

The Tragedy of Uganda's Healthcare System: The Case of Kawaala Health Center III, Kampala District

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Infosheet No.10, 2011

On a bright sunny morning, together with my fellow researchers; we pull our way through the long queue of patients as we set to carry out a Public Expenditure Tracking Study (PETS) at Kawaala Health Centre III in Rubaga division, Kampala district. This health centre that was established in 1997 is a government facility located in the Rubaga suburb approximately 3 kms on the outskirts of Uganda's capital city, Kampala.

Typical of several other health centres and other public facilities in Kampala city, Kawaala Health Centre III has no fence and the dusty compound greets the visitors with unparalleled arrogance having "refused" to be fixed almost 13 years since the health facility was established. The open compound and the proximity to the nearby 'Glory of God' Pentecostal church leave the health centre with open access to all categories of people including petty criminals, idlers, relaxing worshipers, all combining to constitute a serious nuisance to the centre operations.

Kawaala Health Centre which is open to patients between 9:00am-5:00pm looks quite busy gauging from the patients that queue on this bright morning of Thursday 10th June 2010 day as they patiently wait to be attended to by the health centre staff. Upon our arrival, we are immediately welcomed by Ms. Nabukwasi Irene, the in charge of the health centre to the disapproving eyes of the patients who have been waiting patiently for her attention. The in-charge who quadruples as a records



Box 1: Key Kampala District Health Statistics

- Population:1,660,000 (mid-year 2010 projections)
- Total Health Units: 873
 - Government: 26
 - NGO (Not for Profit): 22
 - Others (Private): 825
- Distance to the nearest Health Center (Km): 5kms
- OPD utilization:1.0 (2009)
- Children receiving 3 doses of DPT (<1 year): 122 (2009)
- Infant Mortality Rate (per 1,000 live births): 83
- Deliveries in health facility:101(2009)
- Maternal Mortality Rate (per 100,000 live births): 505
- HIV/ AIDS Prevalence rate:12%
- Total Number of Hospital Beds: 2153

Source: 2010 Statistical Abstract and Kampala District Development Plan FY 2006/07-2008/09

This case study was produced as part of the Public Expenditure Tracking Study (PETS) in the health sector under the Citizens' Budget Tracking and Information Centre (CBTIC) of the Advocates Coalition for Development and Environment (ACODE). Funding for the CBTIC is provided under ACODE partnership with the Royal Netherlands Embassy, Kampala, the International Budget Partnership (IBP)-<http://www.internationalbudget.org>, and the Think Tank Initiative (TTI). This and other ACODE publications can be found at www.acode-u.org/publication.

Box 2: Basic Statistics about Kawaala HC III

Year of establishment:

- OPD attendance:
 - 2006/07:39127 patients
 - 2007/08:31811 patients
 - 2008/09:45389 patients
 - 2009/10:46270 patients
- Amount of funds received:
 - 2008/09: Shs.56,759,504
 - 2009/10: Shs.63,000,000
- Staffing levels:
 - 2006/07:26
 - 2007/08:27
 - 2008/09:28
 - 2009/10:27
- Drugs (value): N/A
- Services provided: Antenatal & postnatal care, Voluntary counseling and testing, General counseling, family planning, immunization

Source: Health unit records accessed June 2010



Patients waiting for services at Kawaala Health Centre on 10th June 2010
Photo by Marion Atukunda.

assistant, a nursing officer and a store keeper welcomed us with a warm smile. Nevertheless, it was evident from her looks that she was already tired at this early morning hour of 11:00 am. Having no space for visitors, we squeeze ourselves in her small office that not only serves as a store for drugs but also keeps other facility valuables like jerry cans of paint

and detergents.

Kawaala Health Centre serves at least 200 out patients a day. At the time of our visit, the facility had a total of 28 staff although one staff person was reported to be on leave. According to the In-Charge, Kawaala Health Centre has an approved staffing level of 48 staff as shown in the table below.

This implies that at the time of our visit, the Health Centre had a staffing shortfall of 43.7%. This compares with the national staffing deficit in the health sector which stands at 47% as at 2008. As shown in the above table, Kawaala Health Centre lacks some of the critical personnel such as Health Centre administrator, dispenser, dentists, laboratory technicians and support staff that are necessary for providing quality health services.

Staffing levels at Kawala Health Centre III

Position	Approved number	Actual number 2006/07	Actual number 2007/08	Actual number 2008/09	Actual number 2009/10
Medical officer special grade	1	1	1	1	1
Clinical officers	2	2	2	2	2
Midwives	10	8	10	10	10
Enrolled nurse	4	4	4	4	3
Nursing officer	4	2	2	3	3
Enrolled midwife	10				
Nursing assistant	6	6	6	6	6
Dispenser	1	1	0	0	0
ophthalmic	1	0	0	0	0
Laboratory Technician	1	0	0	0	0
Hospital administrators	0	0	0	0	0
Laboratory assistant	2	1	1	1	1
Dentists	1	1	1	1	1
Dental assistants	1	0	0	0	0
Other staff (cleaners, cooks, security guards)	4	0	0	0	0
Total	48	26	28	27	28

* The respondent could not differentiate between enrolled midwife and midwife.

As we administer the questionnaire to the In-Charge, she is interrupted by a nursing assistant who calls her to put a patient on drip because no one else could do that at the moment. After about a quarter an hour of waiting, Ms. Nabukwasi returns to continue with our discussions. In the middle of our conversation, Ms. Nabukwasi looks startled as a police officer passes by. She then narrates to us how a few weeks back she was almost kept behind bars at Luziira Maximum Security Prison because the only computer the facility had was stolen when thieves broke through the ceiling of the one building health facility. "I had been attending a workshop and

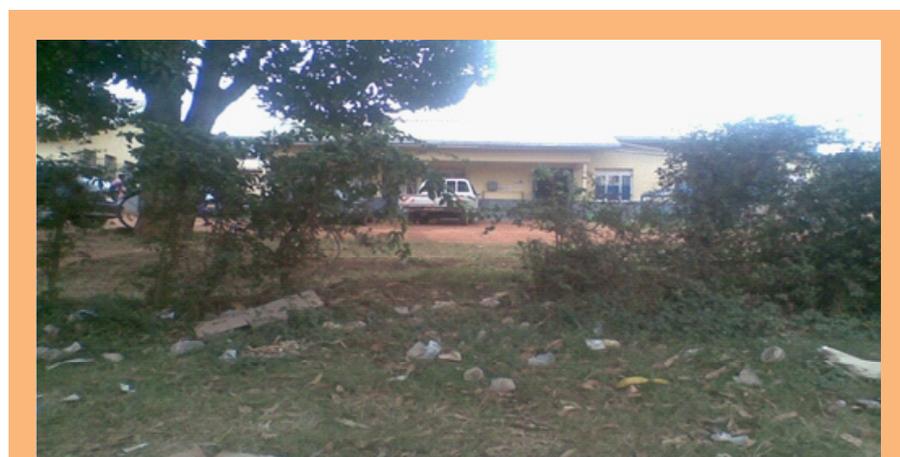
returned later in the evening when fellow workers had left but police was charging me for not ensuring that the premises were closed properly. Is the nursing officer supposed to run everything in the health facility including guarding the premises at night?" she wondered. She confirmed to having written several times to the Kampala City Council Division Headquarters requesting for proper security but whenever they receive security personnel after a long wait, they disappear because of delayed salaries that sometimes come after three months of working. She further pointed out that besides the delayed salaries medical

workers are paid too little money for the numerous tasks they do.

Like many other in charges of Health Centres we visited in our study, Ms. Nabukwasi is not aware of the cost of drugs allocated and the credit lines to Kawaala Health Centre. The facility experiences drug stock outs that last a minimum of three weeks. In charges make drug orders to National Medical Stores (NMS) that delivers the medicines after a period of one month. However value of deliveries is not known and there are no guide lines available on what to do when drugs are received. Ms. Nabukwasi communicates

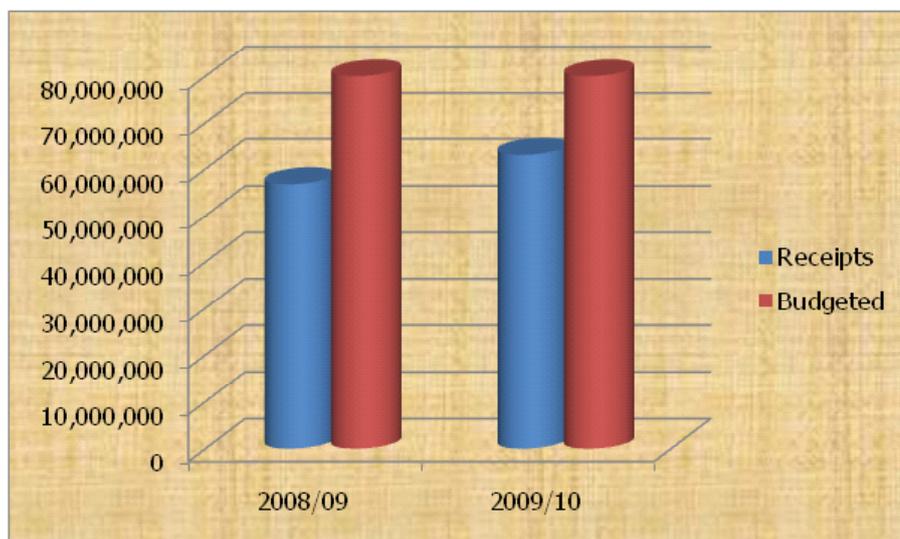
with Health Sub district and NMS weekly about drugs but she rates their response as poor. There is also evidence of poor drug storage at Kawaala as the centre has no drug store and the drugs are kept in the room occupied by the in charge. Kawaala Health Centre has no ambulance as the facility but shares one with Kitebi Health centre III that is approximated to be 8 Kms away from Kawaala. Ms. Nabukwasi narrated the incident of how a month back the facility lost a mother who had complications giving birth as there was no ambulance to take her to Mulago, Uganda's main Referral Hospital where she had been referred. She thus said;" this expectant poor mother with her baby would have been saved if we had our own ambulance; I called Kitebi several times but could not get an ambulance. The mother could not afford a special hire to Mulago and by the time well wishers mobilised for transport, it was too late".

Medical waste disposal at Kawaala Health Centre is alarming as the facility has no incinerator for medical waste. The facility that has a maternity ward uses a rubbish pit for medical waste. Dogs dig out such waste from the maternity ward to litter the compound.



Kawaala HC III fence and over view of the Compound photo by Marion Atukunda; 10th June 2010

Bar graph comparing amounts received against the budgeted for FY 2008/09-2009/10



One of the major objectives of this study was to establish the flow of funds from the central government to frontline health service delivery centres such as Kawaala Health Centre as well as the adequacy of the funding with regard to providing effective health services. Experience from both Kawaala and other health centres is that financial data is quite difficult to access. In the case of Kawaala, the In charge indicated that there was no financial data with respect to receipts for 2006/07 and 2007/8. In 2008/09 and 2009/10, Kawaala received UGX56,759,504 and UGX63,000,000 respectively against UGX 80,000,000 they had budgeted for.

Funding at Kawaala Health Centre falls short by 29.1% and 21.3% in Financial years 2008/09 and 2009/10 respectively as illustrated in the figure above. This is a significant difference between what is budgeted and received. The centre will not deliver quality services effectively if it is underfunded. The sense of frustration and resignation was evident throughout our three hour interview with Ms. Nabukwasi about the funding situation of the Health Centre. When asked about what could be done to reverse the underfunding situation Ms. Nabukwasi remarked thus: “We may not do much about not receiving funds as expected. All we do is sit and wait for what is allocated. The few times we complained by writing, nothing was done.”

The situation at Kawaala is largely reflective of the general state of health services and health centres in the country. Generally Uganda’s health sector takes a small percentage of the national budget as can be illustrated in the table below. In the Abuja declaration, the African Leaders committed to spend 15% of their national budget on health. However for Uganda, it is a different case as can be seen over the years the commitments are less than 15%.

Financial year	Health sector approved budgets in billion Uganda shillings	Total budget Sectoral allocations in billion Uganda shillings	Percentage of health sector to the overall budget
2006/07	381.85	4255	9.0%
2007/08	428.28	4754.6	9.0%
2008/09	628.46	5858.7	10.7%
2009/10	723.6	6915.9	10.5%

Source: MoFPED Medium Term Expenditure allocations for different years

Limited financing and investment in the health sector, means there are not enough quality health facilities, health services, health workers and medicines to provide efficient health care. Previous studies and reports have showed evidence of poor quality of health services, shortage of drugs, understaffing, inadequate funding, and lack of staff housing.

The problems at Kawaala Health Centre III are not isolated but typical of many Health Centres in Uganda and characteristic of Uganda’s health care system. Uganda’s health workforce is beset with problems of poor working conditions, low salaries, inadequate supervision, and excessive workloads. The In-Charges are the care takers, medical workers, administrators, accountants, records assistants and store

keepers. Well, if they are jacks of all trades, will they be masters of any? One wonders how these In-Charges can be efficient in the midst of the plethora of positions they hold and the meagre resources at their disposal. Indeed, resolving the problems faced by Kawaala Health Centre III can only be achieved through broader health sector governance reforms covering critical policy areas including: the health budget architecture; institutional coordination and inter-institution accountability; remuneration and incentives for health sector staff; and generally significant investment in the training and retention of health workers. These and many other issues are addressed in more detail in a forthcoming ACODE study entitled: Health Sector Governance, Public Expenditure and Local Level Service Delivery in Uganda.



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