



The Persistent Obstacles to Health Care Provision in Uganda

Overview

The overall goal of the health sector is to contribute to the reduction in mortality and morbidity from major causes of ill health and premature death and the disparities therein.

Health care provision is a decentralized service that is mainly undertaken by the local governments. The development grants which fund construction or rehabilitation of healthcare infrastructure or procurement of healthcare related equipment for local governments have been increasing over the financial years. The purpose of these investments is to improve the delivery of healthcare services for the people of Uganda.

Often the implementation of capital development projects faces challenges common to several hospitals and health centres. A number of capital development projects monitored by the Budget Monitoring and Accountability Unit (BMAU) have either been completed to a poor standard or have been left unfinished and are not usable.

This brief explores the challenges.

Key Issues

- Acute staff shortages in the majority of hospitals and health centres.
- Poor planning and prioritization, leading to incomplete work. A lot of infrastructure is unusable since it is not completed to desired standards.
- Poor supervision of works that has led to substandard investments.
- Persistent drug stock outs.

Background

The health strategic investment plan performance indicators based on the National Development Plan (NDP), show improvements (table 1). However, most of the targets are still very low and far from universality.

The noted improvements in the health sector are partly a result of increased funding to the strategic areas (Figure 1). The improvements noted should have been higher if the persistent challenges noted in this paper are effectively addressed.

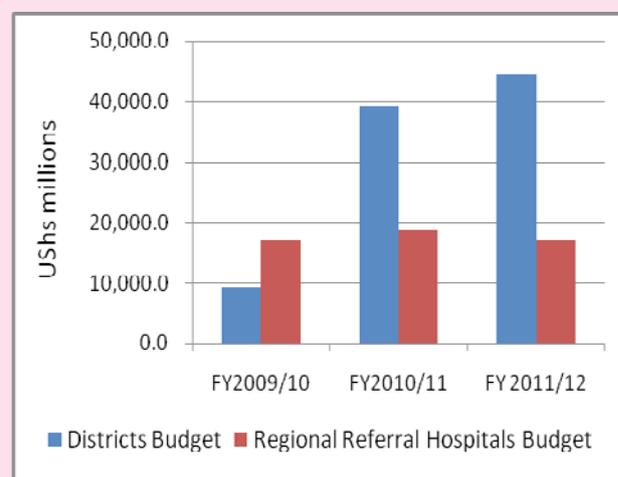
Table 1: NDP health related indicator

Indicator	Baseline, (year) 2009/10	Achievement 2010/2011	NDP target
% pregnant women attending 4 ANC sessions	47%	32%	60%
% deliveries in health facilities	33%	57%	35%
% children under one year immunized with 3 rd dose Pentavalent vaccine (m/f)	76%	90%	90%
% Under 5 children with weight / age below lower line(wasting) (m/f)	16%#	14%	15%
Contraceptive Prevalence Rate (CPR)	33%	30%	34%
% of health facilities without stock outs of any of the six tracer medicines in the previous 6 months	21%	43%	28%
% of approved posts filled by trained health workers	56%	56%	56%
% Annual reduction in absenteeism rate	46%	NA	28%

Source: Annual Health Sector Performance Report 2010/11, and The 2011 UDHS

Financing the health sector

Budget allocation to District Local Governments has increased in nominal terms (and actual funds released) for the health sector. However the budget allocation to Regional Referral Hospitals, in nominal terms, has reduced from around US\$. 18.7billion in FY 2010/11 to approximately US\$. 17billion in FY 2011/12 – see Figure 1

Figure 1: Budget allocations for development grants for District Local Governments and Regional Referral Hospital for FY2009/10 to FY 2011/12

Source: Information Financial Management System; Ministry of Finance Planning & Economic Development

Financial challenge

Capital development projects are often delayed due to insufficient funds to pay contractors *once* work has been certified by the Ministry of Health and/or Ministry of Works and Transport.

Recommendation

Delays can be reduced if the development grants were paid in full to Regional Referral Hospitals and Local Districts in Q3 of the financial year. This would allow payments to be made to contractors as work is certified as completed. This will aid progress towards completion of more capital development projects.

The other pervasive challenges affecting the sector are reviewed below.

Key challenges

a) Inadequate healthcare staff

There are acute staff shortages in the majority of hospitals and health centres. The target is 59%¹ staffing in the health sector for financial year 2010/11. However during the current financial year 2011/12 there were districts with staffing levels as low as 41 per cent. This results in very high workloads for hospital staff and often poor service delivery. The failure to adequately staff hospitals and health centers is inefficient, i.e. even when the physical buildings and equipment are available, a shortage of staff will mean patients cannot be treated in a timely manner.

b) Poor project prioritization

There are limited resources available for capital development. However, often projects are not effectively prioritized, leading to incomplete work. There is preference from politicians to begin new projects in the new financial year with little regard to the funds required to complete those from the previous financial year.

c) Poor Supervision of civil works

There have been issues where poor construction has been attributed, in part, to a lack of supervision by the Ministry of Health. In some instances completion of work certificates are issued without progress being sufficiently monitored so defects and poor quality work are not seen or corrected. The Supervisor of Works should be regularly monitoring the quality of the construction/rehabilitation work however in certain cases such as in Nebbi general hospital it was evident that this was not happening. In some instances health centre IV theatres' are not usable due to poor construction for example

in Rwengo health centre IV the theatre is not usable and has been converted into a storage area.

d) Late payment to contractors

Experience from monitoring the District Infrastructure Support Programme, in financial year 2010/11, showed that delays in payments to contractors, and in turn, delays in implementation of projects have occurred following the directive that demands that all central government capital works be certified by the Ministry of Works and Transport. The Ministry of Health engineers monitor the work however an engineer from the Ministry of Works and Transport must certify the work as complete.

e) Drug stock outs

The National Medical Stores often fail to deliver the drugs requested for by health centre's IV and hospitals. There is no reason given as to why the drugs cannot be delivered. This leaves the hospitals and health centre's without the medicine and aides needed to treat patients.

Policy recommendations

a) Provision of healthcare staff:

The remuneration package for health workers must be improved in order to recruit and retain the required number of staff. The Ministry of Health, the Ministry for Public Service and Ministry of Finance Planning and Economic Development must continue to work together to agree to increase the PHC wage ceiling so that additional staff can be recruited and remuneration of staff improved in the health sector.

The Ministries must also continue the work being carried out to revise the payment of the hard to reach allowance, so that *all* medical workers in a designated hard to reach district

¹Source: Government Annual Performance Report FY2010/11 – Volume; page 98

²Busia District Local Government

receive it. Currently the definition of the hard to reach allowance is being revised.

b) Project prioritization:

Timely production of cost estimates/bills of quantities by engineers, for projects planned to commence in the upcoming financial year need to be carried out. If cost estimates are made prior to the budget meetings, the District Health Officer (DHO) can advise politicians on the feasibility of any proposed amendments to the original planned activities. By having the cost estimates available during discussions, the DHO and politicians can work together to priorities projects which have the greatest return to patients.

c) Supervision of civil works:

There will now be up to 10% of the PHC Development grant and 2% of the Peace Recovery and Development Programme (component of PHC Development grant) allocated for monitoring and supervision of projects. These additional funds should assist the Ministry of Health in providing the adequate levels of supervision for its projects.

d) Late payment to contractors:

The Ministry of Works and Transport engineering department should have its capacity strengthened to certify civil works. This

would speed up payments to contractors and subsequent phases of construction works for the centrally managed projects.

e) Drug stock outs:

The National Medical Stores should be strengthened further to ensure adequate provision of drugs. In cases where shortfalls are envisaged this should be communicated to the beneficiary institutions. This will help institutions seek for alternative solutions.

References

Ministry of Finance, Planning and Economic Development: BMAU Monitoring Reports; various years

Ministry of Health: Health Sector Strategic and Investment Plan 2010/11-2014/14; July 2010

Ministry of Health, Annual Health Sector Performance Report Financial Year 2010/11

Uganda Bureau of Statistics: Uganda National Household Survey 2009/10; November 2010; UDHS preliminary findings 2011



Maternity ward not in use at Kigorobya Health Centre III in Hoima District, due to disrepair.

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