FACTORS THAT AFFECT THE DELIVERY OF HEALTH SERVICES IN KAWEMPE DIVISION

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DECLARATION

I, Kamaali Susan do declare that this research report is my original work, developed from data collected from the field and some other sources. It has not been presented before by any other person for any award.

Signature.....

KAMAALI SUSAN

APPROVAL

This is to testify that the above student made this report under my supervision

Signature ……..

MS. NAKAJUGO AMINA

SUPERVISOR

Date……

DEDICATION

This dissertation is dedicated to my family and friends most especially my dear husband Mr. Kaggwa Peter Mungaaso. Also my parents, my brothers and sisters and to all those who supported me during the course of this research report. Lastly, to my children Vivian and Vanessa.

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The Local Government Leaders of Kawempe division most especially L.C II Kawempe Parish. Community members, health workers and members of staff of Kawempe Health Centre.

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ABSTRACT

The main purpose of this study was to investigate the factors affecting the provision of health services in Kawempe Division. The man objectives of the study were:

Analyze the factors affecting the delivery of social services in Kawempe Division. To explore the roles played by the local governments and commits in the provision of health services

To suggest possible remedies to the problems facing health service delivery.
This helped the researcher to formulate the recommendations that can be used to improve on the effectiveness and efficiency of health service provision in Kawempe division.

During the study, a descriptive research design was used. Data was elicited from the local council officials, health workers, division planners and the general public. Purposive sampling was used to select the representative sample for the study.

In data collection both secondary and primary sources were used during the study. Primary data was collected with the help of the questionnaires and interviews. Secondary data was collected from already existing literature such as health reports, journal, textbooks Newspapers and magazines from Makerere University, Ministry of health Library etc.

CHAPTER ONE

INTRODUCTION

1. O BACKGROUND

Health service provision the world over is an important indicator of government's capacity to cater for the citizenry. In Uganda, health provision mechanisms are a subject of controversy and contention. Health service inadequacies have been noted over time and government's efforts to provide this service have been supplemented by private hospitals, private practitioners as well as traditional healers. All these partners have come in a result of growth in population. Increased incidences of diseases have aggravated the scarcity of an already acute shortage of medical personal and resources for health care.

Whereas in the last two years the government has been reviewing health care service delivery with a view to achieve quality health care, external pressures, instability in some areas and poor planning have weakened the ability of government through its line ministry to ensure that the service is accessible, affordable, adequate, appropriate and effective. Such predicament has worked to negate the internationally recognized principle of Medicare, which places life as primary and other considerations secondary (White, 1996).

However, ideally health services delivery can only be effectively delivered if important decisions on health management are taken on the basis of hard facts and knowledge rather than on the basis of politics or convenience. Incidentally, constraints to funding, management and bureaucratic establishments have put the delivery of health services in jeopardy. The desire for quality health services is a universal proclamation and government has tried to put in place measures to

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All this is in consonance with government policy of decentralizing health services, promotion of Primary Health Care (PHC). Immunization and general reduction of disease incidence (Health Ministerial Policy Statement, 1999/2000). However, despite the positive and supportive government measures, health has continued to degenerate over time. Factors such as political instability, economic recession and the AIDS/HIV scourge have all combined to decimate the number of health workers ready to provide the much needed service and strain the already weak health infrastructure due to the larger numbers seeking health and medical services.

1.1. BACKGROUND INFORMATION

Kawempe Division is one of the five divisions that make up Kampala District. Kawempe division is situated 3 miles North of Kampala off Bombo-Gulu highway; it is divided into 2 (two) sub-divisions thus Kawempe South constituency and Kawempe North. Apart from the Members of Parliament, the Local Council III Chairperson and his executive members head the division. Then there are many sub-committees each one with a vote on the main stream (Local Council III Executive Committee) for example education committee, works, health etc. This is done in order to bring social services nearer to people.

1.2. STATEMENT OF THE PROBLEM

The increase in population have affected and placed a great impact on health services in all urban centers of the world more so in developing world. The rate of population growth places great doubt on whether the existing health services are also being expanded to match with the increasing population or not.

In Kawempe Division, it is considerably noted that health services delivery is inefficient and many people do not have easy access to these few existing ones. Despite considerable efforts for development, health services are not meeting the growing demand for them in many areas in Kawempe Division. The researcher therefore is going to investigate the factors affecting the delivery of health services so that possible solution for improvement can be set up.

1.3. OBJECTIVES OF THE STUDY

i) Analyse the factors affecting the delivery of social services in Kawempe Division.

ii) To explore the roles played by the local governments and commitees in the provision of health services

iii) To suggest possible remedies to the problems facing health service delivery.

1.4. SCOPE OF THE STUDY

The study was limited to Kawempe Division solely because it's an area with problems of heavy health service delivery. The study examined the factors that affect the provision of health services in Kawempe Division, the source or

How they are funded the role-played by the community and politicians in health services provision and finally the researcher will draw the possible recommendations.

1.5. SIGNIFICANCE OF THE STUDY

The study is necessary for planners, scholars, policy makers, health workers and Local Council officials because it will help them in understanding their plans of action and future reference while planning.

CHAPTER TWO

LITERATURE REVIEW

2.0. INTRODUCTION

This chapter presents the review of related literature on this research topic and gives the perspective of many different scholars (authors) about what they think, suggest and recommend as the possible factors affecting the provision of social services in a given community.

2.1. HEALTH SERVICE MANAGEMENT

In low-income countries where current public spending for health is less than the cost of an essential basic health package, some degree of targeting is inevitable (World Development Report, 1993). If the wealthy are already opting out of government-financed services because of the higher quality and convenience of privately financed services, targeting is fairly easy. The above report further recommends that in every developing country, decisive steps are needed to correct the pervasive inefficiency of clinical health programs and facilities and especially of government services. Clinics and outreach programs operate poorly because of shortages of drugs, transport and maintenance. Hospitals keep patients longer than necessary and are poorly organized and managed.

The World Bank (1993) points out that developing countries pay too much for drugs and syringes which are sometimes stolen or go to waste in government ware-houses and hospitals, (World Bank Development Report, 1993). Indeed poor management styles tend to sustain debates on utilization of health services by the public. While the proponents of

public choice theory argue that people can go where they feel services are better, opponents contend that poor quality health care services have a direct impact on the health situation of the poor people who can not afford the bills which may accrue as a result of visiting private hospitals. Mwesigye and Wamai (1995), point out that in Kasangati health center, people are resorting to traditional health practices rather than go to die in government hospitals. One wonders whether this is due to poor management of government hospitals or peoples' attitudes since Mwesigye (1995) is very inconclusive on this.

The reality therefore is that other than neglecting one for the other, government should ensure that internal management systems are improved for both private and government hospitals so that they fulfill the acknowledge principles for which they exist. Poor management in government hospitals can affect people's attitudes as expressed in *The Monitor April, 24 (1998)*, where she clearly expresses the agony of visiting government hospitals when she said, "I saw my twins die and the nurses just laughed". To her, government hospitals are synonymous with death. However, private hospitals also have cases of death but it seems the approach doctors and other health providers use to relate to the public differs.

While Contrasting Government and Private hospitals, The Uganda National Health Consumers Organization (UNHCO) Report (1999), pointed out that "if one walks in the corridors of any government hospitals or even on the streets, he/she is bound to hear the following complaints: waiting for long in queues, doctors usually come late and leave early, lack of staff for the whole night or the present staff are rude, no working toilets at all, a doctor making prescriptions well aware that there are no drugs, patients not being told what they are suffering from,

operations cancelled a number of times, probably due to shortage of oxygen, water is unavailable, ... week after week". This report raises a lot of unanswered questions about what happens in hospitals, such as, the way management handles such cases and the impact this has on the attitudes of the people who visit such hospitals. One would therefore think that this has a reflection on the way health services are provided and managed in government hospitals.

Richard (1969), suggests the strict application of the code of King Hammurabi of Babylon (1628-1688 BC) in the management hospitals. He suggests - that doctors should do their duties diligently and that those who do not execute their duties well should be brought to book. "If a doctor has treated a gentleman with a bronze lancet for a severe wound and has caused him to die, or if he has opened with a bronze lancet an obsess of the eye of a gentleman and has caused him to die, or if he has opened with a bronze lancet an obsess of the eye of a gentleman and has cause loss of the eye, the doctor's hands should be cut off". While this seems to be a harsh punishment, it would deter negligence on the part of the health providers. This is particularly so since what would be simple cases degenerate into severe ones due to poor medical care and attention. Although not every death in a hospital is due to negligence, delays to admit patients and offer appropriate and timely treatment causes some death. White 91996) considers timeliness of treatment as an important aspect in health provision. He asserts that patients can sue National Health Services Trusts (NHST) for failure to provide correct diagnosis and treatment. It is possible that a claim could succeed if a delay in treatment caused additional pain and suffering, death or bodily injury to a patient, including a delay in treatment caused by an administrative problem.

In Uganda, human resources for health remain inadequate. The continued attrition of health workers in the face of the government ban on recruitment led to further decline in the availability of human resources for the health sector. The trained health workers are both inadequate in numbers, and worse still, inappropriately distributed. Whereas more than 80% of the population is found in the rural areas, the distribution of trained health workers favours the urban areas (Uganda Ministry of Health Sector Strategic Plan 2000).

2.2. HEALTH CENTRE MANAGEMENT STYLES AND STRUCTURES

Government hospitals are supervised by Hospital Management Committees. The management committees are responsible for implementing government policies and guidelines. These committees are composed of both bureaucrats and local politicians. The politicians are appointed by Local Councils while the bureaucrats are members by virtue of their appointment in the service. These health centre management committees are the links between the public and the institutions (hospitals) and are monitors of how hospital resources are utilized. It is therefore important that the e appointment of these committees is done in the most serious way possible because a poorly constituted committee will inevitably lead to resource waste although the Ministry recognizes the problem of waste of resources, both funding and management are equally problematic and affect access to health services (Ministry of Health, 1996).

The PNFP hospital are managed through a Board of Governors; appointed by the Bishop who is usually the chairperson of the board. The appointment of the board members is at discretion of Bishop but normally reflects commitment and alliance to the church. Like in government hospitals, the PNFP Board is comprised of those working in

the hospital and those appointed outside the hospitals (the composition of board of directors, Kitovu Hospital 1994). The difference in the performance of government and PNFP hospitals could lie in the differences of appointment and control of staff.

2.3. FUNDING AND ACCESS TO HEALTH SERVICES

Most countries view access to basic health care as a human right. This perspective is embodied in the goal, "health for all by the year 2000", of the conference held by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in Alma Ata in Kazakstan in 1978. It was during this conference that today's primary health care movement was launched. Regardless of the health care movement and the Alma Ata declaration, health care is not accessible to all the people after the year 2000. Fabricant and Kamaru (1990), in a study entitled, "an Assessment of the Cost Recovery in Sierra Leone" found out that a significant number of people preferred using private health services and traditional healers than paying for services in government hospitals where they wait for long periods before they are attended to. Fabricant and Kamaru 1990. Highlights the inadequacies of the fees, which are never consistent with the services provided. Their study however does not explain why fees in government hospitals have had minimal impact yet in private not for profit hospitals and other drug peddlers the demand for services has gone up. This is reflected in studies conducted in Swaziland where government hospitals suffered a 32.4% decline in patient attendance while mission hospitals experienced a 10% increase in patient turn up after introduction of the user fees (Toder, 1990). Health services concern us all and how the health care system is built up has a direct bearing on people's welfare.

However, in Uganda up to 1993 when decentralization started, the process of resource allocation and planning was a central function controlled by the Ministry of Finance and Economic Planning and line ministries. The Ministry of Health was responsible for drawing up the public health sector budget, district budgets, hospitals and lower levels budgets. Tiberius (1999) points out that, there was no formula for apportioning resources to curative or preventive services.

According to Chinkwenya (2000), the way Zambia's health care system is built has a direct bearing on people's welfare and every body take an interest in how well off society ought to be. To Tiberius (1999), in most developing countries, the resources for providing health care and for health care improvements are inadequate. Tiberius observation is also echoed by the World Bank (2000), which points out that 84% of the World's population live in developing countries and yet account for 93% of the global disease burden and only 11% of all health care spending.

The Alma Ata Conference in Kazakstan (1978), argued for improved equity in access to health and health care, and the WHO (1996) report stated that access to health is everybody's right and the ethical basis of health policy is "Health for all". However, Brijlal, eta (1998) indicated that gaps between different social groups are often wide especially in developing countries. Therefore, accessibility to health and medical services still remains an issue to contend with developing countries including Uganda.

2.4. FUNDING OF SOCIAL SERVICES

According to Onyango (1994), development plan funds for health services are from both public and private resource. Mobilizing of funds for leading needs are sought from three sources, broader governmental base

of support financial effort from expanded participation by NGO's communities, families and individuals, assistance from external agencies all of which play a role in financing of social services like education.

The World Bank made its firs loan for social services like education and roads in 1963, and the bank is now the largest single source of external financing for developing countries.

The Central Government through the Ministries of Health is, as in other countries, the larges provider of health services. Important roles are also played by NGO's and agencies such as religions and private organization, local and divisions' authorities provide basic health services in their respective local areas.

2.5. FACTORS AFFECTING MANAGEMENT AND ACCESS TO HEALTH SERVICES

Provision of health care in both government and private hospitals has put pressure and expressed government failure to provide and address key health issues. Government's decision to channel funding through private hospitals is a step towards addressing this rather bigger problem (Kyomuhendo, 1994). However, this assertion is over simplifying the issues since the capacity of private hospitals to handle all public demands for health services is still limited. Indeed as Semogerere (1997), points out that, governments should work with both government and private hospitals so as to sort out internal weaknesses..

Talking about quality, Kiston (1987), warns against adopting a mechanistic view of quality. At all times, there is needed to be aware of the individual client at the center of the whole process. As she puts it that, quality is to do with fostering a sense of the individual within a system. In Uganda however, areas with the highest mortality and

morbidity levels have the least block grants in form of health service funds better health facilities has shs1, 125,311,284/=. While Mupacke (1999) suggested that allocation of resources for health care should be performance based, it is equally possible that allocation should be based on demographic and socio-economic variables in combination with health status indicators such as mortality and preferably take into account geographical differences of utilization.

Larry (1994) argues that the public health care system emphasizes the quality of health care. A study in Ghana showed that improvement in drug availability led to a 44% increase in the utilization, while improvements of 100% in infrastructure led to 25% probability of choosing treatment at public facilities. The implementation of all these improvements led to a 3% increase in utilization. In Uganda, public health facilities experienced a 40% decline in utilization from 1989 to 1993. During the same period the quality of public health services deteriorated dramatically due to inadequate staffing, shortages of medication, cancellation or lapses in immunization programmes and an overall breakdown in health facility physical infrastructure (Ministry of Health Annual Report 1999).

In a recent study on the inventory of human resources for health in the public facilities (MOH, 1999) indicates that qualified staff filled only 34% of the established positions in government hospitals. The rest were either filled by untrained Nursing Aides or remained vacant. Current human resource management practices compound the difficulties. Wages are inadequate and irregular. Negative attitudes to health workers in some districts by leaders and mangers erode staff morale and compromise the quality of health care that they provide to the population.

2.6. HEALTH SERVICE DELIVERY, PRIVATIZATION AND LIBERALIZATION

Alternative health service delivery mechanisms arising out of central government's desire to provide adequate inputs to the provision and consumes of health services is now a subject of great interest and concern for policy makers and researchers.

Privatization entails the transfer of control and ownership from central or local government to private individuals and enterprises (Edgren, 1990). It is through such scenarios that enterprises are allowed to deliver services or utilities, which were previously provided by government owned agencies or enterprises (Edgren, 1990). In health, both the process and results or privatization have witnessed positive and negative consequences on service delivery. In government hospitals this has resulted into the creation of private wings, which cost more and offer relatively better services and care to the patients. The creation of private wings in hospitals has resulted into alternative source of funds for the hospitals, which in turn increase the morale of staff in terms of incentives and allowance payments. Many authors point out that privatization just as liberalization under SAPs has social costs which are hard to quantify (Weiss, 1991); Phalle, 1992; Ali 1993; Egulu, 1995; Kyomuhendo, 1994; Semogerere, 1998) and Bammol et al, 1991). However it should be noted that overtime, health service provision has moved from use of traditional treatment to modern medicare and then back to the traditional methods. In other cases where modern medicare is still upheld there is a significant shift from government hospitals to mission hospitals. Evidence of shifts from government or private hospitals is overwhelming in many countries Uganda inclusive. In a report about the main findings of the Baseline Survey done by Anne Cockcroft revealed that about a quarter of households in Uganda use government hospitals services while a third of

the people use missionary and other health services (Ann Cockcroft, 1998).

2.7. THE ROLES PLAYED BY LOCAL GOVERNMENTS IN THE OF HEALTH SERVICE

The Constitution of Uganda (1995) and the Local Authorities Act (1997) The apportioned responsibilities between central line ministries and local authorities. Service delivery is a responsibility of the local authorities. The line ministries are responsible for policy, standards and guidelines, supervision and monitoring technical support and resource mobilization. Implementing these reforms has raised a number of issues, the most pertinent of which are: - capacity to implement programs, bottlenecks in channeling funds, personnel management and priority setting in resource allocation. Ownership and accountability for outputs by communities and local leaders is yet to be fully appreciated. However, government claims that decentralization has been warmly embraced and has contributed to improvements in service delivery through increased community participation and better supervision (Uganda Ministry of Health Sector Strategic Plan 2000). Although this claim could be true in some areas, it is not proper to generalize it since in some districts in Uganda decentralization of health services has constrained the provision of the same.

CHAPTER THREE

METHODOLOGY

3.0. INTRODUCTION

This chapter presents the research methods, which were adopted in the field. Description research method called case study design made. Sampling size and selection, area and population of the study, data collection and analysis are all presented in this chapter.

3.1. STUDY AREA

The study was conducted in Kawempe Division. This area was purposely selected because it was accessible by the researcher and cheap in terms of transport and convenient in terms of information accessibility.

3.2. SAMPLE SIZE AND SELECTION

In this study, the sample size constituted 90 respondents this included 20 medical workers, 25 division workers, 10 local government officials, 30 division residents, 2 local government planners and 3 Kawempe Division officials.

3.3. RESEARCH INSTRUMENTS

Primary data collection involved two categories and that is:- a self administered questionnaire and an interview guide.

The questionnaire applied to the division staff members (officials). It constituted both close ended and open-ended questionnaire.

The interview guide applied to other informants in this study. It was formulated with both close and open-ended questions with open-ended formatting the biggest number.

3.4. DATA TYPE

Both primary and secondary data was collected and used in this study. Primary data was collected by both interview guide and questionnaire methods. Secondary data was also collected by use of literature search like monthly reports, policy statements, annual reports and others.

3.5. PROCESSING DATA AND ANALYSIS

Qualitative data was edited and coded. The study mostly used quantitative data analysis in addition to some aspects of qualitative data analysis.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS, ANALYSIS AND DISCUSSION

4.0 INTRODUCTION

This chapter presents the findings of the factors associated with health service delivery in Kawempe Division, Kampala District, and the causes of the problems, the consequences of the problems on effective health service delivery to the people, and strategies that could be adopted to ameliorate the situation.

4.1 FACTORS THAT AFFECT HEALTH SERVICE PROVISION IN KAWEMPE DIVISION

Various factors associated with health service provision in Kawempe division were reported by respondents and had various impacts on the people, as a result deteriorating service provision effectiveness.

Table 1: FACTORS THAT AFFECT HEALTH SERVICE PROVISION IN KAWEMPE DIVISION

Factor (Problem)	No. of Respondents	Percentage (%)
Lack of constant supply of drugs to health centres	22	24
Inadequate staffing	19	21
Inadequate medical equipment	18	20
Inadequate housing facilities	16	18
Poor provision of other supportive health services	15	17
Total	**90**	**100**

Source: Data collected by the researcher from the field

4.2. LACK OF CONSTANT SUPPLY OF DRUGS TO THE HEALTH CENTRES

Effective health service delivery in Kawempe Division has been highly retarded by poor supply of drugs to the existing health centers in the division. This has been reported by 24% of the total respondents (*See Table 1*)

These problems have been mainly identified in Kawempe health centre an area referral health centre. This has tremendously affected the smooth operation of the H/C in regard to rendering treatment to the patients. Many of the patients have been referred to private clinics and drug shops in cases of shortage of drugs in government funded health centers. This makes them to pay highly as the private clinics are relatively more expensive than the government health facilities. Others who cannot afford the private clinics end up using local herbs for their health problems or resort to witch doctors even when diagnosed with fever, malaria and diarrhea or cough.

4.3. INADEQUATE STAFFING

The findings further show that the health centre in the division are faced with a problem of inadequate staffing (medical personnel) and supporting staff in relation to the number of patients received in the health every day as reported by the 21% of the respondents. For example the doctor patient ratio is 1:30 for example; the doctor patient ratio is 1:30, besides, there are few nurses compared to the number of patients in the health centre and according to information available, there are four health centers in Kawempe Division. These are:-

i) Kawempe Division Health Centre (Government)

ii) Marie Stopes (NGO)

iii) St. Stephen Healch Centre (Private)

iv) St. Vincent Health Centre (Private)

v) Kyadondo Medical Centre (Private) excluding Mulago National Referral Hospital..

Because of the heavy workload, the medical staff have been stressed up, depressed and fatigued leading to poor execution of their services to the patients.

During fieldwork, respondents were also asked about how health services are distributed in the division and 44 (49%) of the respondents indicated political affiliations. Respondents in many areas in the division expressed their dismay other this and said that politicians use their political influence to deny people the health services basing on the political support they got in a certain area. This is shown in the table below.

Table 2: THE POLITICAL INFLUENCE ON DISTRIBUTION OF HEALTHSERVICES

Political Influence	No. of Respondents	Percentage (%)
Agree	17	19
Strongly Agree	44	49
Disagree	16	18
Strongly Disagree	13	14
Total	**90**	**100**

Source: Data collected from the field

Respondents were asked about the funding of the health projects in the division and the results are clearly indicated in the table 3 below:

Table 3: FUNDING OF HEALTH PROJECTS IN KAWEMPE DIVISION

Funder	No. of Respondents	Percentage (%)
Government	38	42
NGO	21	23
Community	15	17
Private Individuals	16	18
Total	**90**	**100**

Source: Data collected from the field

According to the table above, 38 respondents representing 42% of the respondents indicated that government is the prime funder of health services in the division followed by Non Government Organization (NGO) with 21 respondents representing 23%. 15 indicated community with 17% of the total respondents and the 16 respondents indicated private individuals.

Table 4: SHOWS SOURCES OF FUNDS FOR KAWEMPE HEALTH CENTRE

Source	Millions Ug. shs		
	2001/2	2003/4	2005/6
Government	144.2	133.3	120.8
Donors	88.4	62.7	71.4
N.G.O.s	27.8	30.4	22.9
Private individuals	10.02	6.09	8.07
Community/internally generated	9.04	8.07	7.02
Other sources	0	0	0

Source: Secondary data compiled from Kawempe Division Health Service department

Table 4 indicates various sources of funds for the health centre for the fiscal period (2001/2, 2003/4, 2005/6). It clearly indicates that government is the main source with 144.2 in 2001/2 FY. It was followed by NGOs with 88.4 in the same fiscal year. But this is contradictory to table 3 were respondents indicated

that NGOs is second source of funding to government with 23% and government scoring 42%. Data also shows hat community or internally generated income injected 9.04 in the FY 2001/2.

Table 5: BUDGETED EXPENDITURE ON HEALTH SERVICE DELIVERY – KAWEMPE HEALTH CENTRE

Vote	Millions Ug. shs		
	2001/2	2003/4	2005/6
Rehabilitation of the H/C	40.8	20	16.9
Construction of new wards	17.07	16.05	10.07
Provision of furniture	7.9	6.7	5.9
Provision of drugs	9.05	8.6	11.3
Provision of health equipment	30.02	32.07	29.9
Provision of communication/transport facilities in the centre	22.2	18.4	20.08

Source: Secondary data compiled from Kawempe division health service department (2001-2006)

Table 5 above indicates the manner in which the budgeting for health service delivery was conducted during the fiscal period (2001-2006). It shows the expenditure budgeted for the delivery of each form of service. For instance, the rehabilitation of the health centre was estimated to cost 40.8 million Ug. shs in the 2001/2 FY.

It is important to note that rehabilitation of the health centre was regarded as a form of service delivery because this rehabilitation included renovations and general improvement in accommodation.

4.4. INADEQUATE GARBAGE MANAGEMENT

This is one of the problems associated with the health service provision in Kawempe division as reported by 17% of the respondents. The study

shows that there is poor garbage management in and around the division. The division garbage skips and containers are not enough, wrongly positioned and/or worn out. The dumping habits in the division of the people within the division also leave a lot to be desired as they are so poorly done and garbage almost litters on almost all the roads in the division especially polythene papers and empty mineral water bottles.

The frequency of emptying the garbage containers by the concerned division workers in undesirable and there is also risk of breeding rats, mosquitoes, especially during rain season and other scavenging animals like dogs, cats and birds whose excreta are also littered around as they roam the area while scavenging, hence posing serious aesthetic problems of dirty environment.

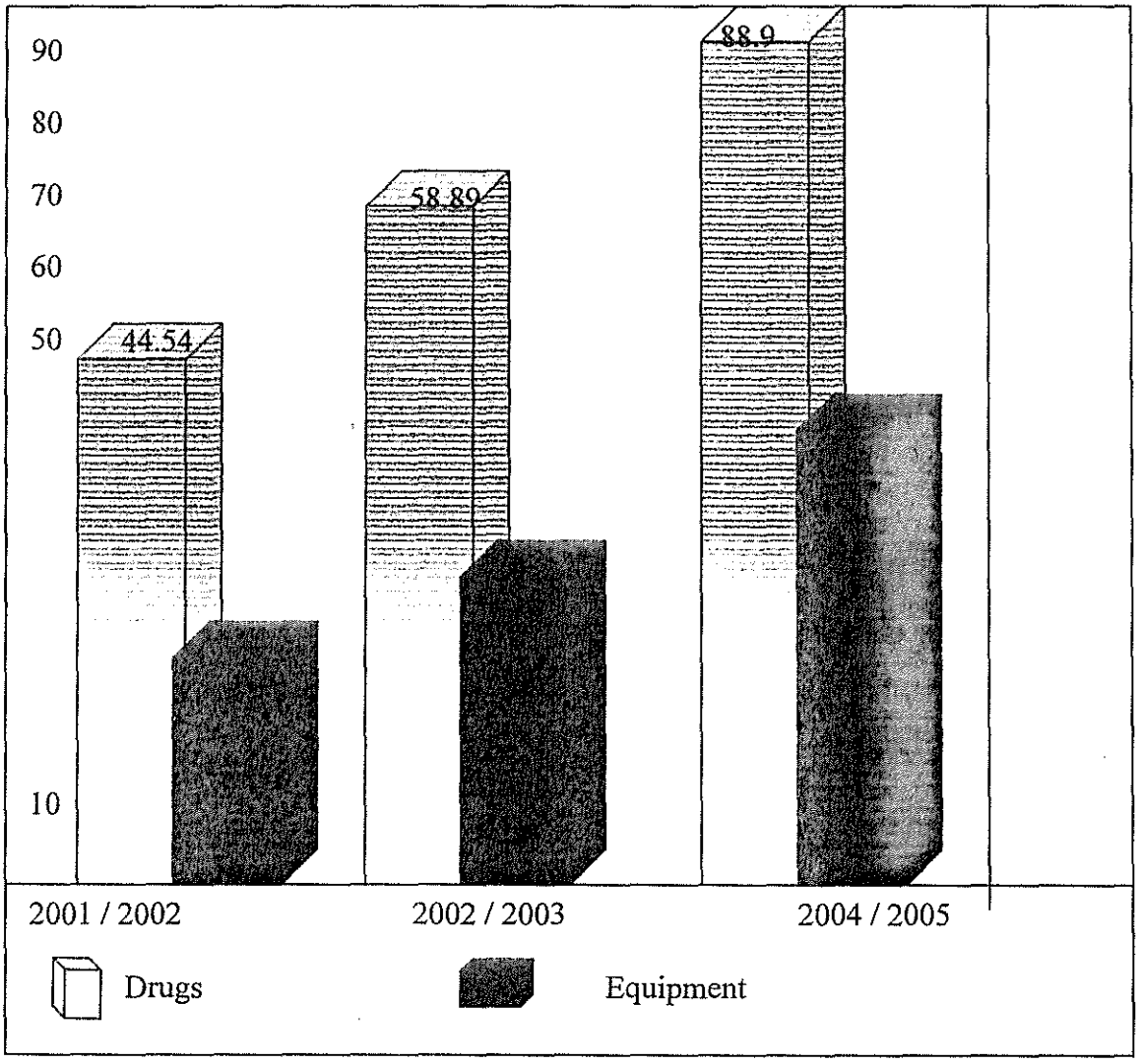
4.5. INADEQUATE FUNDS

The health service provision in Kawempe Division has greatly suffered a lot of setbacks stemming from financial shortages to meet the operation costs of medical centres and other health programs in the area. This financial shortage has made it hard for the health centres to acquire enough drugs, recruit more staff (medical personnel) or expand the facilities hence a hindrance to effective provision health services to the people in the division. This problem of financial inadequacy has been arguably blamed on the current state of the economy that is being caused by poor gross national income generally. This has therefore impacted on government allocation of funds to cater to the health service provision nationally. Besides, due to that crisis of finance, the government has been unable to enroll more medical students at the government tickets that is the government scholarship scheme this would have solved the problem of shortage of medical personnel and particularly Kawempe Division, hence enhancing health service provision in the area.

In addition to that, brain drain of medial personnel has taken its course due to the fact that the government has financially failed to improve on the welfare of the medical worker and this include health planners, doctors, nurses etc many times they are threaten to strike due to low salaries they get, yet the amount of workload on them is heavy due to their few numbers nationwide.

Respondents were also asked about the factors that most affect the provision of health service in the studied area and responses are indicated in the table below:

Diagram 1 : Government Funds Distrusted to Drugs and medical equipment



Source: compiled from HD.(2001 / 2) Report on Development Aid.

Diagram 1 shows that government funds disbursed to both drugs and medical equipments have been increasing over the indicated physical period. However, the manner in which budgeting for these funds has been affecting the effectiveness of health services delivery and whether this budgeting has played any role in the ineffectiveness remains known.

Table 6: FACTORS THAT AFFECT THE PROVISION OF HEALTH SERVICES

Factor	No. of Respondents	Percentage (%)
Lack of funds	23	26
Increasing population	21	23
Political Influence	16	17
Poor land tenure system	11	13
Lack of enough trained manpower	19	21
Total	**90**	**100**

Source: Data collected from the field

According to the data in the table 4 above, lack of enough funds was significant I the factors that affect the provision of health services in Kawempe division. 23 representing 26% as the highest percentage out of 100 indicated this. 21 respondents indicated increasing population in the division making it difficult for the division planners to plan for the big population compared to the few resources available.

Respondents also claimed that Kawempe is over populated compared to the resources available e.g. health centres and other public infrastructure in the area. Lack of enough trained manpower such as medical personnel was indicated by 19 as the frequency representing 21% out of 100% and political influence as another factor affecting the provision of health services in Kawempe division

was indicated by 16 representing 17% out of 100%, poor land tenure system was indicated 11 representing 13% but this was seen as insignificant among the factors affecting the provision of health services in Kawempe division.

4.6. SUGGESTED SOLUTIONS TO REMEDY THE PROBLEMS ASSOCIATED WITH HEALTH SERVICE PROVISION IN KAWEMPE DIVISION

Views of various respondents were sought about how to rectify the problems associated with service provision in Kawempe (see table 7).

Table 7: SOLUTIONS TO RECTIFY THE PROBLEMS ASSOCIATED WITH HEALTH SERVICE PROVISION IN KAWEMPE

Suggested Solutions	No. Of Respondents	Percentage (%)
More drugs and other medical equipment and facilities to be supplied	21	24
Training and recruiting qualified medical personnel	20	22
Rehabilitation of the health centres in the area	16	17
Better garbage collection methods	14	16
Community health and sensitization campaign	13	14
Provision of other supportive service facilities like water and drainage facilities	6	7
Total	**90**	**100**

Source: Data collected from the field

4.7. SUPPLY OF MORE DRUGS AND OTHER MEDICAL EQUIPMENT AND FACILITIES

This was one of the suggestions made by at least 24% of the respondents. May of the respondents said ensuring constant supply of drugs to the

health centres could only solve the problems of shortage of drugs. Besides, they argued that enough medical equipment such as clinical thermometers, gloves, necessities such as uniforms for staff, ambulances staff vans and other similar requirements should be availed to health centres in the area.

4.8. TRAINING AND RECRUITMENT OF MORE MEDICAL WORKERS

Up to 20 respondents (22%) suggested that the shortage of medical workers in the division could only be overcome by more supply of medical workers to the health centres. That also the government should increase the enrolment and sponsorship of medical institutions in the country.

4.9. REHABILITATION OF THE HEALTH CENTRES

This suggestion was given 17% of the respondents. They pointed out the need to expand the existing health centres owing to the increasing number of patients in them. They urged that more wards especially where overcrowding had been witnessed should be constructed such as maternity and children's wards.

Community health and sensitization campaign in regard to ignorance of division population about disease prevention and good sanitation, 14% of the respondents suggested massive community health education and sensitization drive. They suggested that people should be educated on how to stay safe from sanitation related discusses and other preventable illness such as malaria, diarrhea etc.

4.10 PROVISION OF OTHER SUPPORTIVE SOCIAL SERVICE FACILITIES

Here, at least 7% of the respondents suggested the need to provide more facilities such as pipe water, drainage facilities and garbage facilities to improve on the sanitation of health centres and health of the people.

Table 8: SUGGESTED SOLUTIONS TO RECTIFY THE PROBLEMS ASSOCIATED WITH HEALTH SERVICE PROVISION

Suggested solution	No. of respondents	Percentage %
More drugs and other medical equipment and facilities to be supplied	23	26
Training and recruitment of more medical workers	21	23
Rehabilitation and expansion of the health centre	18	20
Community health education and sensitization campaign	15	17
Provision of other supportive service facilities like water and drainage	13	14
	90	**100%**

Source: Primary data collected from the field

4.11 SUPPLY OF DRUGS AND OTHER MEDICAL EQUIPMENT AND FACILITIES

This was one of the suggestions made by at least 28% of the respondents. Majority of the respondents said the problems of shortage of drugs could only be solved by ensuring constant supply of drugs to the health centres.

Besides, they argued that enough medical equipment such as clinical thermometers, microscopes, stretchers, boilers, syringes, gloves, staff

uniforms etc. be availed to the health centre. Therefore, they pointed out to the need for the government to disburse more funds to care for all the necessary medical facilities.

4.12. TRAINING AND RECRUITMENT OF MORE MEDICAL WORKERS

Up to 23% of the respondents suggested that shortage of medical workers in the division could only be overcome by more supply of medical workers to the health centers. Government should increase the enrollment and sponsorship of medical students in the universities and other institutions.

4.13 REHABILITATION OF THE HEALTH CENTERS

This was given by 20% of the respondents. They pointed out the need to expand the health centers owing to the increasing number of patients in them. They argued that more wards especially where overcrowdings had been witnessed should be constructed such as maternity and children's' wards. In case of the private health centers, the management committee should focus on lobbying for funds both from the government and non-governmental organizations.

4.14 COMMUNITY HEALTH AND SENSITIZATION CAMPAIN

in regard to ignorance of the division population about disease prevention and good sanitation, 17% of the respondents suggested massive community health education and sensitization drive. They said the people needed to be educated on how to stay safe of sanitation related diseases and other preventable diseases such as malaria, diarrhea, typhoid, etc.

4.15 PROVISION OF OTHER SUPPORTIVE SOCIAL SERVICE FACILITIES

At least 13% of the respondents pointed out the need to provide more facilities such as water pipes, drainage facilities, garbage facilities and improvements on sanitation of health centers and the people generally.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 SUMMARY

Health service provision in Kawempe vision has been affected by numerous problems such as: lack of constant supply of drugs to the health centres, there has also been inadequate manpower in the health centres and other medical equipment. Findings also there is inadequate provision of other utility facilities such as water pipes, drainage channels and garbage management facilities has also been reported as one of the problems associated with reported as one of the problems associated with health service provision in Kawempe division.

The above problems have been attributed to several factors; inadequately of funds to finance health service provision in the area, affecting both the government and other private medical centres in the area. Similarly the general rapid growth in the division population has also been attributed as one of the factors causing congestion in the health centres.

In response to the above problems and consequences on effective health services provision, the respondents made their suggestions that pointed to: ensuring constant supply of drugs and other medical equipment and facilities to the health centres and other health care units such as clinics and drug shops.

There must be also training and recruitment of more medical workers by ensuring adequate enrolment of medical students in government institutions and universities around and within the country. Rehabilitation of the health service facilities through reconstruction, expansion and repairing, education of the community about their health

and how to prevent the outbreak of preventable disease such as cholera and typhoid.

5.2 CONCLUSION

Health service provision in Kawempe division is still challenging to both local community and the government basing on the numerous problems that have continued to hold its effectiveness at ransom. This therefore calls for urgent attention of the government and the local community together with other stakeholders to come up with holistic approach geared to works a melioration of the anomalies that have persistently plagued effective health service provision in the area.

5.3 RECOMMENDATIONS

The health service provision in Kawempe division can be enhanced through adopting the following strategies:

Ensuring constant supply of drugs and other medical equipment. This can be achieved through security of funds allocated for various operations and guaranteeing accessibility and sustainability of the sources of the drugs and medical equipment to avoid breakdown in supply.

Local pharmaceuticals should be encouraged in the area to ensure drug security. Funds should be solicited by the health centre related department from the government and other well-wishers inducing NGOs. This will cater for the health sector budgets such as acquiring of drugs, payment of the medical workers, purchasing of beds and other facilities for the health centre.

Community health education should be taken up as a means of enlighting the division populace on health.

Family planning should be made an issue amongst the division population. These people should be advised on the advantage of birth spacing and having manageable number of children.

When the division is making their annual budget, they should focus more on the health sector, therefore giving health department more votes on the total expenditure.

The division should recruit more medical personnel to curb the problem of inadequate staffing. This will help the division-planning department to set up a sensitization committee on health issues comprising of qualified personnel to do the work.

The District Health Inspector should put in more effort or else set up evaluation committee in all government health centers to evaluate, monitor and make reports months and get immediate remedies before the situation deteriorates.

Rural-urban migration that has increased the division population size hence it impacts the provision of health service provision should be discouraged. The physical planner should come up with duly workable plans (blue print) to be implemented within the radius of the division hinterland.

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QUESTIONNAIRE

Dear Respondent,

I am a University student pursuing a course in Social Work and Social Administration. I am requesting your assistance by answering the following questions and I promise to treat your information with total confidentiality.

Respondents' Bio Data

Age..... Sex of respondent.....

Level of education..... Marital status.....

Specific Questions

1. What factors affect the provision of health services?

   .....

   .....

2. How are these health services distributed in Kawempe Division?.....

   .....

   .....

2. How many health centers are in your division?

   .....

   .....

3. Which of the following factors do you consider most important?

   a) Do you get free services from the medical centres

   ☐ Yes ☐ No

b) If no, from 4 above give reasons.....

.....

4. How many government health centers are in Kawempe division?

.....

6. Do you thing there is enough qualified medical personnel in this area?

i).....

ii).....

7. How many health centers and clinics are in Kawempe Division are owned by individuals?

.....

.....

8. How are these health centers distributed in LCs in Kawempe Division?

.....

.....

9. How are these centres funded in Kawempe Division?

a) Government ☐ b) NGOs ☐

c) Community ☐ d) Private Individuals ☐

10. Is there any role played by political leaders in this Division?

Yes..... No.....

11. Which of these factors affect the provision of health service provision?

a) Poor political environment

b) Increasing population

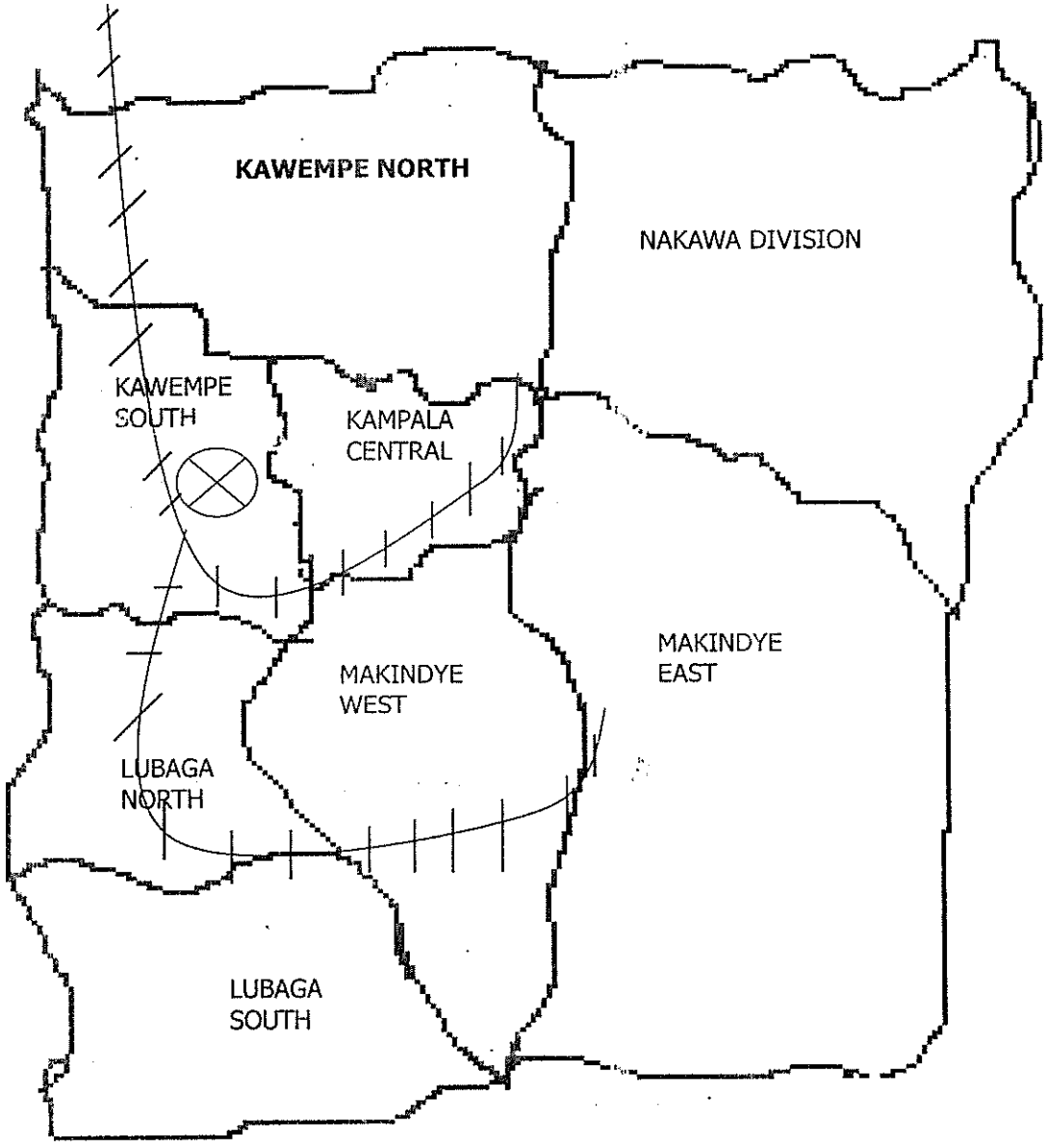
c) Lack of enough funds

d) Lack of enough trained manpower

e) Poor land tenure system

APPENDIX A

LOCATION OF KAWEMPE HEALTH CENTRE KAMPALA DISTRICT



KEY

KAWEMPE HEALTH CENTRE

KAWEMPE GULU HIGH WAY

DIVISION BAOUNDARIES

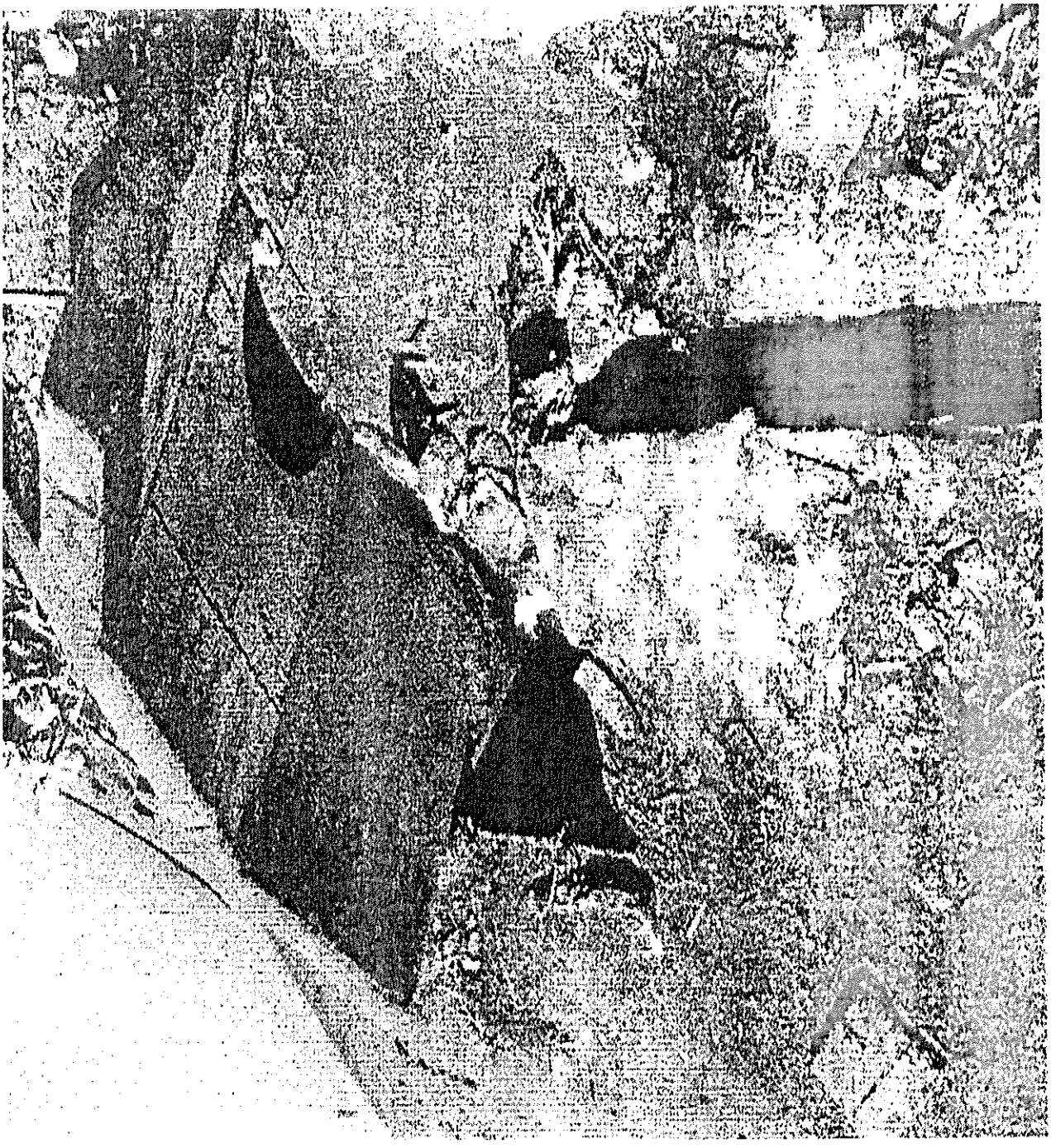
APPENDIX B

Plate 1: Poor Garbage Dumping in Kawempe Health Centre

Source: photograph taken from the field.

APPENDIX C

Plate: 2 Poor Drainage Facilities in Kawempe Health Centre.



Source: Photograph taken from the field.