWAL NIXSON	V.H.T	0786206235	
27	ADUO EUNICE	V.HT	0785832854	
28	OJOK RICHARD	V.H.T	0785967447	
30	ADUKA CALVIN	V.H.T	0783756736	

Attendance list (page 2 of 2):



COMMUNITY HEALTH ASSESSMENT DONE BY ROTARY MUYENGA SUNSET AT ALLELUYAH JOINT MATERNITY CLINIC, ALOI CORNER, ALEBTONG DISTRICT ON 14TH.SEPT.2024

ATTENDANCE LIST

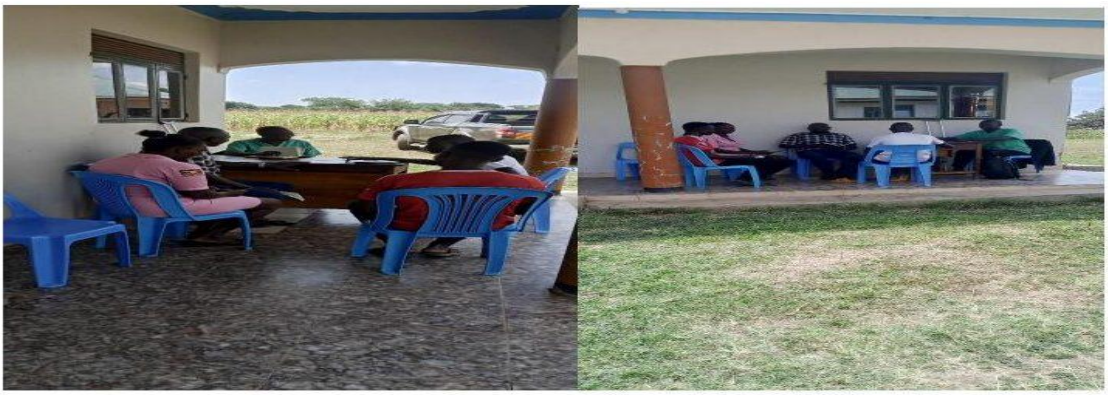
S/N	NAME	TITLE	CONTACT	SIGN
31	MORO TOM	VHT	0789151466	
32	AKIAPE JENNIFER	—	0772647957	
33	OPEKA ISAAC	VHT	0774736962	
34	ALIP KEFI	V.H.T	0785906245	
35	ALIMA SARAH	V.H.T	0788809071	Sarah
36	NYADIC JOLLY JOE	V.H.T	0773061697	
37	ATUGI SARAH	MIDWIFE	0787481310	
38	EGO RONALD GERALD	MCO	0788143049	
39	Opello Solomon	MCO	0774041	
40	OKAO JULIUS	EN	0783	
41	OBUR JAMES	V.H.T	0782	
42	ATIM OLIVER RUTH		0789295063	
43	AWINO KRISTN.		0775078758	
44	OJOK ISAAC	V.H.T	0772000986	
45	OCHOO PETER	EN	0780225929	
46	Constone Namayang.	Rotarian	0755412410	
47	NASSALI HUDA	Rotarian	0775926578	
48	Phionah Kyariimira	11	0755071935	
49	NAIAL GLORIA BLESSED	11	0775545877	
50	ERIC MATOVU	Rotarian	0776317048	
51	JOSEPH SSEBUANDA	Rotarian	0701621679	
52	JASI ROMMEL	ROTARIAN	0774517466	
53	Angle Ephraim	11 11	0758549457	

Annex: site photos, water assessment, 11 July 2026

Meeting the clinic management on arrival, and the exit meeting after the tour:

Rotary Club of Muyenga Sunday Sunset team





Meeting the management of Alleluyah joint clinic on arrival before touring the facility



Conducting exit meeting after the tour and assessment of the facility.

Collecting data, and assessing the borehole:

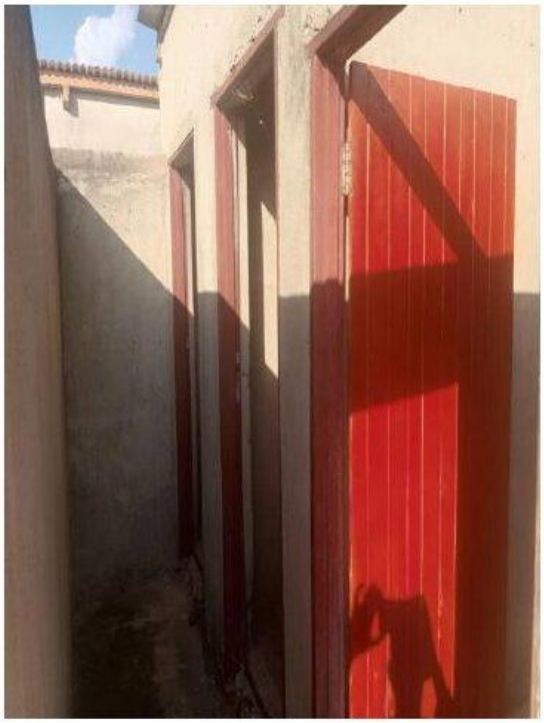


Collecting data information



Assessing borehole condition at the facility.

Unfinished external water-borne toilet:



Uncompleted external water born toilet

Theatre entrance with no covered walkway, the locally made hand-wash point inside the theatre, and the unused wash basin at theatre reception:



Main entry to Theatre without walkway shade as seen above in the photo.



Locally made hands wash facility at the corner inside the theatre room



Un operationalized wash hands basin at the reception of the theatre.

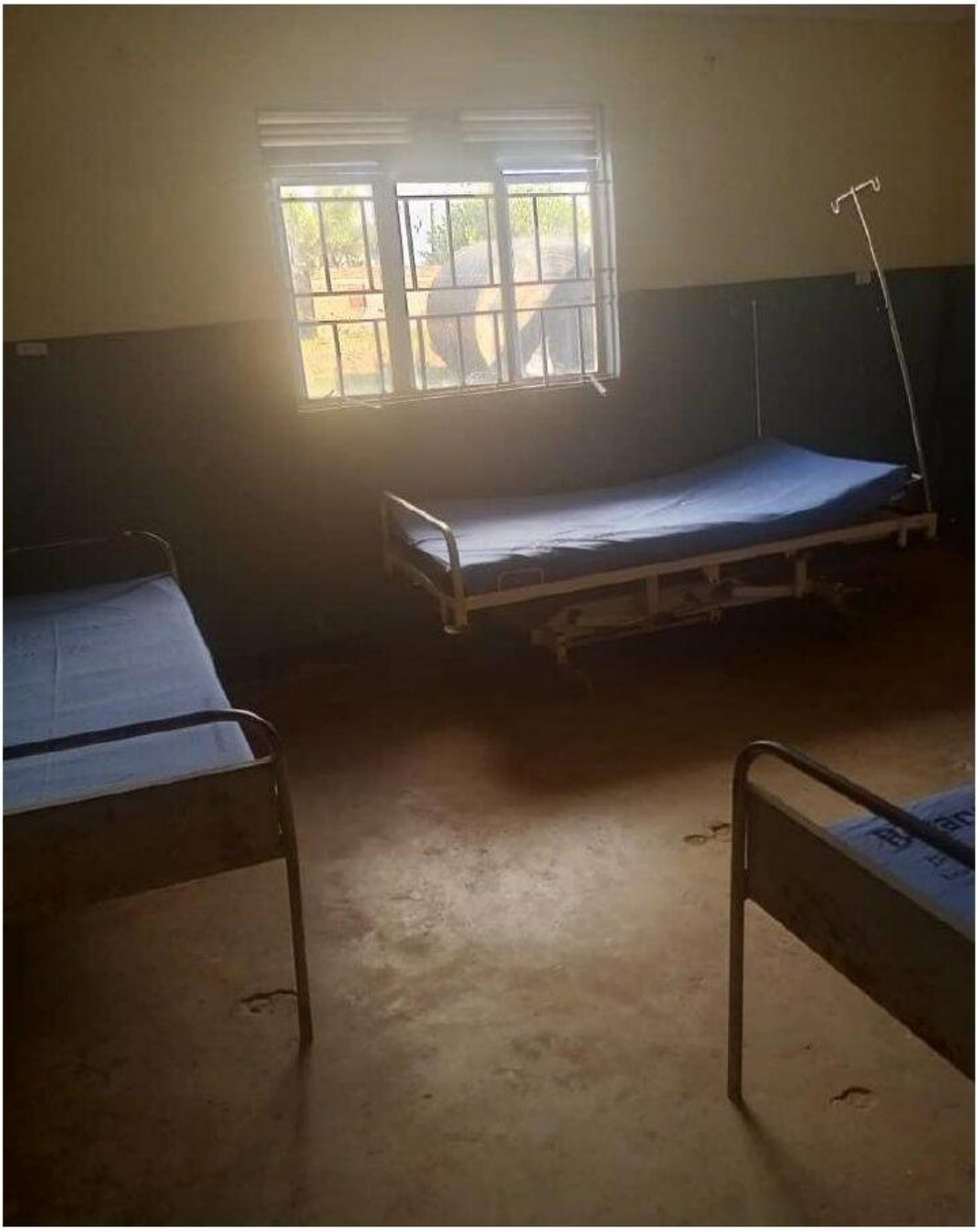
Doctors' changing rooms and toilets in the theatre:



Changing rooms and toilets facility for Doctors in the theater

16

Inpatient room proposed for conversion into indoor toilets:



Proposed in-patient room to be modified for internal toilet for both male and female.

Group photo after the interviews and inspection:





group photo after interview and inspection of the facility

Main laboratory, with no water inside:



Main Laboratory without water facility inside