

The Tragedy of Uganda's Healthcare System: The Case of Paminya Health Center III, Nebbi District

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Established in 1987, Paminya Health Care III is located 8km from Nebbi town in Paminya Parish, Nyaravu sub-county, Nebbi district. As indicated on its increasingly rusty signpost, the health facility was rehabilitated in the FY 2003/04 with European taxpayer funds under the EC Micro Projects Programme.

Just like in most health centers in the district and many others across the country, Paminya offers little for her patients. A physical look at the health center reveals total despair for anyone who wants treatment. The facility has dilapidated buildings harboring bats with dirty floors and with some leaking roofs in some structures.

While on a Public Expenditure Tracking Study (PETS) exercise in Nebbi district, we visited the health center on 11th June, 2010 at around 10:30 am. The purpose of our visit was to assess the human resource capacity; flow and utilization of funds and drugs; and the quality of health care provision. We were welcomed by a Nurse who was acting as the In-charge (the In-charge was absent). At the time of our arrival, she was busy attending overwhelming crowds of patients seated on old benches eagerly waiting for treatment. The majority were women with children and babies (howling in pain and anxious for treatment), holding dirty exercise books, which contain their medical records.

Like in many parts of the country, the citizens who come to Paminya HC mainly suffer from



Box 1: Key Nebbi District Health Statistics

- Population: 511,523 (mid-year 2009 projections)
- Total Health Units: 59
 - Government: 43
 - NGO (Not for Profit): 14
 - Others (Private): 02
- Distance to the nearest Health Center (Km): approx. 5km
- Child immunization coverage: 90% (2007/08)
- Infant Mortality Rate (per 1,000 live births): 88
- Maternal Mortality Rate (per 1,000 live births): 505
- HIV/ AIDS Prevalence rate: 4.3%
- Percentage of deliveries taking place in a health facility: 58% (2008/2009)

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Box 2: Basic Statistics about the Paminya HC III

- Year of establishment: 1987
- OPD attendance:
 - i. 2007/08: 8,611 patients
 - ii. 2009/09: 8,735 patients
 - iii. 2009/10: 8,949 patients
- Amount of funds received:
 - i. 2007/08: Shs 2,245,536
 - ii. 2009/09: Shs 1,200,636
 - iii. 2009/10: Shs 1,660,036 (excl. 1Q)
- Staffing levels:
 - i. 2007/08: 02
 - ii. 2009/09: 02
 - iii. 2009/10: 08 (1 Clinical Officer, 1 Enrolled Nurse, 1 Mid wife, 1 Nursing Assistant & 4 support staff).
- Drugs (value): Not Available
- Services provided:
 - i. basic preventive, promotive and curative care
 - ii. laboratory services for diagnosis,
 - iii. maternity care
 - iv. first referral cover

Source: Health Unit Records



Nurse attending to Patients.
Photo by Daniel Lukwago

non-communicable diseases such as malaria; but the centre did not have ACTs (Artemisinin-based Combination Therapy) to treat them. Asked why, the Nurse said that Government had not provided sufficient dosages. “Imagine you request for 100 dosages from National Medical Stores (NMS), but you are only provided with 20 dosages, which can’t even last a week”, she lamented. “Consequently, we end up giving them pain killers (especially Paracetamol) and advise them to buy the other drugs for themselves”, she added.

Paminya, like most health centers across the country, is marred with unpredictable drug supply. Though the situation had improved with the direct supply of drugs by NMS, most health centers had no clear records of the cost of the drugs they had received and were not sure of their credit lines. Even the district officials seemed to be unaware



Health Facility Staff House.
Photo by Daniel Lukwago

of their respective credit lines. This makes hard to effectively monitor the value of drugs from NMS.

The stories of the health workers and patients alike reveal the tragedy of our national healthcare system in spite of a national budget that has been increasing over the years. There are major challenges

that have to be addressed if Ugandans who depend on our public healthcare system are to benefit from the investments our government makes in the health sector. These include: underfunding, understaffing, lack of accommodation, inconsistent drug distribution.

But there are also other striking



Collapsed pit latrine; constructed in 2009.
Photo by Daniel Lukwago



Maternity ward.
Photo by Daniel Lukwago

HC III comes from the back drop of Uganda being considered one of Africa's economic success stories with an average 7% annual economic growth, robust macro-economic and pro-poor policies. Despite record investment over the past five years, Uganda's healthcare performance is still ranked as one of the worst in the world by the World Health Organization. The question remains how much of the macro-economic growth has translated in the micro-economic improvement of the poor people. Your guess is as good as mine and the case of Paminya HC III like many other cases encountered during the ACODE PETS study are an indictment of our national healthcare system.

This case study illustrates the numerous problems facing healthcare provision in Uganda. These include among others: poor funding of healthcare services; inadequacies in the national drug distribution, which leads to erratic drug distribution and minimal transparency in the utilization of drugs and medicines; chronic shortage of trained health workers especially at lower health centers, thus overworking the available ones; and lack of appropriate medical equipment. However, underlying all these problems is the overall question of health sector governance.

challenges that go beyond quick technical fixes but point to the overall governance of the health sector and service delivery in the country. A few of these challenges help illustrate that point: first, absence of a pit latrine. While a new pit latrine had been constructed last year, it had already collapsed and the old one was already filled up. Second, despite having well built watertanks, the facility lacked clean water. Third, none existence of decent housing for the health facility staff. The existing ones were grass thatched houses in very appalling conditions; only imaginable in an Internally Displaced People's(IDP) camp. Good enough, the Government had started constructing staff houses. If

properly completed, it might soothe the situation.

Being a health center III, Paminya provides maternity services. However, the apparent neglect of the maternity ward was shocking as it was humbling when you reflect on the plight of the ordinary Ugandans who visit this health centre. A flock of sheep and goats (Paradoxically, some of them pregnant and others lactating) were loitering around the veranda of the maternity ward and some had turned it into a resting place giving the impression of a veterinary clinic.

The appalling situation in Paminya



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