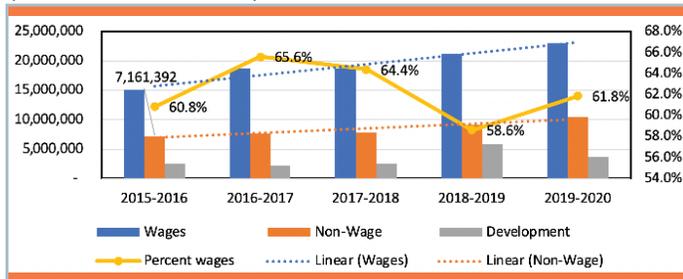


Background

Primary health care (PHC) is an essential part of health systems, but its financing varies across the world with countries allocating between 2% and 56% of their total government spending on PHC. Additionally, there is limited information on PHC financing all over the world, Uganda inclusive. The World Health Organization attributes this to the fragmented, poorly resourced, and limited investment in expenditure tracking systems for PHC. Uganda's health care system is further faced with poor prioritization of funds, limited human resource for health challenges, and poor coordination.

It is against this background that Living Goods—with funding from Population Action International (PAI)—commissioned a study to assess the trend in PHC funding allocation, expenditure, and awareness and satisfaction in Mayuge district for a period of 5 years (2015-2020) to gather evidence to guide development of advocacy materials to influence PHC financing.

Figure 1: PHC allocation trend over the period of the study (FY 2016/17-2019/20)



Methodology

Under the leadership of the district, Living Goods conducted a desk review of documents and district budget allocation and expenditure data to obtain trends in PHC financing at the district. Additionally, key informant interviews were conducted with purposively selected district and lower local government participants.

Key findings

Despite a consistent increase in PHC funds over time, it still remains inadequate to meet the community needs. Limitations are mainly around allocation to community based PHC which is funded via the PHC non-wage grants. This results in inefficiencies in health service delivery and dissatisfaction with quality of services.

Mayuge district receives close to 100% of the planned funds. However, in the last two financial years, the district received more than 100% of the planned funds because of supplementary budgets. The district has been able to spend at least 95% of the funds received for all FYs.

Utilization of PHC funds: The top expenditures of the PHC non-wage go towards activities such as EPI 22%, health education 20%, sanitation and hygiene 14%, and infrastructure repairs/maintenance 11%, among others.

Understanding of PHC funding: There was a high level of awareness (96%) of PHC financing among respondents but slightly lower (75%) among CSO/NGOs. However, 50% of the key informant interview respondents expressed dissatisfaction with the PHC funding amount, noting its inadequacy and effect on activity implementation.

“Staff are unable to reach out to all the targeted communities due to insufficient funding and lack of transport facilitation.”

- Health Worker

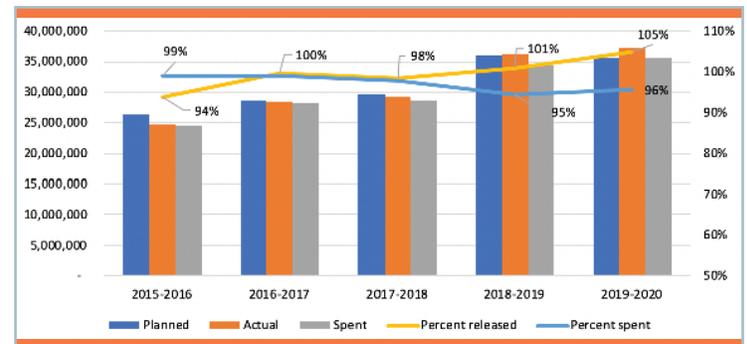


Figure 2: District budget planned Vs released and Spent for FY 2015/16-2019/20

“Low coverage at community level is attributed to limited funding and lack of good prioritization by the decision makers.”

- Political Leader

Recommendations

MoH should consider revising the parameters used in the allocation formulae for PHC to include the Standard Units of Output as the basis for resource allocation, which would avoid under-estimating the health needs of the district and health facilities. If used in tandem with the population, this will improve resource allocation.

Restructure the health sector budget to ensure that budget allocation to local government health services takes over 60% of the sector budget, given that the bulk of primary healthcare services are delivered at this level.

Mayuge district—and other districts—should consider allocating more funds towards PHC from the district locally realized revenue or any other funding source to ensure adequate funding of Community Based PHC, given the great health needs in the district.

Prioritize the use of district capacity building grants to strengthen the capacity of district key staffs (both sub county and health facility levels) on PHC guidelines for allocation and utilization, to improve the effective use of PHC funds and accountability.

Development partners and other stakeholders should be more transparent and consistently share financial information on off-budget support with the districts/ MoH to improve coordination of PHC funds allocation.

Key Achievements

The study findings were disseminated to the district, lower local government leaders and CSOs. Further engagements were conducted with the Mayuge district Technical Planning Committee (TPC) and the District Executive Committee, which resulted in the passing of the following resolutions by the district council:

- Starting FY 2021/22, Mayuge district to allocate annually UGX 5 million (1400 USD) from district locally generated revenue to support PHC activities.
- The office of the district internal auditor to start thorough review of the PHC financial vouchers to improve accountability for PHC funds.
- The district to prioritize the capacity building grant in the FY 2021/22 to train health staff on PHC guidelines.
- The District Planning Department and the DHO office to actively involve NGOs, CBOs and CSOs in the district planning and budgeting process to increase awareness of PHC to other stakeholders, and capture contributions of development partners to PHC in the district budget.

Way Forward

Living Goods will continuously engage with others and participate in CSO advocacy coalitions convening on PHC financing at the national level. Living Goods will also engage the district to follow up on the implementation of the district council resolutions and support to ensure stakeholder involvement in district planning and budgeting. ♦

About Living Goods

Living Goods saves lives at scale by supporting digitally empowered community health workers (CHWs) who deliver care on call—making it easy for families in need to get the care they need. Beginning its operations in Uganda in 2007 and expanding into Kenya in 2015, Living Goods works with governments and partners to ensure community health workers have access to the digital technology, medical treatments, supervision and compensation to cost-effectively deliver high quality, impactful health services. The organisation currently has operations in 20 districts in Uganda. At the end of 2020, Living Goods was supporting more than 11,100 CHWs in Kenya and Uganda to deliver care to more than 8.5 million people. Learn more at www.livinggoods.org.

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