

**REPUBLIC OF UGANDA**

**MINISTRY OF HEALTH**

**ISSUES FROM LOCAL GOVERNMENT CONSULTATIONS FY 2017/18**

**SEPTEMBER 2017**

**LOCAL GOVERNMENTS ISSUES PAPER FOR ANNUAL SECTOR CONDITIONAL GRANTS**

* 1. **PHC- Non-wage Recurrent**

The sector reported that they had reviewed the formulae to include a threshold for HC3, HC4 and General Hospital. However, HC2s did not have a threshold. The LGs raised a concern that even the HC2s need a threshold to cater for minimum requirements.

**It was agreed that;**

1. **The MoH shall review the formulae for allocation to HC IIs to provide for a threshold and report in the midterm review in April 2018.**
2. **The MOH shall review the grants allocation formulae to provide for a threshold for DHOs office.**
   1. **PHC Development Component**

MoH reported that the Development component of PHC was still controlled by the ministry geared towards providing HC IIIs in those sub counties which are not yet served. According to the Ministry’s data, there are 93 sub counties which are not yet covered with HC IIIs. They are developing a medium term strategy to cover all the sub counties up to FY 2020/2021.

The strategy will also include upgrading of HCIIs to HCIIIs and also to provide for more HC IIIs to large sub-counties which are constrained by one unit.

**It was agreed that;**

1. **Whereas, the development grant is still controlled by the centre, the local government selected for development of a facility shall have the discretion to decide the location.**
2. **The MoH shall report on the progress of developing the strategy indicating which sub-counties should be expecting to be covered by 2021 at the Midterm review in April 2018.**
   1. **Health Wage**

The LGs reported that the current staffing norms do not meet the current needs. They need review. However, it was also reported that even for the current norms recruitment is still very low. They also noted that there is still a persistent problem of attracting and retaining staff especially in hard to reach areas. Local governments are also allowed to recruit where the wade budget provision allows.

MoH reported that it was still negotiating for increase in wage bill with MoPS and MoFPED. It is also supporting accommodation in hard to reach areas in conjunction with the World Bank. Priority is to be given to those LGs where the accommodation is absent.

MoPS noted that some local governments could not spend all their wage for FY 2016/17 implying they could have failed to recruit. MOH reported that Community extension health workers strategy is being put in place and is currently in advanced stages.

It was agreed that;

1. **LGs should complete the recruitment by 31st December 2017 where the wage bill permits.**
2. **MoH shall update on the progress of the implementation of community extension health worker strategy.**
3. **MoH shall continue to prioritize and increase the budget for health preventive measures such as immunization, public health education in order to control diseases.**
   1. **Phasing out all HCIIs and upgrading HCIIs to HC III level**

It was noted that MoH had reported at the mid-term review that a comprehensive assessment was being undertaken on this issue. The MoH provided an update that the assessment was still going on. Preliminary findings had indicated that there were 93 sub-counties without a health centre II and those would be a priority. Secondly, the MoH had also identified 225 HCIIs to be upgraded to HCIII in a phased manner.

**It was agreed that;**

**MoH shall provide a phased plan and budget and share an update at the Midterm review.**

* 1. **Delayed communication on PHC Grant Guidelines**

LGs noted with concern the delayed communication by the MoH on the sector guidelines which had adversely impacted service delivery.

MoH reported that they have been printed and they are ready for dissemination.

**It was agreed that;**

**MoH shall share the PHC Guidelines & strategic plan with the LGs during the Local Government Budget Consultative Workshops.**

* 1. **Supply of drugs by NMS**

LGs reported that they experience challenges with the Supplies of drugs by NMS;

1. There is limited supply compared to the demand.
2. There are rampant cases of supplying short expiry periods especially for the donated supplies.
3. NMS requires that the boxes are not opened and inspected prior to accepting delivery.
4. At the HCIIs and HCIIIs, NMS uses a “Push System” to supply medicine while HCIVs and General Hospitals, is a demand by the respective health facilities.

It was also reported that NMS communicates delivery schedules to local governments but sometimes, they are not followed when doing the actual deliveries.

MoH reported that it was taking measures to ensure that drug deliveries are made following the guidelines.

**It was agreed that;**

1. **NMS shall only deliver drugs during working hours and all the officials or their representatives expected to witness the deliveries are available.**
2. **NMS shall always confirm their schedules with local governments’ leaders early enough.**
3. **Drug deliveries outside the scheduled time should not be accepted by local governments.**
   1. **Expired drugs**

LGs reported that they continue to have challenges of disposing off expired drugs. It was noted that it was the responsibility of NMS to collect all the expired drugs from all public health facilities in LGs. NMS was however not collecting the expired drugs as required.

It was agreed that;

1. **MoH shall follow up with the NMS to ensure that expired drugs are regularly collected for disposal.**
2. **Local Governments shall always check on the expiry dates of the drugs supplied to ensure that those drugs which are likely to expire before use are not accepted.**
   1. **Hygiene and Sanitation Grant**

It was noted that Hygiene and Sanitation function is a shared responsibility between three ministries of Health, Water and Environment and that of Education and Sports. The three ministries also have a memorandum. However, it was noted that there are some LGs which have no budget allocation from any of the three ministries. There was also lack of clarity of who was responsible for issuing policy guidelines on solid waste management issues. Therefore there is a need to harmonize.

**It was agreed that;**

1. **MoH provides the status of performance for the current project and the status of mobilizing the funds.**
2. **MoH share the outcome of the consultations with the MoWE on the modalities and management of the sanitation and water, Solid waste management.**
   1. **Procurement of staff uniforms for medical workers**

It was reported that last financial year, the MoH sought clearance from PPDA regarding procurement of staff uniforms following the Presidential directive on Buy Uganda and Build Uganda.

MoH reported that UGX. 3billion was allocated for procurement of uniforms which was released to NMS. The distribution will commence in September 2017. Another shs. 3bn has been budgeted for procurement of more uniforms in FY 2017/18. LGs were therefore urged to submit the requirements early enough for the supplies to be done in time.

LGs reported that sometimes uniforms take long to be supplied and it reaches when intended owners have changed.

**It was agreed that;**

1. **MoH and LGs shall provide reports on the deliveries status in the midterm review in April 2018.**
2. **LGS should resubmit their requirements for uniforms on time to facilitate timely procurement.**
   1. **Data collection tools**

LGs reported that there were inadequate medical forms in the health facilities resulting into patients being asked to buy small exercise books for medical records. MoH reported on plans of digitalizing medical records in higher health facilities. It was also noted that the MoH still relies heavily on development partners to support supply of medical stationery.

MoH reported that medical forms have been standardized and an allocation of UGX 2 billion had been allocated for the printing of forms, this FY 2017/18.

**It was agreed;**

**MoH shall undertake to supply the standardized medical forms to Health Centres and hospitals.**

* 1. **Private Not For Profit Facilities(PNFP)**

LGs reported that some PNFPs were suspended from receiving PHC grants without LGs’ involvement. That had created a burden since some were serving areas not currently covered by government facilities.

MoH reported that it carried out a PNFP verification exercise and closed those that were not fulfilling the criteria for PNFP and redistributed the money to other health centres within the LG.

**It was agreed that;**

1. **MoH shall continue verification of the PNFP and re-establish those facilities that were wrongly closed.**
2. **MOH has plans to construct new health center III’s in sub-counties where they are not** 
   1. **Facility management**

It was reported that the scheme of health superintendents has not been rolled out and further still no salary enhancement made, thus poor management of health facilities manifested in the increased absenteeism.

MoH reported that it is currently working with MoPS to implement the scheme of health superintendents.

MoH together with MoLG are working on the implementation of biometrics to ensure that absenteeism is reduced.

**It was agreed that;**

**LGs shall put into place measures for supervision of health centre staff to reduce on absenteeism and shall share an update at the midterm review.**

* 1. **Ambulance facility management**

It was reported that the Health centres have inadequate facilitation for the emergency services such as ambulances.

LGs should put in place databases management for local revenue to cater for some expenses such as fuel for the ambulances.

MoH is currently working to have a fully established ambulance department at the national level.

MOH is at the same time about to complete a national ambulance policy

**It was agreed that;**

**MOH will provide an update on the National Ambulance Policy at the midterm review in April 2018.**

* 1. **The delayed implementation of the scheme of service.**

LGs reported that the delayed implementation of the scheme of service has caused issues in recruitment to fill positions of staff that have been laid off.

LGs reported that the management of health units was still very weak.

**It was agreed that;**

1. **MOH should develop strategies for enhancing the capacity of management for the health units**
2. **LGs should also propose strategies for improving management at these health units**
3. **LGs should demonstrate their support on local revenue enhancements strategies so as to improve revenue collection to meet the many recurrent expenditures.**
4. **LGs should make proposals for the building of the capacities of low level managers especially at health units.**

**Other Emerging Issues from the negotiations**

1. Issue of disparity: The retention allowance provided to health Centre IV doctors to be expanded to other critical staff like midwives and lab technicians.
2. Infrastructure: the coverage of health facility not as Presidential directive. Some sub counties still with no health center IIIs.
3. The level of coverage of health facility infrastructure i.e. laboratories, maternity units, in patient wards, utilities not same yet serve the same indicators. The impact of this is reflected in the performance results of Health Facility Quality of care Assessment Program.
4. Missing Equipment: Basics such as BP machines, thermometer, delivery beds and basic delivery kits are lacking.
5. Facility management: the scheme of health superintendents has not been rolled out and further still no salary enhancement made, thus poor management of health facilities manifested in the increased absenteeism. It’s recommended that these staff should be substantive and also roll out the scheme and train superintendents in management skills.
6. Nursing scheme of service: this has only been implemented in laying off staff but not recruitment e.g. the scheme provides for Nurses with degrees, laying off nursing assistants and subsequently phasing out enrolled nurses.
7. The delayed implementation of the scheme of service is causing management of staff with degrees challenges in recruitment to fill those positions that have been laid off – MoH should be clear on this aspect.
8. MoH should consider a provision of a budget line for emergency drugs at LG level.