Motivation

Despite an increase in Uganda's health budget, health indicators continued to decline. Health services were also perceived as not meeting the needs of the population, in part because people preferred private health clinics for care over the less expensive public health facilities.

Objectives

A QSDS was implemented in order to evaluate these trends and inform related policies. It aimed to assess services rendered by various categories of providers, identify problems in facility performance (including the extent of drug leakage, staff performance and availability), provide information on user charges and application of user fee policies, measure and explain the variations in cost efficiency across health units with a focus on the flow and use of resources, and examine the patterns of staff compensation, oversight and monitoring and their effect on performance.

Main findings

The evidence suggests a close link between the three types of providers (government, private for-profit, and private nonprofit) through the labor market for health workers. Government dispensaries, for example, pay higher salaries than private facilities, and for-profit facilities appear to pay more than nonprofits for qualified health staff. These salary differences affect the movement of staff between provider organizations. Several other dimensions of service delivery—mix of services, pricing, quality, use of drugs, and cost-efficiency—also vary among ownership categories.

Leakage

Some evidence of drug leakage, but average figures not provided.

Ghost workers

109 staff members out of 465 in district records (23%) do not appear in facility records. But difficult to establish if these are ghost workers or due to poorly updated district records.

Absenteeism

Absenteeism is 3.1% overall and 4.4% in public facilities. Absenteeism figures should be interpreted with care as facility staff had prior warning of visit. Also, head of facilities may be covering for absent staff members.

Other findings

72% of staff faces salary delays in public facilities (compared to 28% in for profit facilities) and 40% of government facilities report stock outs of supplies during the FY. In 20% of government facilities, salary delays are reported more than 16 weeks. Service delivery characteristics, in particular mix of services, quality, pricing, use of drugs and cost-efficiency differ among ownership categories. Considerable user fee differences are charged by government facilities across regions.

Sample

-10 District administrations (out of 45)

-155 (public, private for profit and non profit) health facilities

-1617 patients

Sample design

-Two-stage stratified sample. Three principles: a) focus on dispensaries; b) all regions included; c) all categories (public, private for-profit and non-profit) should be surveyed.

-First stage: 10 districts were randomly selected.

-From the selected districts, a sample of public and nonprofit facilities was randomly drawn. Private for profit facilities were identified based on information given by public facilities.

Resources monitored

-Data for 1999-2000:

-Medical consumable

-Contraceptives

-non medical consumable

-capital inputs

-Vaccines: 6 months data

-Drugs (6) : 1 month data

-3 units: districts, health facilities and patients

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Main report

Lindelow, Magnus, Ritva Reinikka and Jakob Svensson (2003) "Health Care on the Frontlines: Survey Evidence on Public and Private Providers in Uganda," *Africa Region Human Development Working Paper Series*, The World Bank, Washington DC.