MONITORING RECEIPT OF HEALTH GRANTS AND HEALTH SERVICE DELIVERY IN UGANDA

BUDGET MONITORING REPORT FOR
QUARTER 2 FINANCIAL YEAR 2018/19

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LIST OF ACRONYMS

ACODE	Advocates Coalition for Development and Environment
BMSDE	Budget Monitoring and Service Delivery Exercise
BTI	Budget Transparency Initiative
BCN	Budget Champions Network
CBEG	Centre for Budget and Economic Governance
CSBAG	Civil Society Advocacy Group
EMHS	Essential Medicines and Health Supplies
FY	Financial Year
HC	Health Centre
HC IIs	Health Centre Twos
HC IIIs	Health Centre Threes
HCIV	Health Centre Fours
HSDP	Health Sector Development Plan
MFPED	Ministry of Finance Planning and Economic Development
ODI	Overseas Development Institute
NHIS	National Health Insurance Scheme
RBF	Result Based Financing
NGOs	Non-Government Organisations
NDP	National Development Plan
SPSS	Statistical Package for Social sciences
UGX	Uganda Shilling
Q2	Quarter Two
Q3	Quarter Three
PHC	Primary Health Care

EXECUTIVE SUMMARY

This report presents the findings of the Q2 FY 2018/19 Budget Monitoring and Service Delivery Exercise (BMSDE) carried out by Advocates Coalition for Development and Environment (ACODE). Budget monitoring is undertaken as part of the Budget Transparency Initiative (BTI) a partnership between ACODE, Civil Society Coalition on the Budget and Ministry of Finance Planning and Economic Development. This round of BMSDE focused on four aspects: display of information on grants and transfers from the central government to administrative and service delivery units, time-lines in receipt of grants and transfers from the central government to district, sub-county and health facility levels, Assessing capacities for health service delivery units and documenting perspectives of health service users on the quality of services in 26 districts across Uganda where ACODE works. The exercise took place between March 18th and March 29th, 2019. Data collection was carried out in 26 districts, 130 Sub counties and 260 service users using observation and questioner methods by ACODE budget champions based in the districts.

The findings of this round of budget monitoring showed that there was an improvement in adherence to display of information by district headquarters. Display of information at district improved by 13% from 52% in Q3 FY 2017/18 to 65% in Q2 FY 2018/19 while display of information at sub-county level reduced by 4% from 50% in Q3 FY 2017/18 to 46 in Q2 FY 2018/19. In conforming to the practice of displaying of pay roll information, it was found that six out of every ten districts visited displayed information on payrolls (61%). However, the majority of the sub-counties and service delivery units visited i.e. 92% and 79% respectively, did not display payroll information. The lag between the beginning of the quarter and receipt of funds by service delivery units showed great improvement with all delivery units receiving funds with in the quarter.

The main challenges faced by the health centers and the hospitals include; Limited access to safe water, hydroelectricity, low staffing and drug stock outs. According to the indicators, there was a fear that these challenges were likely to continue given that they formed a big proportion of the unfunded priorities. The perceptions of the patients about the services showed that respondents were to continue receiving services from these care facilities regardless of the quality of service for two major reasons; free drugs and proximity to their homes. The recommendations from this round of BMSDE were;

1. To provide clear guidelines for display of information at district, sub-county and service delivery units. Penalties against the defiant persons should be put in place to take the practice more serious. Emphasis on where information should be displayed is important as some of the delivery units were found to be displaying information in inaccessible places.
2. To put in place measures to ensure availability of drugs and reduce waiting time for patients at health facilities. Monitoring and supervision of HC

by the technical and political leadership of the districts alike should be made mandatory to ensure vigilance at the health centres.

3. To champion issue of repairs and provision of medical supplies at HCs, the district leadership should have strategies to meet the unfunded priorities within given time period or same financial year.

1.0 INTRODUCTION

Monitoring of the budget is important in ensuring that financial operations and plans that were developed and approved for implementation as part of the budging process are being implemented. Regular budget monitoring is crucial for government/organizations or individuals to evaluate accountability in relation to spending. Furthermore, comprehensive budget monitoring allows the government to evaluate service level provision, ensure any necessary changes in accordance with the introduction of new initiatives as well as ensuring that the ongoing initiatives are making expected progress towards desired outcomes. Monitoring also helps in learning about trends and any deviations that may impact future operations, and finally promote transparency by sharing funds from regular budget monitoring reports (The World Bank, 2007).

The Government of Uganda has a budget monitoring unit under the Ministry of Finance Planning and Economic Development (MFPED) that carries out budget monitoring for all government projects. However, due to limited funds and time, the unit is unable to operate effectively as well as covering all the sectors within a quarter (3 month). As a result, this creates the need for civil societies and NGOs to pattern with the Ministry in carrying out budget monitoring as well as creating budget awareness.

This report presents findings of the 7th Budget and Service Delivery Monitoring Exercise (BSDME) carried out in 26 districts where the Advocates Coalition for Development and Environment (ACODE) operates.[1] ACODE through its Centre for Budget and Economic Governance (CBEG), undertakes periodic budget monitoring aimed at generating evidence to support bridging of the gap between the demand and supply sides of accountability in Uganda's public expenditure. Budget Monitoring is also part of ACODE's obligations under the Budget Transparency Initiative (BTI). The Initiative is a partnership between the Ministry of Finance Planning and Economic Development (MFPED), the Overseas Development Institute (ODI), ACODE and the Civil Society Budget Advocacy Group. The main objective of the BTI is to promote budget transparency and accountability in Uganda through the dissemination of budget information to citizens in a manner that ensures that feedback is received and addressed by the responsible institutions of government.

This report provides findings from the first round of budget monitoring for Financial Year (FY) 2018/19 covering funds disbursed and spent in the second quarter. Focusing on the health sector, the monitoring covered four aspects of public expenditure governance that included;

1. Observing for the display of information on grants and transfers from the Central Government at administrative and service delivery units.

1 Agago, Amuru, Amuria, Bududa, Buliisa, Gulu, Hoima, Jinja, Kabarole, Kanungu ,Kamuli, Lira, Luweero, Mbale, Mbarara, Moyo, Moroto, Mpigi, Mukono, Nakapipirit, Nebbi, Ntungamo, Rukungiri, Soroti, Tororo, and Wakiso.

2. Determining the time-lines in receipt of grants and transfers from the Central Government at district, sub-county and health facility levels.
3. Assessing capacities for service delivery at health delivery units in selected districts where ACODE operates.
4. Documenting perspectives of health service users on the quality of services provided by health workers.

1.1 Overview of the Health Sector in Uganda

Health service delivery is central to Uganda's human capital development strategies laid out in the current National Development Plan (NDP). The sector focuses on increasing access to quality of health services. The contribution of the sector is pursued through three key outcomes namely; increased deliveries in health facilities; Children under one year old protected against life-threatening diseases and facilities receive adequate stocks of Essential Medicines and Health Supplies (EMHS). This is well anchored in the Health Sector Development Plan (HSDP) 2015/16 – 2019/20 whose major aim is to achieve Uganda Vision 2040 of a healthy and productive population that contributes to socioeconomic growth and national development. In FY 2018/19, the sector was allocated UGX 2,367.76Bn, representing 7.2% of the total National budget. Compared to FY 2017/18, the health sector budget experienced a 26% nominal increase in its level of funding.

According to the Financial Year 2018/19 Ministerial Policy statement for the Health Sector, the sector set out to attract, train, motivate, retain and develop human resources for health; address the high burden of preventable diseases in the country; improve supply of blood through community mobilization to donate blood and increased resource allocation to Uganda blood transfusion services; reduce stocks of expired drugs from facilities by developing a strategy for minimizing expiry medicines and progressively upgrade HC IIs to IIIs and construct HC IIIs in sub-counties without. The sector also planned to implement the Health Financing reforms, including the National Health Insurance Scheme (NHIS) and Results-Based Financing (RBF) as well as improving the Health Management Information System by availing the HMIS tools to facilities.

In addition to monitoring the capacities to deliver on these outcomes (especially at health facility level), ACODE monitored the transparency at Local Government administrative and health facility levels. This was done in recognition of the critical role transparency plays in facilitating the attainment of health sector outcomes in Uganda (Kisaame et al, 2019).

1.2 Methodology

Data Collection: The monitoring was undertaken using a mixture of qualitative and quantitative methods of research. This entailed use of observation methods, administering structured questionnaires to randomly selected service users at health facilities as well as key informant interviews with staff at Local

Government administrative and service delivery units. Data collection was undertaken using structured questionnaires administered in the 26 districts by ACODE Budget Champions[2] in these districts. The data was collected using the ACODE Citizen Monitor App.

Sampling: Budget monitoring was undertaken in 26 districts in which ACODE operates. These districts have consistently formed the sample for the budget monitoring exercises since their inception in 2014. Maintaining the same districts over the years has enabled ACODE to measure/track progress and make comparisons.

In addition, five sub-county headquarters were randomly selected from each of selected district. In each of the selected sub-counties, one health facility was randomly selected constituting a total of five health centres per district. At the health facilities, two service users (patients) were randomly selected for an exit interview. In total, 26 districts headquarters, 130 sub-counties headquarters were visited and monitored and 260 service users (patients) were interviewed.

Data Management: Data from the ACODE Citizen Monitor App was downloaded and managed in MS Excel. Analysis of the data was done using the Statistical Package for Social sciences (SPSS). While in SPSS, Descriptive Statistics, cross tabulations and time lags were computed.

2.0 PRESENTATION OF FINDINGS

This section presents results from Quarter 2 FY 2018/19 budget and service delivery monitoring conducted in 26 districts. It articulates findings on display of information at district and sub-county headquarters; display of payroll information at the health facility level; quality of services provided by health centres in every district and perceptions of users of services at health centres.

2.1 Display of Information

Local Governments and service delivery units are required by the Access to Information Act (2005) section 5 to display information on the transfer of funds from Central Government to Local Government for the benefit of all citizens. This practice is aimed at fostering transparency and accountability. With the right information, the general public can hold their leaders to account hence increasing demand for accountability by the general public (Bainomugisha, et al (2017).

2.1.1 Display of Information on Transfers at District and Sub County Headquarters

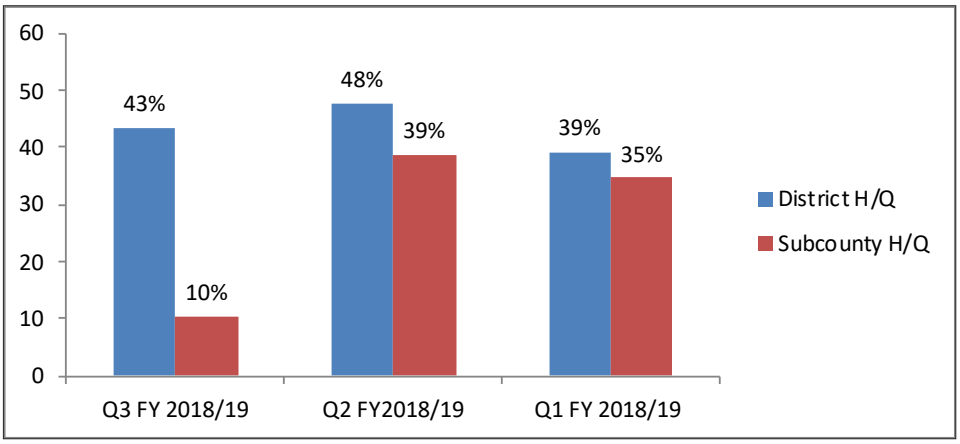
Citizens armed with the right information can demand real-time service delivery within the available resource envelope. Displaying budget information

2 ACODE's trained partners in budget analysis and presentation. They are based in local government (Districts) and they disseminate timely budget information to citizens to enable the demand for services as well as monitor the implementation of government initiative in their districts.

helps promote transparency, accountability and monitoring service delivery by citizens. The display of information practice is a prerequisite for every service delivery unit by the Ministry of Finance Planning and Economic Development (MFPED).

Overall, 65% of the districts and 46% of the sub-counties visited were displaying information on Central Government transfers for citizens to view and be informed. Relative to quarter 3 in FY 2017/18, this represents a 13% improvement on the part of the districts and a 4% decline among the sub-counties. On the relevance of the information displayed, most of the sub-counties were not displaying third quarter information, the quarter in which the monitoring was undertaken.

Figure 1: Display of Information on Central Government Transfers



Source: ACODE BSDME Q2 FY 2018/19 Data

The contrast in the display of information as shown in Figure 1 by district and sub-county headquarters could perhaps be explained by the level of supervision by MoFPED, which enforces the practice. In accordance with the past rounds of monitoring, it has been observed that the district headquarters which interact more with MoFPED adhered to display of information on transfers more than their sub-county counterparts.

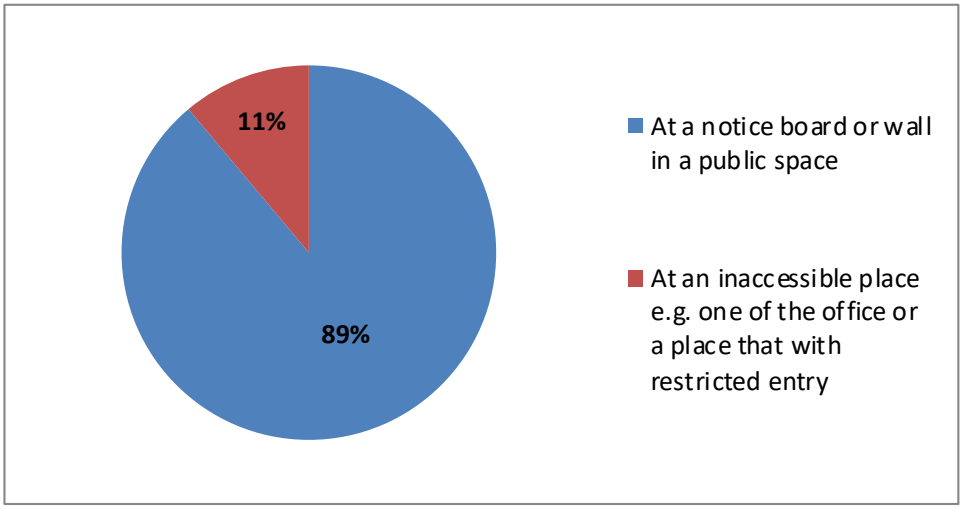
Despite the stride by MFPED in fostering display of budget information, the response remained meagre. This budget monitoring exercise focused on Q2 and out of the 23 districts, only 11(48%) had Q2 information displayed. The sub-counties as well performed below average with only 48 (39%) having displayed Q2 budget information. By the time of the visit (at the start of Q3), some of the districts and sub-counties had received Q3 funds and the information was already displayed as shown in the graph above. Considering the poor performance in observing the budget information display practice by both districts and sub-counties, it is only imperative that we sight the enforcement gaps by the responsible agencies given that display of information by the

service delivery units as is required by the Ministry of MFPED, however it is not emphasized in any of the budget documents. MoFPED needs to consider putting in place and enforcing sanctions for non-compliance to realise the importance of which display of information plays in promoting transparency.

2.1.2 Place where Information is Displayed

Given the purpose that display of information plays to the users of this information, the place for display should be well thought through to ease access to the most likely public. According to the figure below, although the display of information is adhered to by some service delivery units, the place where information is displayed is inaccessible which defeats the purpose for the whole practice. The figure shows that 11% of the visited service delivery centres had information displayed at an inaccessible place. There is a need to emphasize where service delivery units should display the information so as to achieve the desired outcome.

Figure 2: Place Where Information is Displayed

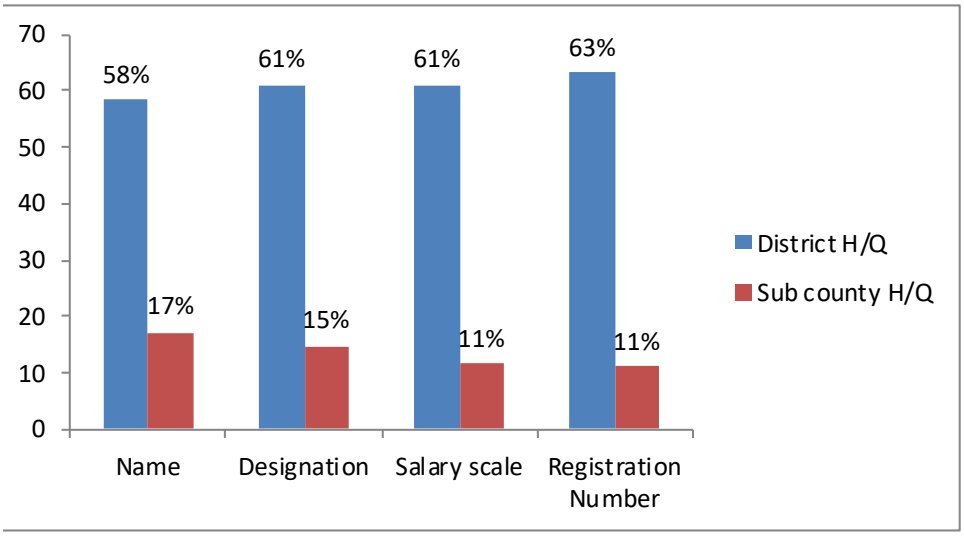


2.1.3 Display of Pay Roll information at District and Sub-county Headquarters

The Government of Uganda through the Ministry of Finance Planning and Economic Development (MoFPED) instructed Local Government units to display payroll information at district; Sub-County and service delivery units as a means to clean up Uganda's payroll system. The system had civil servants who had died or left to join the private sector and were still being paid. This was done such that citizens could easily point out civil servants not belonging to the district or sub-county or service delivery unit and report to district officials or public service commission. Information on the display of payroll was obtained through observation method. Budget champions looked at the district and sub-county headquarters plus health centres for displayed information on the payroll.

Overall, the display of payroll information is barely implemented at sub-county headquarters centres. Six out of every ten districts visited, displayed information on payrolls (61%). However, the majority (92%) of the sub-counties visited did not display information on payrolls

Figure 3: Display of Payroll Information at District and Sub-county Headquarters



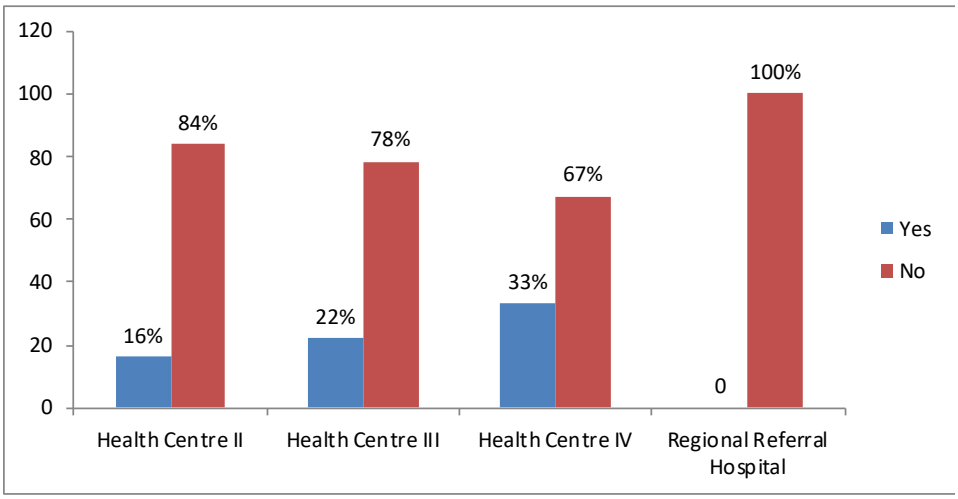
Source: BSDME Q2 FY 2018/19

Relative to Quarter 3 FY 2017/18, display of payroll information at sub-county headquarters has reduced by 3% from 11% in Quarter 3 FY 2017/18 to 8% in Quarter 2 FY 2018/19. Among the details on display, most of the districts visited had displayed the registration number of civil servants (63%) while civil servants' names were the least displayed (58%).

2.1.4 Display of Payroll Information at Health Facilities

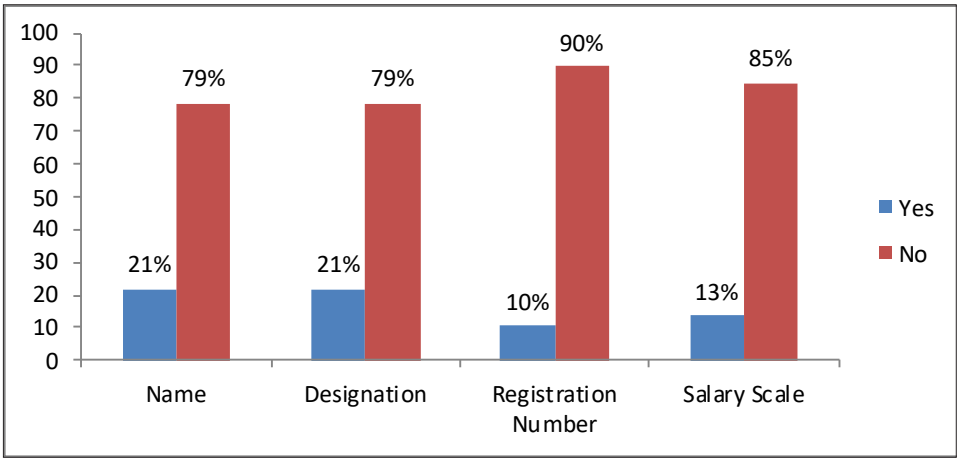
Display of payroll information at service delivery units such as health centres is equally a requirement just like the display of budget information. Due to increased falsification of payroll information by stakeholders in various service delivery centres including districts, the display of payroll information helps to foster accountability and reduce such cases. In 2016, different publishing houses in Uganda reported on the discovery of over 5500 'ghost' civil servants found in the government payroll system (The East African, Aug 11, 2016, The Daily Monitor, Jul 24, 2016). Among other steps in place by the government to eliminate or reduce the number of 'ghost' employees is a display of payroll information such that citizens who receive services from a particular delivery centre can question about any person they are not aware of but appears on the payroll. At the health facility level, about eight out of every ten (79%) health facilities visited did not display information on the staff payroll. The challenge was observed all across the levels of health facilities as illustrated in Figure 4 below.

Figure 4: Display of Payroll Information across Health Facility Levels



Most of the health facilities were not displaying. Only 27 (21%) out of 126 health facilities had displayed information. In the bar graph above, 5(16%) out of the 26 HC IIs visited had displayed payroll information. Also, 17(22%) out of 61HC IIIs had information displayed. Generally, the practice of displaying payroll information was not being adhered to and unless there were steps taken to address the concern, the practice might continue to dwindle.

Figure 5: Details of Payroll Information Displayed at the Health Facilities



The practice for the display of payroll information has been low according to previous budget monitoring reports and remained low as shown in the graph above. All the 27 (21%) had displayed both Names and the Designation however, only 10% and 13% of the 21% displayed registration numbers and salary scale respectively.

2.2 Timeliness in the receipt of funds for Health Sector

Out of 147 health centres visited, only 45% of them provided information on dates when PHC funds were received. Among the information provided, 35.8% received PHC funds within the first week of disbursement by the Central Government. There were still problems of delays in receiving funds by service delivery units with some health facilities indicating that it took up to 12 weeks to receive funds. That meant some delivery units received Q2 funds in the last week of the quarter.

Table 1: Number of Weeks PHC Funds Took to Reach the Health Facilities

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Funds received within the first Week	24	16.3	35.8	35.8
	Funds received within the 2nd and 3rd week	13	8.8	19.4	55.2
	Funds received within the first month of Q2	6	4.1	9.0	64.2
	The fund received within the second month of Q2	14	9.5	20.9	85.1
	Funds received in the last month of Q2 or above	10	6.8	14.9	100.0
	Total	67	45.6	100.0	
Missing	System	80	54.4		
Total		147	100.0		

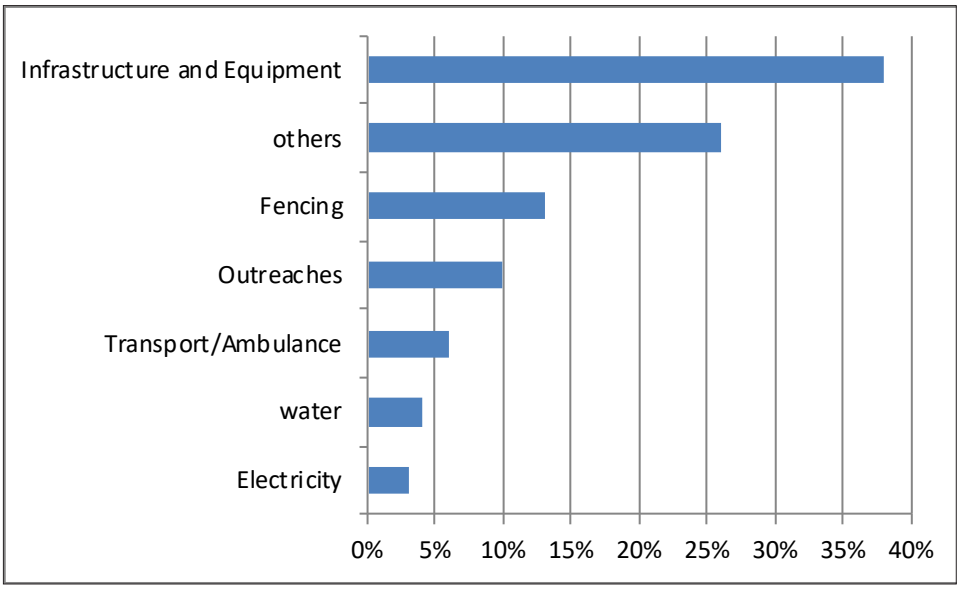
The findings also revealed that there was no facility that received Q2 funds in Q3 which is an improvement as compared to previous budget monitoring exercises where some service delivery centre reported receiving Q1 funds in Q2. Only five facilities: one from Budduda (Bugana HC III) and four from Hoima District (Bukuku HC IV, Nyakitokoli HC II, Mugusu HC III and Kichwamba HC III) received funds within the last week of Q2. It is also important to note that information concerning dates by which funds reached the delivery units was inaccessible in most of the service delivery units (80 Health centres) because it was either not displayed or the Health Centre In-charge could not be accessed at the time of the visit.

2.3 Unfunded Priorities at the Health Units

Funding to the health sector remained a challenge and this was well reflected in this round of budget monitoring. The health centre and hospital managers interviewed in the 26 districts had one or two things they thought were critical

to the provision of health services but were not being funded. On top of the list was infrastructure such as wards, repairs of the existing buildings, theatres, placenta pits, and equipment like x-ray machines. Other things such as nutrition services, environmental health, staff welfare, drugs were also major concerns contributing up to 24 per cent of the unfunded priorities as shown in Figure 6 below.

Figure 6: Unfunded Priorities for Health Centres Visited



Source: BSDME Q2 FY 2018/19

2.4 Staffing at the Health Units

According to the Ministry of Health, each Health Centre level had an approved staffing ceiling and the estimated population size it serves. A Health Center II is supposed to have 9 staff, Health Centre III 19, Health Centre IV 48 and a referral hospital 190.

During the monitoring exercise, it was found that the average staffing levels for most of the health facilities were all below the approved Ministry of Health staff ceilings. It was found that majority (65%) of the Health Center IIs had 5 or less staff positions filled. At Health Centre III 83 per cent of the health centers were found to be understaffed with staff levels of less than 15 employees. Table 2 shows the average staffing levels for all the categories of the health facilities visited

Table 2: Staffing Levels at the Health Units Visited

	Minimum No. of Staff	Maximum No. of Staff	Average
Health Centre II	2	16	6
Health Centre III	3	27	13
Health Centre IV	19	80	38
Regional Referral Hospital	68	147	108

Source: BSDME Q2 FY 2018/19

This implies that most of the health facilities are experiencing a certain level of under-staffing and just a few, such as, Budondo HC IV (with 56 staff) in Jinja reported having more than the approved staff. Some of the Health Centre IIs were upgraded to health centre IIIs which explained those with 16 staff members; however, some health centre IIs such as Nyakabaare in Mbarara, Bugoye in Mukono and Arapai Soroti had as low as 2 staff. There were only two referral hospitals in the sample one with 68 staff and the other 147 which were all still below the required number.

The Government of Uganda has been making efforts to improve the staffing levels however, there is still more work that needed to be done. On average, each health facility had a staffing gap of one or more staff. The maximum number of staffing gaps in Health Centre II was 8 which put the facility at risk of having only one qualified staff at the premises.

2.5 Identification at the Health Units

Appearance played an important role in identifying the health center personnel as well as building trust. Health workers in proper attire (uniform) are easily identified by patients and as a result, Health Centre and Hospital staffs are mandated to always wear a uniform and a name tag. The analysis found that only 37 out of 126 health care facilities visited had workers who had both uniforms and name tags. The biggest percentage of health centers 80 (63%) had workers that only had uniforms while one of the facilities Nyakabaare HC II in Mbarara district had workers who only wore name tags with no uniforms. However, the biggest percentage of health workers 117 (93%) per cent had a uniform and this is no mean achievement.

2.6. Amenities at Various Health Centres

On amenities, limited availability of a source of clean water and incinerators were reported as critical challenges for HC IIs and hospitals because they were important for the hygiene of the health facilities. Limited availability of electricity or solar also remained a widespread challenge to HC IIs and hospitals. Table 3 below summaries the key services and amenities at health

centres.

Table 3: Key Services and Amenities at Health Centre

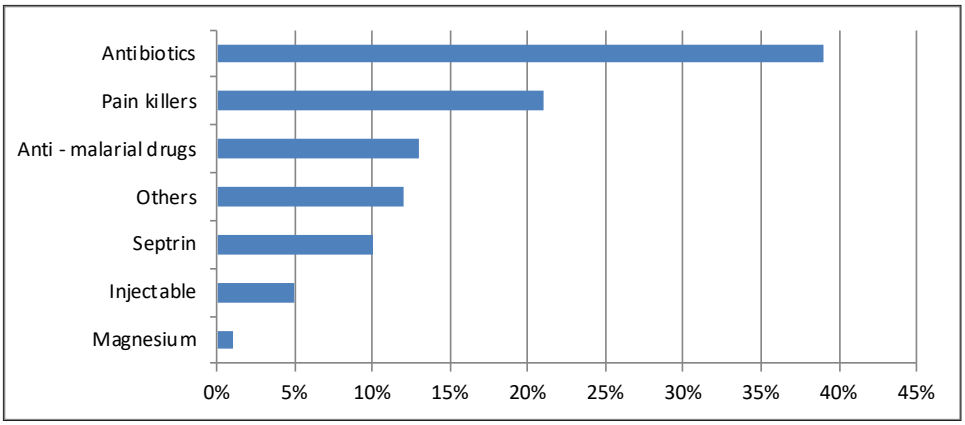
	Key Services and Amenities at Health Centers	HC II	HC III	HC IV/ Referral
Availability of utilities and amenities (%)	Safe Water	21%	63%	16%
	Toilet facilities/Pit latrines	24%	63%	13%
	Hydroelectric power/Solar	16%	66%	18%
	Fence	21%	48%	31%
	Incinerator	19%	52%	28%
	Placenta pit	19%	64%	17%
	Theatre	0%	14%	85%
Provision of key services (%)	Antenatal care	24%	66%	10%
	Immunization	25%	63%	12%
	Community Outreaches (Nutrition)	21%	66%	13%
	HIV testing and Counseling	20%	67%	13%
	Family Planning	24%	63%	12%
	Maternity Care	13%	68%	19%
	Pediatric care	21%	65%	14%

Source: BSDME Q2 FY 2018/19

2.7 Availability of medicine at the Health Units

On the whole, 82 per cent of the facilities had experienced drug stock-outs during the quarter under review. Among the 18% that did not experience drug stock outs, most were Health Centre IIIs and one Health Center II (Rupa HC II in Moroto), one HC IV (Bukuku HC IV in Kabarole) and one Hospital (Magamaga Hospital in Jinja). A closer look at the drug stock-outs revealed that the most prevalent stock-outs were in relation to antibiotic drugs (39 per cent) followed by pain killers (21 per cent) and Antimalarial drugs (13 per cent).

Figure 7: Drug Stock-outs for Health Centres Visited

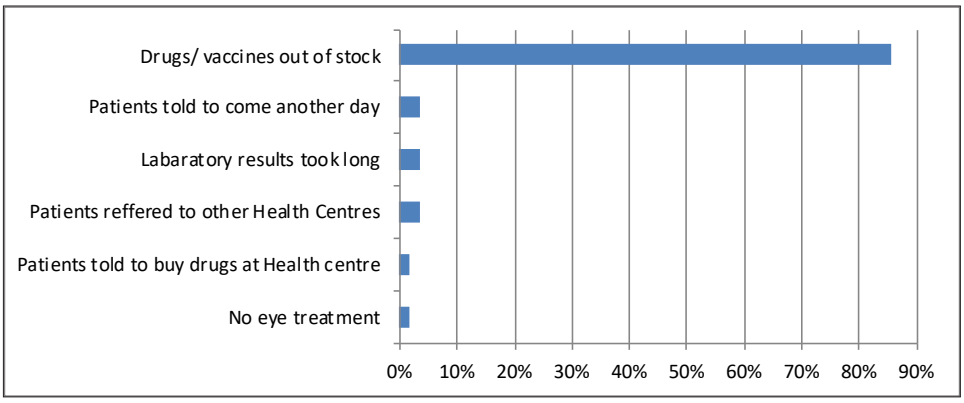


Source: BSDME Q2 FY 2018/19

2.8 Perceptions of users on the Quality of services Received

The study sought views of health service users on their perception of the quality of services offered at the health facilities visited. Ten exit interviews were conducted with users of services at each health facility visited. A total of 156 women and 97 men were interviewed. This section of the report presents the user perceptions on the quality, timeliness, level of satisfaction among other aspects of the health services they obtained from the health facilities they visited. The average waiting time at the health facility (time taken at the facility before receiving attention) was between 30 minutes to 1 hour. In terms of distance, it took an average of 5km – 10 km to reach the health centre. Up to 97 per cent of the respondents reported not have paid money for the service at the HC which to a large extent fulfilled the policy of free access to health services.

Figure 8: Feedback from Patients Regarding Drug Stock-outs



Source: BSDME Q2 FY 2018/19

On the whole, 77 per cent reported to have got the prescribed drugs from the respective health facility that they visited while 23 per cent of the respondents reported not to have received prescribed drugs. Of the respondents that did not get prescribed drugs, 85 per cent of them mentioned that the drugs/vaccines were of out of stock and these included malarial drugs specifically Coartem. A few others mentioned that they were referred to other health centers to get treatment. Others reported that it took so long for the laboratory results to be given to them which made them leave without getting the drugs as reflected in Figure 8:

Regarding the conduct of health workers, most respondents rated the health services as good at 70 per cent, fair at 23 per cent while 7 percent found the health workers conduct towards them poor. A substantial number of respondents rated the services as good (66 per cent) while 17 per cent rated the service as excellent. The cleanliness of the facilities was also favorably reported with 61% of the respondents rating as good and only 4% found it poor.

Table 4: Rating of Services at Health Centres

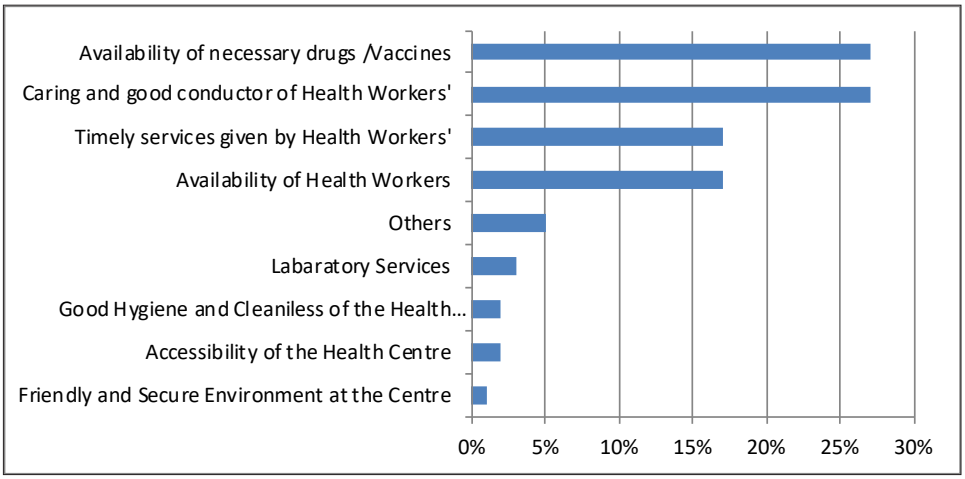
Aspect		Response
Rating of service	Excellent	5
	Good	70
	Fair	23
	Poor	5
Conduct of Health Workers	Excellent	17
	Good	66
	Fair	13
	Poor	4
Cleanliness of the facility	Excellent	9
	Good	61
	Fair	26
	Poor	4

Source: BSDME Q2 FY 2018/19

The respondents were asked to mention the things that they were most happy about and the unhappiest about at the HC. The results highlighted the importance of the availability of drugs and health workers and waiting time in the evaluation of service by users. About 27 per cent said they had received prescribed drugs and vaccines. The conduct and care of the health workers proved to be favoured by 27 per cent of the respondents. Other positive aspects of the service included availability of health workers to attend to patients (17 per cent), short waiting time (17 per cent), and availability of laboratories at

the Health Centre (3 percent), short distance to access the Health Centre and good hygiene at the HC both 2 percent as reflected in the table 4 above.

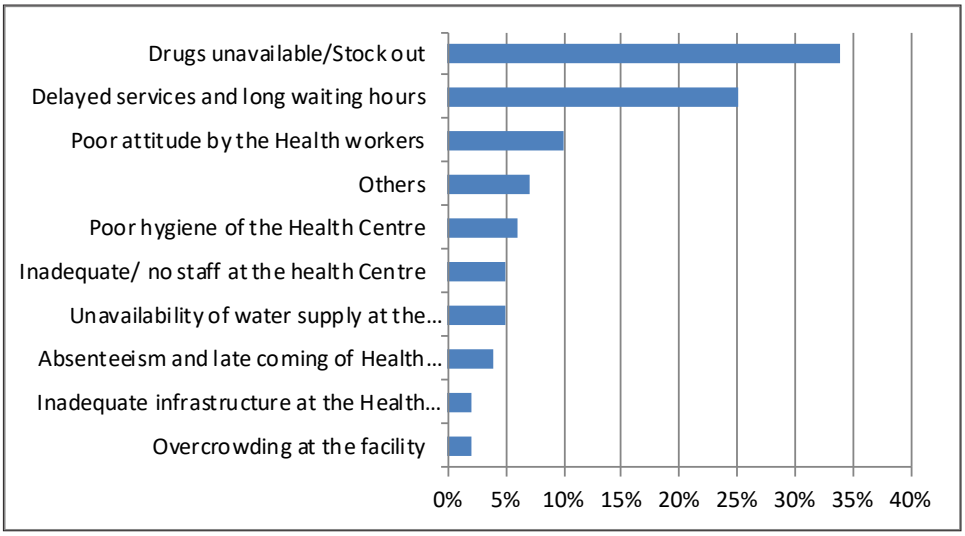
Figure 9: Levels of satisfaction on services at Health facilities



Source: BSDME Q2 FY 2018/19

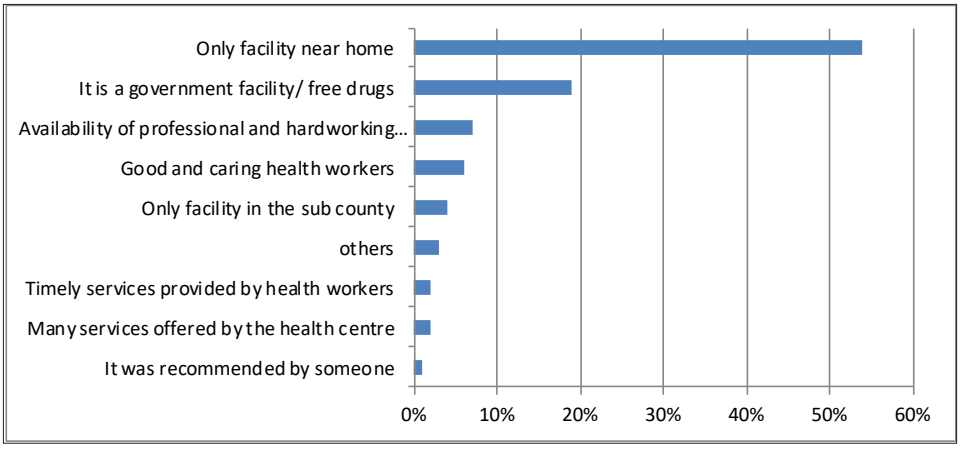
Asked what they were most unhappy with, 34 per cent of the respondents were unhappy that they had not received the prescribed drugs. Up to 25 per cent were not happy about the long waiting time before they could see a health worker. This was followed by the poor attitude of the health workers at 10 per cent. Poor hygiene of the health centre and inadequate or no staff at the health centre also came out as issues distressing health service users at 6 per cent and 5 per cent respectively among other issues reflected in figure 9 above.

Figure 10: What Service Users Were Unhappy with on their Visit to the Health Facility



The health service users were asked for the reasons why they chose the respective health facilities that they visited and in the various responses they gave, the biggest percentage of respondents (54 per cent) said they had visited the particular HCs because it was near (short distance) from their respective homes, a situation which indicated that proximity was a key reason for access to health services for the users. The second most important reason given by the health service users at 19 per cent was because it was a government facility, which offered free or health care services at a lowered cost. Some of the important attributes that health care should possess such as timely service, specialized personnel and ability to diagnose a variety range of diseases seemed to be of lesser importance to the users. This could perhaps be explained by the fact that these health facilities mostly served the underprivileged who could not afford to seek or access specialised health care that was provided by facilities not near their communities.

Figure 11: Reasons for choosing Health Centre



Source: BSDME Q2 FY 2018/19

3.0 CONCLUSIONS AND RECOMMENDATIONS

Overall, 65% of the districts and 46% of the sub-counties visited were displaying information on Central Government transfers for citizens to view and be informed. Relative to quarter 3 in FY 2017/18, this represented a 13% improvement on the part of the districts and a 4% decline among the sub-counties. On the relevance of the information displayed, most of the sub-counties were not displaying third quarter information, the quarter in which the monitoring was undertaken. The level of conformity of sub-county headquarters was still too low despite the several rounds of monitoring which had raised the same issue. Compliance with the more nascent requirement of displaying information on the payroll was very low across all service delivery institutions covered.

There were, however, practical challenges that arose in relation to display of information at service delivery units. In most cases, there were no appropriate notice boards that protected the information from degradation due to adverse weather and vandalism. The volume of information to be displayed was ever increasing with calls for greater transparency. Space on a notice board was too precious. While there were other forms of disclosure besides public display, they were not accessible to a big section of the public. Nevertheless, one more option for accessing information, however limited in access was better than without it. The line Ministries, Departments and Agencies should ensure that available channels, especially, those online, are maximized. The budget library by the Ministry of Finance Planning and Economic Development is one such channel that was not maximized due to many districts not having up to date information. The display of information using either the notice boards or online required leadership to guide on what ought to be displayed and at the same time hold Accounting Officers accountable where the requirement was not complied with.

Service delivery units faced numerous challenges in relation to their capacity to deliver services ranging from inadequate funding to delays in the transmission. The BSDME showed that the citizens nevertheless remained optimistic about health service delivery with most of them rating the services as good despite the challenges the Health Centres face. Evidence on what health service users cared about showed that there was need to dedicate more energy and resources at ensuring that prescribed drugs were available at Health Centres, reducing waiting time and availability of health workers to attend to patients. Measures to ensure this include close monitoring and supervision of HC by the technical and political leadership of the districts alike. At a higher level (sector), it could include reviewing the issue of cost sharing that may greatly improve the quality of services provided at low levels of user contributions. In any case, there were indications that users were already contributing money for services at Government-owned Health Centres.

The issue of repairs and medical supplies at HCs needed to be championed by the political leadership at the district. Many Health Centres were in deplorable state and were in dire need of repairs. The absence of basic amenities at the HCs such as toilets, water and electricity impeded service delivery. The district leadership should have a strategy to meet the unfunded priorities within the given time horizon.

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ABOUT ACODE

The Advocates Coalition for Development and Environment (ACODE) is an independent public policy research and advocacy think tank based in Uganda. ACODE's work focuses on four programme areas: Economic Governance; Environment and Natural Resources Governance; Democracy, Peace and Security; Science, Technology and Innovation. For the last eight consecutive years, ACODE has been ranked as the best think tank in Uganda and one of the top 100 think tanks in Sub-Saharan Africa and globally in the Global Think Tanks Index Report published by the University of Pennsylvania's Think Tanks and Civil Societies Program (TTCSP).

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