CORRUPTION IN HEALTH SERVICE DELIVERY IN LOCAL GOVERNMENTS IN SEMI-URBAN AREAS:

A CASE STUDY OF KAWEMPE DIVISION

BY

YERINDABO YUBU (BA ED) HONS-Mak

(2008/HD03/11792U)

A DISSERTATION SUBMITTED TO THE FACULTY OF ARTS, DEPARTMENT OF PHILOSOPHY IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF ARTS IN

ETHICS AND PUBLIC MANAGEMENT OF MAKERERE UNIVERSITY

JUNE 2010

DECLARATION

I **YERINDABO YUBU**, declare to the best of my knowledge that this dissertation contains my original work and that it has never been submitted for the award of degree in this university or any other institution of higher learning.

Signed:…… Date: …….

Yerindabo Yubu

(STUDENT)

Approved by: …… Date: ……..

Dr. SANGO MWANAHEWA

(SUPERVISOR)

DEDICATION

In memory of Mukama Joel and Bancwenyima Luke

ACKNOWLEDGEMENT

This dissertation naturally owes much to a great many people, but I wish to particularly thank the following; my supervisor Dr. Sango Mwanahewa. I am grateful to him for he double tested my work, provided me with the necessary cross-checking of information. He gave a great deal of his time to read and comment on the draft and the final work. The result of all this valuable feedback of information was that I made many corrections, alterations which I trust improved on my final work.

Special thanks go to my unpaid and willing special friends; Alibundi Paul, and Ahikiriza Henry. We ran side by side throughout the race and their courage was always a reinforcement of my own. God bless them.

Many thanks are also due to my lecturers in the faculty of Arts especially Department of Philosophy. I also extend my sincere thanks to: Main Library (ML), Faculty of Economics, Department of Women and Gender Studies, Resource Centre MoH, NBS and my colleagues in Ethics class.

I am indebted to My mum Velentine Kendaba and the following: Naturinda Resty Yerindabo(Mrs), Agaba Stella, Ngabiirwe Winnie, Muhangi Henry, Turyahabwe Charles, Agaba Michael, Ngabirano Robert, Ndyabahika Emmanuel, Deogratius Binyabarema, Barinda Leo, Tumwesige Jonathan, Tumushabe Alex, Baingana William, Kamuli Victor, Kasalamwa Catherine Bwofonoyo Alice and everybody. I would also like to thank Kyeresewa David who typed this work.

I also thank the almighty God because in times of trouble I lean on him. I thank everybody in their capacities.

TABLE OF CONTENTS

APPENDICES

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Corruption especially in Health service delivery is a barrier to people's health and therefore tremendous and concerted efforts must be applied to end the scourge. It is a matter of urgency that requires efforts from all people

This research book is most useful for it is a case study that examines the Causes, Forms and Manifestations and the Impact of Corruption on the people of Kawempe Division. The choice of this division is significant for it acts as a mirror of what is taking place in all places/regions in Uganda. The research will also be useful to Local Governments, Ministry of Health and Students and can serve as a basis for minimising Corruption in Health service delivery. It will also be purposeful for the Future Researchers whose basic interest is in the Health sector

The research is basically ordered chronologically in Six (6) chapters. Each chapter concentrates on a particular aspect. This is introduction, objectives, significance of the Study and research question s are captured in chapter one. Chapter Two reviews Literature while chapter Three briefly gives the Methodology. Data presentation is reflective of the landmark of this research and it forms chapter Four. Chapter Five is Data Analysis and Findings. Conclusions and Recommendations forms chapter Six

It is my hope that the Beneficiaries will share with me in our keenness to keep the ball rotating till basic health requirements are meant

LIST OF ACRONYMS

APNAC-U	African Parliamentarians Network Against Corruption - Uganda
ADR	Adverse Drug Reaction
AIDS	Acquired Immune Deficiency Syndrome
AU	Africa Union
ACCU	Anti Corruption Coalition Unit
ACC	Anti Corruption Court
ACW	Anti-Corruption Week
AHP	Allied Health Professionals
DEI	Directorate of Ethics and Integrity
DPP	Directorate of Public Prosecutions
HIV	Human Immune Virus
HPF	Health Policy Formation
IGG	Inspector General of Government
KCC	Kampala City Council
LG	Local Governments
MC	Medical Centre
MoH	Ministry of Health
NDA	National Drug Authority
NDP	National Drug Policy
NMS	National Medical Stores
NRM	National Resistance Movement
NGOs	Non-Governmental Organisations
PHA	Public Health Act
PHC	Public Health clinics

PS	Permanent Secretary
UN	United Nations
WHO	World Health Organisation
CESCR:	International Convenant on Economic, Social and Cultural Rights
CEDAW:	Covenant on the Elimination of all forms of Discriminations Against Women
CRC:	Covenant on the Right of the Child
ESC:	European Social Charter
FY:	Fiscal Year
GoU:	Government of Uganda
DAH:	Development Assistance to Health
PEPFAR:	Presidents Emergency Plan for AIDS Relief
PHC:	Primary Health Care
UMSR:	Uganda Medicine Survey Report
GHC:	Government Health Units
ESO:	External Security Organisation
ISO:	Internal Security Organisation
RDCs:	Resident District Commissioners
MPs:	Members of Parliament

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Introduction

This research entails six chapters; Chapter One contains Background to the Study, Statement of the Problem, Scope of the Study, Definition of terms, Objectives, Significance of the study and Research questions. The part of background to the study contains; specifically the Historical Background of Corruption in Health Service Delivery in Local Governments. Statement of the problem highlights "what should be" that is, despite all the efforts to reduce corruption in Health Service Delivery, it has persisted and theft of drugs is the order of the day. Scope of the Study shows the area where the research was carried out.

Physical location is Kawempe Division, two health centres were visited that is, Kawempe and Komamboga. In addition, Mulago referral hospital was visited since it falls under the same division. Local authorities, Social workers, Health workers selected from 21 parishes and out side the division helped to gather the data.

The part of Objectives contains: A general objective that I came up with at the end of the research. Specific Objectives were used in chapter Four and Five and were Specific, Measurable, Achievable, Realistic and Time bound. While part of the Significance shows that would benefit from this research.

Chapter Two is of Literature Review and this part contains Introduction to the Literature Review and themes like Manifestations of Corruption, Accessibility to health services and Achievements in an attempt to fight corruption, Health care services and Decentralization in health service delivery, Violation of the right to health, Retention and

Motivation. All these themes point out strengths, weaknesses, loopholes and how corruption in health has been fought in other countries. In addition chapter Two entails Theoretical Framework that was later used in chapter Five.

Chapter Three is Research Methodology: that is the Study design, Study area, Study population, Research instruments and Methods used to collect data. Chapter Four presents the data. Tables were used to present data of Socio-economic and Demographic characteristics of health consumers. Under this chapter, themes like Local governments and Corruption in health sector, causes of Corruption in Health Service Delivery in Local Governments in Kawempe, Problems faced by Kawempe division while accessing health Services, where people go most when they fall sick, why corruption is persistent in Local governments, Forms and Manifestations of corruptions in local Governments and Impact of corruption on Health Service Delivery in Local governments were examined.

Part of chapter Five contains: Data Analysis and Findings, themes presented in chapter Four were analyzed in this chapter.

Chapter Six contains Conclusions and Recommendations. On the part of conclusions, review of the whole Dissertation was made chapter by chapter and evaluation of each was made. On Recommendations, I followed chapter by chapter in relation to the Specific Objectives.

1.2 Background to the Study

Corruption is the greatest evil in Ethics and Public Management not only in Uganda but the world at large. For instance, US$300 million[1] is spent on corruption (World Bank).This means that medicines lost to Corruption lead HIV/AIDS patients to go

[1] Estimations of the World Bank

hungry without assistance. Uganda's Corruption in health became legendary when some Government Officials stole funds from the Global Health Fund (GHF) (- Systematic Corruption in Uganda's health care system)[2]. Uganda Medical Survey Report (UMSR) (2004) found the median availability of the essential medicine surveyed to be 55% at the public sector facilities[3]. The health service sector is rated the second most corrupt institution in Uganda[4]. At the world level, corruption in health is reported. For instance, according to UN, there are many countries where health expenditure, though substantial, is skewed towards curative health care in large hospitals and undeveloped urban areas rather than improving outreach of good quality primary health care to marginalized countries.(Economic, Social and Cultural rights.2001:178)[5]. A special memorandum which declared "medicine is one of the pillars of peace" led to the insertion of a reference to health in article 55 of the UN charter and this was in reference to Corruption in health[6]. The Research still shows that Corruption in Health Service Delivery in Local Governments, especially in Kawempe division, a semi- urban area of Kampala persists unabated at an alarming rate. For instance, the Ministry of Health in 1998 started a new policy to promote Decentralization of health. This was in reference to the New Constitution (1995) where the Local Government act was later enacted in 1997[7]

Corruption is the misuse of entrusted power for private or personal gain. It involves behaviour on the part of officials in the public and private sector whether civil servants or politicians in which they improperly and unlawfully enrich themselves. It includes

[2] Systematic corruption in Uganda's Health care system/ Uganda genocide info, Dec.5.2008 posted by UWIRE on Dec.5.2008. http/www.monitor.co.ug
[3] Uganda medicine pricing survey report, ministry of Health, WHO (2004) fact sheet for anti-corruption week 2007
[4] Second National Integrity survey 2003
[5] A United Nations body on Economic Social and Cultural rights 2001
[6] The memorandum quoted a statement of Spellman, then Archbishop of New York.
[7] Constitution of the republic of Uganda article 169 on health service commission. Local Government Act section 176 of the constitution of Uganda 1995.

Bribery and Extortion, Fraud and Embezzlement, Nepotism, Influence peddling, Conflict of interest, Favour brokering, Vote buying and rigging, Deceit, Misrepresentation, Swindling, Black mail, Forgery, Illegal transactions,and Falsification.

The right to health belongs to the category of Economic, Social and Cultural rights. The right to health includes the right to health care and right to health protection and medical services. These rights are to ensure good health for all people. The international health of the right to health does not imply that people have a right to be healthy because Economic, Social and Cultural rights are not justiceable[8]

The term corruption expresses moral disapproval and leads to a state of decay. It is also behaviour that deviates from the formal duties of a public role. Health centres which are known to be without medicine are no longer visited and people seek alternative solutions for treating their ailments. This research concentrates on Corruption in Health Service Delivery in Local Governments in semi-urban areas and is a Case study of Kawempe division. The researcher focused on the impact of Corruption in Health sector.

Uganda is a society in transformation after two decades of violent civil wars; massive corruption, instability and economic decline were the order of the day. It should be noted that Independent Uganda has had no good record of transparent, accountable government upon which to build the institutions of the new democratic state (World Bank 1999:179).

Civil servants had to take on more than one job; many civil servants could be found tending shops, driving taxis, and hawking wares in the market or setting up small family business. As civil servants devoted less time to their public jobs, service delivery was either performed badly or not at all. During that time corrupt activities became routinized. Corruption gathered rapid momentum with fraud, plunder and embezzlement.

[8] Report of the Human Rights Committee UN on Economic, Social and Cultural Rights. A textbook pp.170

The situation continued from colonial period till 1980s. The diversion of public resources, services and assets to private use generally resulted in deteriorating health services. As corruption eroded confidence in political and local institutions, the government became less able to rely on the cooperation and support of the public (World Bank 1999:182).During Obote's first years in Office, the rapid rise of parastatals heralded the rise of pervasive corruption in Uganda. Although same semblance of a check on corrupt behaviour was maintained in the early years, through institutions of democratic control, this evaporated in 1966 – 67 when Obote abrogated the constitution with the help of the army. Obote himself was implicated in a corruption scandal that also involved Idi Amin, then a deputy commander in Ugandan army.

The Amin regime, which went up to 1979, completely dispensed with any pretence of democratic procedures, using the states resources and institutions especially military officers. Anarchy, inefficiency, maladministration and outright plunder were unrestrained. In fact, corrupt activities became a routine.

Soon after coming to power, the NRM made it clear that it viewed corruption as one of the evils inherited from the past and a key obstacle to progress in Uganda (Curbing Corruption: World Bank 1999:17)

> Africa, being a continent that is never in shortage of problems, has also the problem of corruption - particularly bribery. Therefore to enable the tackling of our own backwardness, corruption must be eliminated once and for all[9].

[9] Museven's speech soon after capturing power

The NRM created institutions such as the IGG, developing a strategy for public service reform, reducing the size of the public sector, integrating a system of responsibility and accountability into the civil service machinery, making salary levels more equitable and transparent, promoting a code of conduct for all civil servants, a leadership code of conduct, the Director of Public Prosecutions and other government institutions to solely stamp out Corruption in Uganda.

Uganda's New Constitution (1995, Article 225)[10] recognizes and strengthens the central role of the IGG in combating Corruption in Uganda. It empowers the IGG to promote and foster strict adherence to the rule of law and principles of natural justice and seek to eliminate Corruption and abuse of authority in public office. We also note that the right to health is fundamental as evidenced by; Article 25 of the Universal Declaration of Human Rights 1948, Article 12 of the International Covenant on Economic, Social and Cultural Rights, Article 12 of the Covenant on the Elimination of all forms of Discrimination of Woman (CEDAW, 1979), Article 24 of the covenant on the Rights of the Child (CRC, 1989), Article 11 of the additional protocol to American Covenant on Human Rights in areas of Economic, Social and Cultural Rights (Protocol of San Salvador, 1988), Article 27(3) of the South African Constitution stipulates that no one may be refused emergency medical treatment.[11]

It should be noted the internal upheavals from the early 1970s through 1986, severely limited access to functioning Health services. Health sector declined in importance, in 1972 Health represented 5.3% of the central government expenditure and by 1986; it was only 2.4 (World Bank 1988). Since 1986, Health sector has mostly focused on

[10] Constitution of the Republic of Uganda Article 225. Part a(b)pp.164)
[11] The right to Human health was embedded in a considerable number of human rights treaties in the international as well as the regional level. Economic, Social and Cultural Rights. A textbook pp.173)

mobilizing the public sector Health infrastructure and basic Health programmes. An important aspect of rebuilding has been decentralizing control over Health resources and responsibilities to the district level

1.3. Statement of the Problem

A number of studies on Corruption in Local Governments have been carried out. Institutions to fight corruption have been set up. These are; the Inspector General of Government (IGG), Anti corruption Court, Non – Governmental Organizations like Anti – Corrupt Coalition Unit (ACCU) and Religious institutions. Nevertheless, Corruption in Health service delivery has persisted. As a result, Health service delivery such as drugs, equipment, trained staff, diseases like diarrhea, remain a menace. So there is need to eradicate high rate of epidemics, diseases and improve standards of living.

1.4. Scope of the Study

The research was conducted in Kampala district - Kawempe Division, a semi – urban area). Public Health centers were visited. The research focused on the impact of Corruption on Health service delivery in semi urban area – Kawempe Division. Mostly, assessment was on the availability of drugs.

The research also assessed the Manifestations of Corruption and how they affect Health service delivery. There was also a concern for Local Governments' participation. The inquiry was based on ideas of Ethicists and Social thinkers and proved that participation of local authorities and stake holders and the communities that are affected act as a check against corruption in delivery of Health services.

1.5. Definition of Terms

1. **Brown envelope payments**: A sort of bribe or money paid illegally
2. **Code of Ethics**: The rules and regulations that must be enforced. People are forced to adhere to the laws set in place
3. **Conflict of Interest**: A set of dilemma that usually needs a rational decision to make
4. **Constitution**: A set of rules governing an institution society or country
5. **Corruption:** The use of public office for private gain
6. **Counterfeit:** This is just like forgery where by there is a deliberate act that make something appear just like the original.
7. **Decentralization**: The transfer of power and authorities from the central government to local authorities or corporate bodies
8. **Double allegiance**: Dual job holding that is, both in private and government
9. **Fictitious Health Workers**: Ghost health workers.
10. **Good Governance**: The process of decision making and the process by which decisions are implemented objectively. It entails; participatory, consensus oriented, accountable, transparent, responsive, efficient, equitable and inclusive and follows the rule of law.
11. **Individualism**: Selfish interests or acts that favour an individual without concern for others
12. **Individuality:** Acts that favour or all without individual interests.
13. **Illicit:** These are acts that are not allowed by law because they are destructive
14. **Integrity**: Honest and strong moral principals.
15. **Kick backs:** Money paid illegally to someone for a service meant to be free
16. **Morality**: Good, right, virtuous: It is generally the expected standard of conduct.

17. **Participation**: The process that involves the local people to take part in affairs that affect them
18. **Phantom patients:** Ghost or imagined patients
19. **Professional Code of Conduct**: Rules and regulations that must be enforced
20. **Spurious drugs:** Fake and counterfeit drugs.

1.6. Objectives

a) General Objective

The extent to which Corruption in Health Service Delivery in Local Governments has impacted negatively on the people of Kawempe division.

b) Specific Objectives

1. To establish/highlight the various Forms or Manifestations of Corruption in Health sector
2. To establish how the levels of Corruption have affected service delivery in Health sector in Kawempe Division.
3. To examine the route cause of Corruption in Health sector in Kawempe division.
4. To provide ethical solutions and recommendations.

These specific objectives are achieved in the following chapter;

Objective One is reflected in chapter Four and Five specifically 4.3 and 5.3. Objective Two is brought to light in chapters Four and Five. It is presented in 4.5 and evaluated and analyzed in 5.4. On the other hand, Objective Three is achieved in chapter Four specifically 4.2.3 while the last Objective (Four) is evaluated in chapter Six specifically, 6.2.

1.7. Significance of the Study

This research work is useful to researchers, public policy makers and analysts, students, health workers, NGO's and civil societies interested in curbing Corruption.

1.8. Research Questions

1. What are the various Forms or Manifestations of Corruption in Health sector?
2. How have the levels of Corruption affected service delivery in Health sector in Kawempe division?
3. What is the route cause of Corruption in Health sector in Kawempe division?

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Literature review focuses on corruption in Health service delivery, local authorities and semi-urban areas and how these interrelate, the strengths and weakness from different Authors and Scholars and how the gaps left are filled. This literature review is under the following themes: Manifestations of Corruption in Health Service Delivery in Local Governments, Violations of the Right to health, Accessibility to health services, Achievements in an attempt to fight Corruption, Health care services and Decentralization, Retention and Motivation of health workers.

2.1 Violation of the Right to Health

Individual health is an important condition for one's well-being and dignity as a human being. States can not guarantee good health but are the entities best suited to create certain basic conditions under which the health of the individual is protected and possibly even enhanced. Different terms are used to address health as a human right. For instance, right to health, right to health care and right to health protection. At United Nations (UN) level the broader term is "right to health"[12] (Economic, Social and Cultural Rights 2001). We find the right to health in a large number of national constitutions. For instance, (Asbjorn 2001) the earliest country to include state duties with regard to health in its constitution was Chile in 1925[13]

A striking violation of obligation to respect the right to health is the denial of adequate access to health care services to Afghan women by the Taliban .Women can not obtain health care services from many facilities and can not be examined by a male Doctor

[12] Inter alia United Nations Committee in Economic, Social and Cultural Rights: Day of General discussion on the Right to Health pp:170

[13] Article 10, number 14,CH111,para.4 of the Chilean constitution of 1925

without a chairperson, yet female doctors and nurses are severely restricted from practicing and many have fled the country (Asbjorn et al 2001:180)

Therefore health services must be equally accessible to every one with due attention assigned to the position of vulnerable groups in societies like Kawempe division. Also the available health services must be of an adequate standard which includes the requirement that the services be appropriate in terms of quality to health services. Discrimination and favouritism are forms of corruption in health services which must be dealt with world wide and particularly in Kawempe division

In Netherlands, a special act excludes illegally residing immigrants from public health services offering those services only in situations of emergency. Another example is when in 1994 Belgium Arbitration court ruled that foreigners remaining on the Belgian territory after having been ordered to leave receive no further aid from public welfare centres. (Asbjourn et al 2001:188). The right to health is violated if authorities do not take the necessary measures to assure that if health care services are privately provided, such services are provided at an equal footing with due respect for vulnerable groups in society. States will need to adopt the necessary legislation in order to assure that private providers of health services take into account the principle of accessibility and equality

For instance in Philippines[14] (Absjourn et al 2001:189) the plans to privatize and decentralize health care services did not in anyway relieve the government of its covenant –based obligation to use all the available means to promote adequate access to health care services, particularly for the poor segments of the population. Private providers cheat and get drugs from public health centers and sell them to patients at

[14] The committee on Economic, social and Cultural rights in its concluding observations regarding the Philippines

inflated rates. All these are forms of Corruption in health which violate the right to health care services.

The obligation to fulfill the right to health may be violated if a state does not devote a sufficient percentage of its available budget to health. The committee on Economic, Social and Cultural rights expressed its concern with respect to countries where the states military expenditure, wastage and negligence are much higher than its health expenditure.

The amount of money flowing into Uganda's health sector is difficult figure to nail down largely because Health sector receives much money in Uganda compared to other sectors but patients continue to suffer[15] (Melina P, Andrew M, 2009). For instance in 2006 the government of Uganda received US$ 184 to the health sector, in 2008/2009 health sector received 628 billion from donation. Development Assistance to Health (DAH) contributed US$ 644 million. The grand total for 2006 alone was US$ 644million or about 1.2 trillion according to the World Bank Report[16]. Despite all this much money, health services are not improving for the money is absolutely squandered through Corruption. Until issues of wastage and inefficiency are solved there is no reason to assure that additional money will be put to good use. A study carried out in 2006 (Melina p. Andrew M, 2009) found out that during unannounced visits to government health facilities, over half of the health workers who were supposed to be on duty were simply not there. The World Bank report estimates that government wastes about 60 million in salaries for absentee health workers. Absenteeism combined with ghost health workers cost Sh. 1.6 billion according to World Bank Report.

The president's emergency plan for AIDS Relief(PEPFAR) 2008 contributed more to HIV/AIDS (US$ 283 million) than the government of Uganda can contribute to the

[15] Home reports special Report –Mulago reflects a sick health sector Tuesday'05 may 2009
[16] World Bank Report 2006 on Health Service Delivery

entire health sector (Sh. 370 billion or about US$ 185 million) but almost all was/is misused. A health worker absentee rate is over 50%, expiration of drugs is outrageous and between 2005 and 2007 drugs worth US$ 2.4 million or sh. 4.8 billion were simply thrown out as they had passed their expiry date. It is estimated that over 70,000 children under five years of age die every year in Uganda from malaria that is about 13 deaths per hour or two deaths every 10 minutes [17] (Melina P. Andrew M, 2009). Therefore government itself must be held accountable for those violations due to rampant wastage and inefficiencies in the health sector. Cases in point are absenteeism, grant leakages and drug expiry. Unless tough measures are put in place despite over Sh. 1 trillion it receives, Uganda's health sector in particular Kawempe division will continue to be in crisis mode.

2.2 Manifestations of Corruption

Uganda is a signatory to the African Union convention against Corruption and the UN convention provides that:

> The prevention and eradication of Corruption is a responsibility of all states and that they must cooperate with one another with the support and involvement of individuals and groups outside the public sector such as civil society, non governmental organizations and community based organizations, if its efforts in this area are to be effective[18].

The Ugandan parliament is a member of African parliamentarians Network against Corruption Association - Uganda (APNAC- U) that was formed to enable and encourage parliaments to be at the fore front of fighting Corruption in government (Uganda Debt

[17] Home reports special report Mulago reflects a sick sector. Tuesday, 05 May 2009 18:05 by Melina plates and Andrew Mwenda.
[18] UN Convention

network 2004:6). Therefore, Uganda cannot ignore the grave implications of corruption given the concerns of her citizens and the international community.

Article 17(1) of the 1995 Constitution provides that it is the duty of every Ugandan to combat Corruption. Institutions like the ministry of Ethics and Integrity, the IGG, the Auditor General and the Parliament are among others mandated to stop the scourge of Corruption. However, in spite of the presence of these institutions, Corruption continues unabated especially in provision of Health services because the institutions do not have adequate human and financial resources to fight the evil. This research thus goes deep to investigate why Corruption in Health service delivery in local governments especially in semi-urban areas has persisted despite the existence of all these institutions.

Corruption in the delivery of health service is wide spread. The three of the Millennium Development Goals[19] intended to reduce world poverty by half 2015 relate directly to Health that is reducing child mortality, improving maternal Health and combating HIV/AIDS, malaria and other diseases. However, the fulfillment of these goals by the target date is greatly threatened by the extent of corruption in the Health sector (Anti-corruption Activist in Uganda 2007:20). Therefore corruption in Health service delivery is not only a Ugandan issue but a global one as well

Corruption in Health service delivery can be identified with Doctors and Nurses who charge small informal payments to patients to supplement inadequate income. Accessibility to health services is a dream; diseases are rampant coupled with the declining quality of medicines. The presence of all these is an indicator that corruption deprives people of access to Health; the poor are disproportionately affected by

[19] The Millennium Development Goals (MDGs) were developed out of the eight chapters of the United Nations Millennium Declaration signed in September 2000. Wikipedia.org/wiki/millennium

corruption in Health Sector. (Anti corruption activists in Uganda 2007:20) All these tackle corruption in Health sector as a whole but the purpose of this research is to narrow down on semi-urban areas.

2.3 Accessibility to Health Services

Access to Health services in urban Ethiopia is recognized as a problem of reducing the physical distance of the potential users from the service units. In Ethiopia, the access to Health care services is given attention, the current 20 years Health care development plan is basically a supply side plan to cover the whole of the country with a given number of Health care units per administrative unit, without considering for other disease distribution or the specific local conditions. This justifies the existence of non Health services in Ethiopia. However, the analysis of current data would lead to major improvements in the local effectiveness of the planned investment by leading to specific targeting and introducing different salaries to increase access to Health services (Curbing Corruption World Bank 1994:1).

Poor services in Health delivery in urban Ethiopia are as a result of corruption. The monetary costs of treatment are the second important reasons for not seeking treatment (39%), followed by the time costs either for the patient or whoever is accompanying him. Richer households in Ethiopia tend to utilize private facilities more than the poorer households since private health services are more expensive financially. The largest proportionate difference between public and private facilities is in treatment whereby private facilities cost more than double that of public facilities. Hospitals in Ethiopia are the most expensive with the average spending exceeding that of health centers by about 60 percent. However, much has been talked about Health services in urban Ethiopia, the element of local governments involvement is lacking. Therefore research tries to bring out the effect of local government in Health service delivery.

The government of china (Hong Kong) equally came to realize that its achievements could not have accrued without arresting the cancer of Corruption in all sectors including, Health service delivery. The public service in China is fundamentally cleaner. In 1977, the percent of Corruption was at 78 but in 1994, it had reduced to 38.The public's attitude towards corruption has changed remarkably, with the prevailing view being that it is evil and destructive. In 1994 survey only 2.9% said they would tolerate corruption and 63% said they were willing to report corruption if they encountered it[20], (Curbing corruption, World Bank 1999:52). The researcher investigated why China's public service is cleaner and ours rotten with corruption.

2.4 Achievements in an Attempt to Fight Corruption

The Republic of China encouraged the local authorities to take Corruption Prevention Measures and report any suspicions of Corruption offences (Curbing corruption: World Bank: 54). To harness support, involvement programs according to the needs of different groups such as community based strategy are considered. The local authorities, communities became a driving force against corruption by taking active and sustained action to raise moral standards in the society and improve business systems to prevent corruption. Again China's successful investigation and prosecution encourage the local authorities and governments to report Corruption, assist the community relations department in educating people about the dangers of Corruption.

To achieve maximum efficiency, each department depends on the performance of the others, to build trust and encourage people to report their suspicions of wrong doing, anti corruption agency must instill confidence that every allegation that is pursuable, no matter how small, will be investigated. The percentage of such reports has grown from

[20] Curbing corruption, World Bank 1999:52

33% in 1974 to 71% in 1994 (Curbing corruption World Bank 1999:55). But it should be remembered that each country or region is a unique blend of its own history and culture, each has its own political system and beliefs and each is at its own stage of economic and social development. What works against corruption in one place may not be valid in another. However, the experiences gained in the struggle against this wide spread problem can provide guidance elsewhere like in Uganda and it is the intention of this research.

In 1959, when Singapore attained self-government, Corruption was rife throughout all sectors including health. This was because, the laws to prevent Corruption were weak and offenders were not subjected to poverty seizure, obtaining evidence was difficult because of the weak anticorruption laws, people were generally poorly educated and many civil servants became indebted due to lavish lifestyles and some resorted to corruption to make ends meet.(Curbing corruption World Bank 1999:60)

Because of all these inefficiencies, Singapore came to realize that the primary responsibility for preventing corruption lies with the respective government departments especially Local Governments and ensuring that supervisors and administrative staff take anti corruption measures seriously and are not lax in checking or reporting the subordinates, rotating staff so that no individual or group remains too long in an operations unit. Due to the above, today Singapore's public sector is reported to be one of the most efficient and cleanest in terms of Health in the world(Tan Ah Leak:59). Therefore this research seeks to borrow some ideas from Singapore's experience so as to combat Corruption in Health Service Delivery in Local Governments in Uganda.

According to the fight against corruption in Tanzania, corruption and the absence of transparency in government were marked features of colonial rule in Tanzania. It is also argued that the Portuguese rule in East Africa from the 15th to the 17th centuries is full of examples of irregularities and corruption. Arabs and Indian traders also engaged in corrupt practices along Africa's East Coast and most of the time, local governments and administrators regularly demanded special commissions or payments to perform the duties entrusted to them. (World Bank1999:153). In the years immediately following independence, corruption tended to be restricted to low-level officials who demanded and received negligible sums of money. The socialist leadership code and president Nyerere's firm commitment to fighting corruption, combined with high pay for public officials and sound rates of economic growth, helped discourage excessive corruption and keep more egregious practices in check.

Hundreds of people were arrested and detained. Despite that the campaign failed to make ardent in the spread of corruption within the country and alarmed by the rapid rise in corruption and its inability to curb it, the government issued Presidential Circular NO.1 in 1990; the public leadership Code of Ethics Act NO.13 of 1995[21] was formulated to encourage high standards for the present and future

Corruption therefore has a devastating impact on the effectiveness of nearly every form of Government and Local Authorities programs including the delivery of health services in semi-urban areas for instance medical patients find themselves required to pay special commissions for treatment, even though they have paid the requisite consultation fees.

[21] Tanzania's presidential circular No.1 (1990) leadership code of ethics Act No. 134 (1995) presidential initiative to curb corruption in Tanzania

For example Tanzania's 1977 constitution included the provision that public affairs should be conducted for the common good and in ways that prevented Corruption.

Therefore the research seeks to borrow a leaf from Tanzania's experience so as to reduce corruption in Health service delivery in semi-urban areas in local governments especially in Kawempe Division. There is also a growing awareness that corruption on such a large scale cannot be dealt with piecemeal or through a single institution. Instead, it must be addressed in an integrated fashion through a strategy that involves and draws in all sectors including that of Health.

2.5 Health Care Services and Decentralization

The policy of Decentralization in Local Governments is meant to enhance people's participation and democratic control in decision making and improve service delivery to the people. However, people's participation is still poor and due to high levels of corruption in local governments, the quality by such services like Health service remains a mystery.

Decentralization has become a potential tool used to reward cronies and supporters of the political establishments regardless of their Integrity, Academic Standards and Competence leading to poor and low quality of services (Uganda Debt Network 2004: P: 8)

In Delhi India a local Non Government Organization act for Security health for all has spent some years trying to improve the Health of poor residents through community based programs that address both poverty and the environment (World Resource 1996-

97:38). Therefore this research investigated why in other urban areas like in India life expectancy is high compared to ours in Ugandan context.

Because of too much corruption, the government of Cameroon has introduced a decentralization of Health care, Health services at the official medical institutions, which may be quite remote both in geographical and social terms, is brought on to the people's door steps. Moreover, the public Health workers are often felt to be negligent and careless. The advantage of this Decentralization of Health service delivery is that it is less costly. The subsequent medicine shortage often leads to a virtual closure of some Health centres at least for sometime of the year. This fact makes it possible for Health workers to devote their time to other activities and thus earn a double income. Therefore the purpose of this research is to reveal crucial cause of the inefficiency in Health service delivery. The research also proved that the crucial cause of inefficiency is the high frequency of private use of Health services meant for public use. It also showed that corruption is embedded in the existing social and economic system.

2.6 Retention and Motivation of Health Workers

Uganda's sick health sector is to a large extent a consequence of failure of government. Money that is supposed to motivate and pay health workers is channelled in useless ventures. There is a higher priority attacked to sectoral functions compared with the actual health service delivery (Kenneth Mugabe 2010)[22] for instance state house was allocated US$. 39.11 million. This year. Office of the president US$ 42.46 million to finance the machinery for ISO, ESO, RDCs. ESO and ISO alone have eaten US$. 19.3 million, which is only US$ 6.3 million less than the combined allocated money to the

[22] Kenneth Mugabe Director of Budget. Quoted from the East Africa 12/04/2010. Uganda health service delivery poor despite funds allocations.

county's 13 regional referral hospitals. Medical costs for UPDF (army) are also reflected under the ministry of health. Parliament has a capacity of over 330 underemployed but over paid MPs plus a big cabinet and a string of presidential advisors over 100 each gets a salary of US$1,500 per month plus an annual gratuity of US$ 5,000. MPs each earn US$7,500 per month after taxes. In comparison a senior medical officer earn 1,965,269, about US$ 1000 per month before taxes. Medical officers earn between 657,490 and 1,199462 (US$330 and US$ 600) per month hardly enough to motivate them. The Bedside Nurses, the workhouses of the health care industry, are paid Shs. 245,849 to Shs. 257,526 (US$120 and $130) a month before taxes. (Dr. Mulera April 2010)[23]

The above are reasons why doctors flee the country for greener pastures in Rwanda, South Africa and Western countries. In 2008, 212 senior Surgeons left the country (Melina P and Andrew M, 2009). The number of participants using Government Health Units (GHU) has declined enormously as the supply of drugs and other essentials have become uncertain. Medical staff have responded to this decline in demand and the fall in real wastage by spending less time at their workplaces and by engaging in other activities to support themselves and their families, due to low pay, health workers are busy making end meet.

2.7 Theoretical Framework

Community-Based Strategies Theory

Anton Baare and Rajesh Patrick (World Resources 1996:50) developed a Community-Based Strategies Theory that: beyond the immediate priorities for improving the urban

[23] Uganda's health sector in a sorry state. Dr. Mulera a consultant pediatrician and neonatologist.

Health environment lies, the need to strengthen local governments, to implement new approaches, alleviating poverty and supporting communities, and develop more environmentally friendly cities; virtually all the policies needed to improve the urban Health environment require more effective urban governance. That will require not only strengthened local governments but also the involvement- including the poor and the private sector.

According to this theory involvement of the Marginalized like the poor, the lame, women, will yield the greatest benefit for the majority hence forth leading us to Utilitarian Theory of Jeremy Pope and John S. Mill. This is because Community Based Theory proves that the risks to Health from environmental hazards' can be reduced by the involvement of the majority

Also Jeremy P, (1999:97), asserts that although corruption itself is costly attempting to eliminate it entirely would not be worthwhile. Realistically under many conditions it would simply be too expensive to reduce corruption to Zero, programme elimination might be unjustified bureaucratic discretion might be necessary for effective administration and stronger enforcement and deterrence might be unaffordable. Thus the aim should not be the complete eradication of corruption, but rather a fundamental increase in the integrity- and so the efficiency and fairness of government.

Thus according to Jeremy Pope's theory there is need for moral rehabilitation if corruption is to be prevented. There is also need to respect the worth of a human being and if this is done, the marginalized few can raise their Minimum Needs Level hence forth it will produce the greatest benefit for the largest number of the people. Jeremy

Pope gives the basic policy responses to Corruption such as Substantive, Structural and Moral. He further suggest that eliminating those *gatekeepers* who are in position to exact tolls from the users, reducing the number of steps required to gain government approvals, clearing payrolls to eliminate *ghost workers* and rendering their re appearance more difficult (Elements of a Successful Anti-corruption. 1999:97), prevent corruption.

Community Based Strategy Theory was specifically used in chapter 5. 5.2 Analysis of Local Governments and Corruption in health sector. 5.2.1 The role of Uganda Medical Stores. This theory helped in examining the strength of local governments and community participation.

Elements of a Successful Anti Corruption by Jeremy pope was specifically used in 4.2 and 4.3. In these themes, Accountability, Transparency, Professional Code of Ethics and Conduct, Integrity as measures to minimize Corruption in health service delivery were put into consideration.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 The Study Design

I used a Case Study that is, a particular phenomenon in a particular place - Corruption in Health service Delivery in Local Governments in Semi-urban areas: A case study of Kawempe Division. The intention was to find out what is happening over there (Kawempe) and this division was picked on as a representative sample of what is happening in other areas.

3.2 Study Area

The investigation covers Kawempe Division a semi – urban area of Kampala. Compared to other divisions in Kampala, Kawempe has had many challenges in terms of poor Health service delivery, for example corella, that hit Bwaise in 2004

3.3 The Study Population and Sample Size

120 respondents were subjected to the questionnaire. The study population comprised key informants, one police official; ten health workers public/private/clinic owned by NGOS like Medicap and Marie Stoppes, one medical Doctor from Wandegeya who also works with Mulago referral hospital, two officials from Kawempe city council, twenty patients from Komamboga and Kawempe health centres. One official from National Medical Stores, two officials from Ministry of Health, and two officials from Kampala city Council among others were interviewed

3.4 Research Instruments

I carried out this research using Questionnaires and Question guides for Survey and Interviews respectively. These instruments helped in getting primary data. For secondary data I used registers, reports, tally and coding sheets. Journals, reports and Newspapers were analyzed. The intention was to note the frequency of the themes under investigation. That is, if corruption in health was repeatedly reported. In almost all the

journals, Newspapers and reports reviewed, I noted a serious pattern of events, that is disappearance of drugs, absenteeism and abuse of patients and that showed me the urgency of the matter.

3.5 Data Collection and Analysis

I used Survey method. In this method, I used questionnaire as a tool. I used baseline surveys to get basics on the ground. The intention was to establish why drugs disappear in public health centers. I dealt with educated and some how literate people who could read and write. The intention was to establish the kind of behaviour and their cause–effect relationship. The questionnaire was sectionalized for each section focused on a particular theme. I analyzed questionnaire data basing on my research questions and objectives in chapter One. In particular, Research Questions helped me in coding. In the process of coding I found casual effect- relationship and over arching patterns.

I also used interviews. In this method, interview guide was used as a tool. The interview was highly structured. I carried out interviews with elites for instance O.C Kawempe Central Police Station, Health Officer at Marie Stoppes (an NGO clinic), National Medical Stores, Ministry of Health, Kampala City Council, Chairman LC1 Kawempe. Other interviews were much less structured whereby; I tried to interact with some residents of Kawempe Division.

Content Analysis was also used. In this method, I analysed documents, reports, journals and Newspapers. For instance I visited Ministry of Health headquarters Wandegeya (resource centre) where I accessed literature on health; focus was on the disappearance of drugs and unethical behaviour of health workers and officials. I was able to interact with the O.C (Officer in Charge). National Medical Stores, National Bureau of Standards, Makerere University Health Sciences and Makerere University Main Library were visited. I did this in form of convert research.

CHAPTER FOUR

DATA PRESENTATION AND FINDINGS

4.0. Introduction

This chapter presents the data of corruption in Health service delivery in Local Governments- Kawempe division. Kawempe and Komamboga Health Centres were specifically visited. In addition, New Mulago and Old Mulago hospitals were also visited and several interviews were carried out. We should not that since 1986, the Health sector in Uganda has been undergoing a process of rebuilding and renovating infrastructures.

For instance, between 1989 and 1995, the infant mortality decreased from 199 deaths per 1,000 live births. Results from 2000/2001 Uganda Demographic and Health survey[24] indicate that by 2000, infant mortality had risen to 88 deaths per 1,000 live births, while under five mortality rates increased from 147 per 1,000 live births in 1995 to 152 in 2000.

Health spending now represents 7% of the total public expenditure; one of the largest in Africa, despite this, health still remains a problem in Kawempe. According to evidence from households' survey, the poor and the non poor alike tend to prefer curative care from Non-Governmental Organization (NGOs) and private for profit providers to the less expensive government care. This is because in many government and Local government hospitals, health units are faced with a situation of unused physical capacity, lack of trained staff, disappearance of drugs and supply shortages. In short, acute corruption in Health sector scares Health consumers. Since 1993, a process of decentralization of responsibility for provision of Health services from the central ministry of Health to Local Governments has been going on. Despite this, decentralization has not encouraged transparency and accountability in handling of public affairs, which ensures that

[24] Uganda Demographic and health survey 2000/2001

resources (drugs and services) reach and benefit the intended persons. Corruption in Health service delivery has remained a problem for the Ministry of Health (MoH) has been allocated a lot of money and yet patients continue to buy drugs. Patients are dying because there is no money to buy drugs. Doctors, Pharmacist and Nurses are not paid and this makes them resort to private businesses and report to work late. Therefore this research specifically dwelt on drug supply and disappearance in Kawempe Division.

In presentation of data, the following were looked at; Local Governments and Corruption in the Health Sector, Forms and Manifestations of Corruption and Impact of Corruption in Health service delivery.

4.1 Data Presentation

4.1.1 Socio-Economic and Demographic Characteristics of Health Consumers.

Data from Komamboga and Kawempe Health Centres

Table 4.1.1 (a) Education level of Health consumers

Education level	Health consumer	
	Frequency	Percentage
Never been to school	06	11
Primary	05	9
Secondary	24	47
Tertiary	16	33
Total	51	100

Table 4.1.1 (b) Age of Health consumers. Data from Komamboga and Kawempe H/ Cs

Age (years)	Respondents	
	Frequency	Percentage
10-15	07	14.7
16-18	17	33.3
19-35	15	29
36-45	08	14
46+	04	8
Total	51	100

Table 4.1.1 (c) Sex of Health consumers. Data from Komamboga and Kawempe H/ Cs

Sex	Respondents	
	Frequency	Percentage
Male	28	55
Female	23	45
Total	51	100

Table 4.1.1 (d) Distance to access Health service Data from Kampala City Council.

Type	Distance (kms)	Total (people)
Health service	Up to 5 Kms	67,657
	Over 5Kms	1,295

Table 4.1.1 (e) Disadvantaged population (children). Data from Kampala City Council.

Type (children)	Total
Orphans	20,215
Complete orphans	13,898

Table 4.1.1 (i) Role of the Police in handling Corrupt Officials.

Role	Respondents	
	Frequency	Percentage
Very effective and efficient	04	08
Not effective and efficient	47	92
Total	51	100

Table 4.1.1 (ii) Intervention of Ministry of Health

Responses	Respondents	
	Frequency	Percentage
Yes	14	27
No	28	55
I don't know	09	18
Total	51	100

Table 4.1.1 (iii).Where people go most in case of poor Health service delivery

Type (Health centre)	Respondents	
	Frequency	Percentage
Public Health centers	15	29
Private	36	71
Total	51	100

Data from Komamboga and Kawempe Health Centres.

Table 4.1.1 (iv) Households, parish population in relation to number of Health centres

		Population			Health centres	
Parish	Households	Male	Female	Total	Public	Private
Bwaise I	4883	8435	9536	17971	00	07
Bwaise II	4525	7603	9205	16808	00	25
Bwaise III	2991	4848	5682	10530	00	09
Kanyanya	4865	8857	9900	18757	00	02
Kawempe Health centre					01	
Kawempe I	8947	16803	19571	36374		14
Kawempe II	3375	6196	6944	13140	00	13
Kazo ward	3951	7043	7708	14751	00	10
Kikaya	3525	6976	7567	14543	00	02
Komamboga	1327	2753	2921	5674	01	01
Kyebando	8542	15694	17313	33007	00	10
Makerere I	1891	3268	3487	6755	00	08
Makerere II	3304	6564	6113	11777	00	09
Makerere III	4030	6199	7376	13575	00	14
Mpererwe	718	1412	1528	2940	00	08
Mulago (New mulago, old Mulago 1PH)					03	
Mulago I	1461	3391	4530	7921		
Mulago II	4107	6554	7126	13680	00	12
Mulago III	3791	6514	6902	13416	00	07
University (Makerere)	739	2390	2262	4652	00	
Wandegeya	1980	2902	2992	5894	00	11

Figure 4.1.1 (A) Drug regulation processes and outcomes. The figure below shows the impact drugs have on health consumers

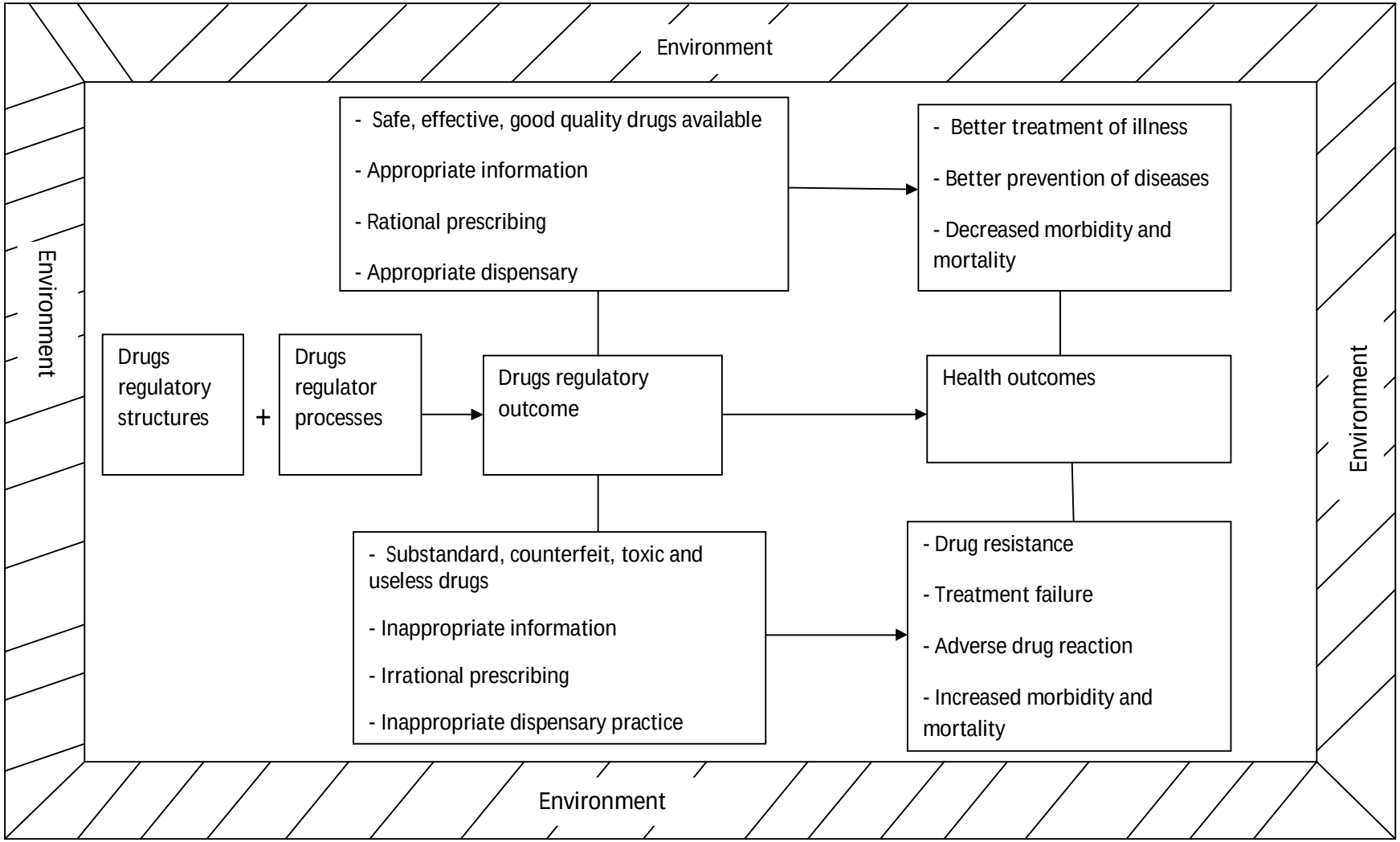
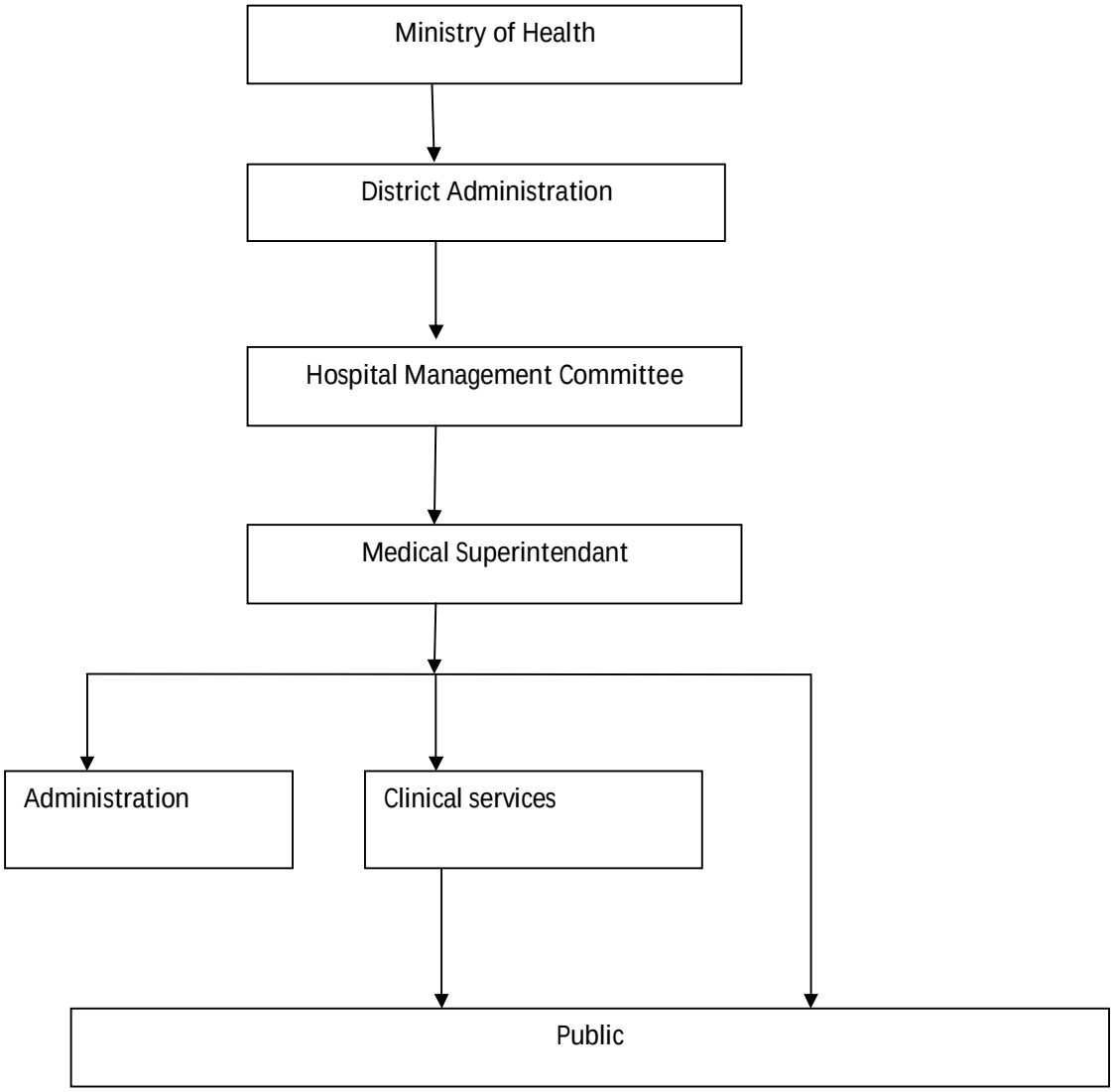


Figure 4.1.1 (B) Government Hospital's organizational structure.



Source: Ministry of Health Resource centre.

The Medical Superintendant coordinates administration, clinical and nursing services of the hospitals on behalf of the management committee that is under the district administration and Ministry of Health. This structure is too bureaucratic and very slow in effecting decisions

4.2. Local Governments and Corruption in Health Centers

4.2.1 Introduction

The diversion of funds for Health at Local Governments level in Kawempe division has been frequently reported to be a serious problem. Respondents complained that Local Governments' leaders often allocate funds to expenses other than those supposed to render a service to the community. They also argued that the lack of consistency is due in particular to Health service providers not following procedures that in themselves are not clear.

4.2.2 Responses from the Field

Respondents from Wandegeya reported that medicine when available, is expensive, resulting in non-compliance, incomplete treatment or irrational regiments. Therefore to them, Health service delivery utilization is decreasing in concert with people's socio-economical status. Research also indicated that corruption is common in public procurement and contracting processes, public fund management activities at central and local government levels and in particular in Health service delivery systems.

There was an outcry from respondents that in some cases local politicians have virtually taken over the award of tenders especially for the construction of Health units in Kawempe division, usurping the mandate of district tender boards. Decentralization was aimed at offering citizens increased participation at the local level, but a detailed survey I made while in Kawempe showed that peoples' confidence has been eroded and the quality of public infrastructure and Health services are deteriorating.

A resident of Kawempe I revealed that theft of medicine sent to local government Health centers has increased with the decentralization of Health services. This is supported by newly appointed National Medical Stores (NMS) general manager during the Ministry of

Health stake holders' conference at Imperial Royale Hotel in Kampala that they had so far discovered about 100 ghost Health centers in Local Governments[25]. The fact that over 100 ghost Health centers were created and maintained for so long calls into question the competence of the ministry's inspection and monitoring divisions.

Respondents also revealed that due to ineffective leadership, even the local levels which have tried to priotise Health service delivery and other Health management committees, their services are dysfunctional due to rampant corruption seen in stealing of government drugs and taking them to private clinics. Therefore respondents concluded that Health services have stagnated and retrogressed due to disappearance of little drugs that are received.

Respondents also reported that drugs disappear because the local government in Kawempe division has not looked at the possibility of improving the Health workers remuneration packages particularly by giving them some incentives and fringe benefits to Health workers. This means that motivation is largely poor.

Generally 80% of the respondents said there is no *transparency* that is to say, when medicine is received, authorities have failed to check on connivance to steal drugs especially with Health staff. Drugs disappear on daily basis because of lack of clear evidence like labeling of government issued drugs, drugs are daily sold from private clinics and Health officials don't feel bothered.

[25] New Vision Wednesday November 25,2009 Also available at http:/www.newvision.co.ug

4.2.3 What are the Causes of Corruption in Health service Delivery in Local Governments in Kawempe?

4.2.3.1 Introduction

Decentralization of Local Governments requires clear delineation of overall responsibility at each level of the Health care system. The organization structure should aim at effective package of basic Health services, community participation and management-accountability.

4.2.3.2 Responses from the Field

From the survey carried out in Kawempe through interviews, Respondents had this to say

> Poor pay for the Health workers leads them to sell drugs from their private clinics; the drugs that are supposed to be given free of charge in public Health centers.

They also revealed that plenty of drugs in public Health centers tempt Health workers to be corrupt and since there is laxity in all government institutions like IGG and police, corruption is the order of the day.

Others said, even increasing costs of living, greed of some Health workers, poor conditions at work places like housing, irresponsibility of government to monitor the work of Health officers in local governments, poor qualifications leading to poor adherence to professional code of conduct, too much taxation, poverty, selfishness, lack of private organizations like NGOs to monitor, delays in salaries and untimely payments, imbalances based on political affiliations, religions and tribalism among others are significant causes of corruption in Health service delivery in local governments.

4.2.4 Problems Faced by Kawempe Division Residents while Accessing Health Services

4.2.4.1 Introduction

The constitution[26] obliges the government of Uganda to provide basic Health services to its people and provides for all people in Uganda to enjoy rights and opportunities and have access to all Health services.

4.2.4.2 Responses From the Field

From the survey carried out in Kawempe division, the rights and opportunities and access to all Health services are hindered by; Shortage of drugs and few doctors and nurses in the local government Health centers, poor trained Health workers who end up abusing patients and overcrowding of patients in public Health centers.

Other significant problems raised were, that doctors charge too much money form patients yet services are supposed to be for free and some patients who do not have money are ignored and not helped at all. Distance travelled to reach health centers (table 4.1.1(d)) is also long. Patients move long distances to access Health services, high population increase (table 4.1.1(iv)) leading to poor services delivery, illiteracy because most of the community members do not know how to read and write causing difficulties (table 4.1.1(a)) to read prescriptions. Illiteracy also leads them not to demand their actual services.

One respondent reported that some health centres are not hygienically good and that public health centres in local governments are very few (table 4.1.1(iv)). He also wondered why Health workers absentee themselves from their work places.

[26] Constitution of the republic of Uganda section 169 pp. 135

Other complaints raised were discrimination in accessing Health services, oppression and arrogance of Health workers, poor transport means leading to the untimely death of patients before reaching hospitals, coercing and forcing patients to buy drugs from private pharmacies owned by local government Health workers at exorbitant prices.

4.2.5. Where People Go Most When They Fall Sick?

Public Health services are underutilized due to their poor quality and inaccessibility (table 4.1.1(d)). Corruption also takes place at the point of Health service delivery, where under paid Health workers request informal payments above the normal cost service. This scares away patients and they end up seeking services in private clinics compared to local public Health centres.

Out of 51 responses from the questionnaires 36(71%) said that they usually seek their services in private Health clinic because; There are always no drugs in local government heath centres, medical workers always demand for money, they take long to serve people who have not paid any money and sometimes leave without any service offered. This discourages patients and they end up in private clinics. They expressed their satisfaction in private clinics because services are efficient and prompt, drugs are available, there is convenience and customer care. Their services are faster and quicker and they trust the way private clinics give treatment to the patients.

Another concern was that, local governments Health centres are few that is Komamboga and Kawempe Health centres and patients travel long distances to access services which they do not even get efficiently. The services that are supposed to be free are sold expensively because medicine is always taken by doctors to their private clinics.

However, 14 respondents out of 51(27%) contended that people go to public Health centres because they are cheap and people are poor and cannot afford private clinics.

4.2.6 Why Corruption is Persistent in Local Government's Health Sectors

4.2.6.1 Introduction

A campaign that demands transparency and accountability in Health sector, judgment, particularly of corruption cases including the follow up of high profile cases, has been weak. Monthly cash releases from the Central Government to local governments are not always published in local newspapers in order to inform the general public and promote transparency.

All these have made corruption in Health sector in local governments especially in Kawempe division thrive.

4.2.6.2 Response from the Field.

From the responses of respondents in a survey carried out in some specific parishes in Kawempe, people are not content because; The top officials who are meant to show examples to the lower levels are doing the opposite and some Health workers take government offices to be their personal businesses because there are no strong punitive measures and supervision of the Health workers.

Respondents also reported that some medical practitioners have failed to stick to their Professional Code of Ethics for they are greedy for money and above all, negligence of government in handling corruption officials, poor management skills whereby corrupt health providers always get their way through, make them behave like that.

They also said that because of low salaries and due to persistent poverty, corruption is best alternative. Once Health workers complain about salary increment, the government doesn't care what is happening in public Health centres and this makes local corrupt leaders take advantage of the situation. It was also reported that corruption is inborn because all people are used to the system.

To get medicine you must pay and you can't afford to die when you can corrupt Health officials and get what you want.

In short, favouritism, tribalism, law salaries, poor government policies, weak institutions were reported to be the major reasons as to why corruption is persistent in local government.

4.3 Forms and Manifestation of Corruption in the Local Governments

4.3.1 Introduction

The government of Uganda issued a white paper in October 2004 recommending that the Inspectorate of Government (IGG) be given more latitude to arrest and prosecute persons involved in corruption or abuse of public offices. To strengthen the institute, the white paper proposed that the creation of an anti-corruption tribunal to try cases. In July 2001, the Directorate of Ethics and Integrity (DEI) was created to combat corruption and rebuild integrity in public offices and local governments and this was to ensure that the public is actively involved in the fight against corruption. Despite all these, the lack of political will to curb corruption has led Uganda to the brink of institutional failure.

4.3.2 Responses From the Field

From the survey carried out, respondents said that embezzlement of Health funds where health workers divert funds from intended purposes that is, stealing of medicine and selling it to their personal clinics, smuggling, bribery, cheating were on increase

Vulnerability to abuses related to counterfeit drugs, selling faulty equipment, misrepresenting the quality or necessity of medical supplies and conflicts of interest between purchasers, providers, suppliers and researchers were reported.

Respondents also reported a range of irregularities like theft, graft, and bribe taking. Expenditures on drugs and other supplies can leak through the procurement processes or

through supplies being stolen, fraud, absenteeism or working few hours than the required, while being paid as if full time, informal payments for example extorting or accepting under-the-table payments for services that are supposed to be free of charge for special privileges or treatment, abuse of hospital /Health centre's equipments, space, vehicles or budget for private business, friends or personal advantage; favouritism that is using budgets to benefit particular favoured groups of individuals, sale of positions and accreditations like extracting or accepting bribes to influence hiring decisions or licensing accreditation among others were cited out.

The centres I visited were found closed during working hours, drugs were inadequate and laboratories were ill-equipped. The few hours they opened, less than half of the staff was present. Deficiencies in terms of drug availability, hygiene of beddings were cited out.

Residents also cited out acute absenteeism, too much abuse, lack of care and neglect and above all lack of professionalism. Many patients told me that they face serious harassments and mistreatment when referred to the public Health centres.

Results from Bwaise indicate that for 80% of the respondents, there have been no changes in the availability of essential drugs at the Health facilities. Available evidence shows that public Health facilities for example those located in far away from the central face acute shortage of skilled providers. Also my experience in Mulago referral hospital showed reports of several women who die in the maternity hospital because they are unable to pay for an emergency and several other who are denied treatment because they do not have the money.

People stay at home and await anything to happen to them including death.

Respondents also revealed to me that the reason why people do not seek professional medical care is, it is expensive. According to residents from Kalerwe, corruption is the most significant obstacle they face to accessing social services especially Health services, even where government dispensaries and Health centres do not charge officially, there are numerous reports of people having to pay for medicine. Around 85% of Kalerwe respondents reported not receiving Health care services because they can not pay the required hospital charges and travel long distances either to Kawempe or Komamboga health centres.

Respondents also reported that corruption occurs when false claims are presented for awareness like raising activities that never took place or for materials that are never purchased. Corruption also occurs in programs aimed at alleviating the socio-economic effects of the disease or victims and their families. Respondents also reported that Health workers may use non-sterile equipments as an additional source of income by extorting illicit payments from the patients. Also reported instances of abuses for demanding sexual, monetary or material favours in return for proper medication and care were cited out. This is evidenced by World Health Organisation (p. 106) WHO estimates that the global market in fake and sub-standard drugs is worth US$ 32 billion or around a quarter of all drugs used in developing countries.

Other Forms /Manifestations from questionnaires were; favouritism in Health centers like rich people are favoured whereas the poor are under looked, requesting for money before the service and arrogance.

From face to face interviews conducted on 25/09/2009, 01/10/2009, 18/11/2009, the respondents had this to say;

On 25/09/2009 an official from Uganda Medical Stores (UMS) said that almost every where the poor suffer poor Health and the very poor suffer appallingly. The gap in Health between the rich and the poor remains very wide. He also said that poor Health is common consequence of poverty and poverty can be a consequence of poor Health. He also said that it is the explicit goal of many Health sector interventions to transform poor unhealthy populations into Healthy populations, thus breaking the link between disease and poverty. On disappearance of drugs he said, “Drugs are stolen on the way to Health centres”.

On 01/10/2009, I visited Ministry of Health (MoH) and one official had this to say about drugs regulation

> Drug regulation is therefore a public response to the perceived needs of society. Thus, drug laws need to be updated to keep pace with changes and new challenges in their environment.

His response to protection of public from harmful and dubious drugs and practices was,

> Drug laws should be comprehensive enough to cover all areas of pharmaceutical activity in the country. Law about licensing, inspection of manufacturing facilities and distribution channels, product assessment and registration, control of drugs promotion and advertising and control of clinical drug trials are some how lacking.

On 18/11/2009, I visited Kawempe Health centre and what I saw and observed were nasty.

The nurse abused patients in a line; “we are not providing sugar here”. Patients were in a line for almost an hour and were attended to towards mid-day.

I saw three (3) Health workers who came late. Some even at 11am and on arrival they were busy cleaning their offices. One patient complained “By lunch time we would be gone”. Another patient said he had flue and wouldn’t endure in a line as was a waste of time for he knew he would not get some tablets. He told me that he would try else where (private clinics)

I also interviewed other patients and their responses were,

> There is no medicine here, they refer us to their private clinics, you know government things, and I was here in the morning and still waiting.

A forty three gentleman said he came to check and yet he did not have any money to go to private clinic in case they referred him there, he also added that he would wait to die. Another said,

> We usually complain but services are not good, we spend much time in lines and Health officials don’t care because services are for free.

A laboratory technician at Komamboga health centre barked at the patients who were waiting for malaria tests that they could not be worked on because they did not have power. Patients who were waiting said that they had to wait since they had no alternative.

Nursing assistant at MedCorp Allied Drug Shop told me that many patients prefer private clinics to public Health centres for in private there is customer care, no lining for drugs. She wondered how medicine disappears in Public Health clinics (PHC) “First bribe the

nurse if they do not give you". She added that nurses are over reluctant and report late to work.

> They do not mind after all it is not patients that are going to pay their salary but government, why should we bother and hurry.

Interviews carried out with Student Doctors and Nurses at Mulago Referral Hospital revealed that patients do not like Public Health centres because of time take to administer medicine, inconveniences while lining and waiting, disappearance of drugs. They also revealed to me that medicine is stolen while on delivery from National Medical Stores (NMS). The situation is worsened by purchasing managers and procurement officers who are not medical doctors.

The manager of Wandegeya Medical Centre said,

> Medicine is stolen on the way from National Medical Stores. Once medicine reaches Mulago no one can steal it.

He also highlighted other manifestations of corruption like. Giving wrong information on paper (paper work), the permanent secretary is an accounting officer, failure to attend to clients, no easy access to drugs, no good services ensured if there is no money. Doctors/Nurses stock drugs and refer patients to private clinics even if it is there in store. He said that half of the drugs is stolen, late coming is normal and the order of the day, Kampala City Council (KCC) charge too much money, yet it does not improve her services. He wonders where that money goes. In public health centres, he said

> Abuse of patients is routinized, death in local governments Health centres is normal, ethics is a night mare.

He gave an opinion like labeling of government drugs, stopping 'big' people in government from owning pharmacies.

4.4 Impact of Corruption on Health Service Delivery in Local Governments

4.4.1 Introduction

Uganda faces serious challenges to improving the Health and well being of its people. Absence of transparency and accountability result in suspicion and mistrust, impact, negatively on the rule of law, destroys the capacity of institutions to perform well. Corruption in health sector promotes and results in less qualified people making decisions and controlling how resources are used, destroys the capacity of individuals to perform well for example people who are skilled, honest and are able remain unemployed, while those who are dishonest or connected have jobs.

4.4.2 Responses From the Field

According to the survey carried out, respondents said that loss of lives is a likely event since Health workers mind about their own stomachs. Expired drugs are given to the patients, stealing of medicine accelerates the death of many and some said that much time is spent on private work leading to poor service delivery.

Corruption has also led to disappearance of medicine and equipment and the public has lost confidence in the medical sector. They also reported that professionals have left the country leaving the unqualified in the health sector. People are dying in hospitals because there is no care. Nurses have neglected their Professional Code of Conduct, Ethics is no longer followed. For instance respondents reported that nurses have helped in carrying out abortions in exchange for money, a practice that results into death. Corruption impedes efforts to prevent infection and treatment of people with HIV/AIDS. According to the interviews carried out, there is a growing concern that corruption is lessening the impact of development.

Findings from an assessment in Bwaise reveal that the local population has not benefited from the local governments heath services. Data also show that local people lack the power to take action against their leaders for unsatisfactory performance, poor leadership, misuse of funds and indulging in corrupt practices. Local Governments are responsive to people's problems. This in turn has affected the people of Kawempe division.

Many respondents said that money leak from hospitals through opaque procurement of equipment and supplies, ghost employees, inflated hospital price tags. Consequently, it is the patients that bear the burden because they are asked to pay bribes for treatment that should be free.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

5.0 Local governments and Corruption in Health Sector

5.1 Introduction

Despite the existing Health laws like Constitution of Uganda, The Public Health Act(PHA) 1964, Drugs Policy and Authority Statute (DPAS)1995, the Nurse and Midwives Statute 1995. The Allied Health Professionals Statute (AHPS) 1995 amongst others Health sector is still vulnerable to corruption and it exists in all types of Health systems.

5.2 Analysis of Local Government and Corruption in Health Sector

In Local governments especially in Kawempe division, corruption occurs in systems where they are predominantly public whether well funded or poorly funded. Corruption is thriving in Health sector in Kawempe because there is no broad adherence to the rule of law, transparency and trust and the Health sector is in particular ruled by ineffective civil service codes and weak accountability mechanisms. All these make health sector susceptible to corruption and it is a systematic feature of health systems and controlling it requires policies that address the sector as a whole.

Local Governments, entrust private actors in Health with important roles. When these act unethical to enrich themselves, they argue that they are not formerly abusing public offices for private gain. However, they are abusing the public trust in a sense that people and organizations engaged in health service delivery are held to a higher standard in the interest of protecting peoples' health. My experience in Kawempe showed me that Health sector is an attractive target for corruption for so much public money is involved.

Local governments have failed to sensitize the local people about their rights. People do not even know that they are ill or that they could benefit from Health care services when

they fall sick and seek medical care, they can not judge whether the prescribed treatment is appropriate. Patients can not shop around for the best price and quality when they are ignorant of the cost. Poor functioning of market creates opportunities for corruption. In addition, Poor Monitoring and Evaluation as cited out by respondents make the situation worse for abuses. The difficulty of fully monitoring the actions of Doctors, Hospitals, Pharmaceutical companies and Regulators like National Drug Authority (NDA)[27], makes it hard to hold them accountable for the results of their unethical behaviour.

No private Clinics, Public, Local Governments or State and her Organs should directly or indirectly engage in a project, a program and a policy whose indirect or direct objective is to negatively affect the good health of the people because the right to health in this case means that the State or Local Governments ensure measures which people are able to safeguard their health care. Thus no private hospitals, clinics, pharmaceutical shops should endanger the good health of their clients.[28] According to my findings and my own observations, Local Governments in Kawempe have failed to protect her people from unscrupulous conducts in service provision related to health. This is due to the fact that public health centres are very few in Kawempe division. Private clinics and pharmacies take advantage. In simple terms, there is need to strengthen local governments if the poor are to benefit from health services.

Large number of actors involved and the complexity of their multiple forms of intervention for instance government regulators like (Health ministry and parliament) then payers like (social security institutions, government offices) then consumers and suppliers etc exacerbates the difficulties of generating and analyzing information, promoting transparency and identifying corruption when it occurs. This creates the

[27] NDA. National Drug Authority

[28] Uganda Human Rights Commission 2003, chapter 15. The right to health and the right of persons living with HIV/AIDS

number of opportunities for corruption for instance funds can be diverted or misallocated at the ministry or local clinics by individuals working as managers, procurement officers and Health professionals. These actors may be tempted to abuse their positions for direct financial gain, to increase their prestige, political influence and power, thus when corruption is detected, it may be difficult to attribute it to a particular individual.

The Health ministry estimated that up to 50% of all drugs sent to local government (districts) are stolen. Due to corruption in local governments, in 2006 the president of Uganda gave a directive to the ministry to emboss all government drugs so as to stop the by now well know as theft of those drugs which are sold in shops owned by medical workers.

In my analysis, better supervision is needed of all medical facilities with regular impromptu visits by mobile teams, tough disciplinary actions against staff found absent during normal working hours, imprisonment and dismissal, should be effected henceforth.

As long as the inability of local leadership to appropriately address people's complaints or hold "irresponsible medical staff" accountable for their actions, persists the common good of society is at stake. Much as corruption in Health service delivery can't be reduced to zero, somehow checks/measures can save the situation.

5.2.1 Uganda Medical Stores (UMS)

National Medical Stores (NMS)[29] is an autonomous government corporation established by the National Medical Stores Statute in 1993, has proved ineffective for the diversion of medicine from the store has been frequently reported to be serious obstacle to the health service delivery. Because the essence of the corporation (NMS) was/is to carry out

[29] NMS. National Medical Stores. An autonomous government corporation established by National Medical stores statute 1993

the efficient procurement, storage, distribution and supply of medicine and other certain medical supplies to the public health service in Uganda. This establishment of the NMS arouse out of the need to have a reliable and sustainable drug supply system. But to my surprise, National Medical Stores (NMS) has failed to fulfill it objectives and this has affected health sector. There are many ghost health centres especially centres II and III that fall under District health officers/local governments. In 2009 UMS discovered 100 ghost health centres by accident and they have been getting funding.

In short, Local Governments have not improved the quality and range of health services in Kawempe division. Community participation is very limited in regards to determining health care services and deciding where funds should be allocated. Health being a priority sector faces many problems and has been given less attention. Officials who deliver the medicine connive with local officials and medicine does not reach. The director of Clinical and Community Service and the Commissioner in charge of pharmaceuticals were asked to provide details but refused[30]

5.2.2 Households, Parish Population in Relation to Number of Health Centres table (4.1.1 (iv))

Realistically Kawempe division has two Public Health centres i.e. Komamboga and Kawwempe Health centres. Therefore 19 parishes seek treatment from private Health clinics. Those who go to public Health centres travel long distances. For instance according to KCC population census 2001, 67,657 people travel a distance of up 5Kms while 1,295 travel a distance of over 5Kms to access Health services (table 4.1.1(d)).

[30] The New Vision Wednesday November 25, 2009 Front Page. 100 Ghost Health Centres uncovered. http://www.newvision.co.ug

5.3 Analysis of Forms and Manifestations of Corruption

5.3.1 Introduction

Somehow at the time of independence in 1962, Uganda had one of the best public health care systems in Africa. Almost all districts had a well functioning hospital and well equipped dispensaries at county and sub-county levels. Health services were provided free of charge. Following neglect and mismanagement in the 1970s' and 1980, massive deterioration ensued.

Today, the quality of many public Health facilities is poor; characterized by corruption, shortages of trained personnel and medical equipment, under paid and demoralized staff. Data was collected from Kawempe division, then analysed to identify its cause- effect relationship.

Theoretical frame work was used for comparative analysis in chapter five.

5.3.2 Analysis of Forms and Manifestations of Corruption.

According to my analysis and the patients' perspective, a constant supply of essential drugs is a prerequisite to the credibility of health services and most complaints focused on lack of drugs and supplies. My experience in Kawempe division indicates that a constant supply of drugs and medical supplies is very essential in improving health care. The problem is not only inadequate supply of drugs but unfair and inefficient distribution of these drugs once they arrive at the dispensaries. In research carried out in Mulago a sub-division of Kawempe, reveal that provision of Health services at Health centres and dispensaries is noted to be of poor quality. This is because Health workers do not value their work.

The distance to the health facilities is very long. According to the table (4.1.1(d)) poor households are often some distance (67,657 walk distance up to 5Kms) from government Health facilities, and members of these households typically face long journeys and high

cost to obtain health care. My observation was also that despite distance travelled the cost of medical consultation is far more of a burden for the poor. Richer groups are found to have a higher probability of receiving medicine when they are ill than the poorer groups. Poorer house holds are less inclined to report illness than better off counter parts. Perhaps because the poor accept illnesses as a normal feature of life and do not consider it an event worth reporting.

Some continuing deficiencies particularly the cost of drugs, discrimination against clients who are not able to pay and poor referral systems all result in low quality of care. In addition I also found out that the distribution of public health services is unequal. According to table 4.1.1(IV) only 02 public health centres are shared by 21 parishes.

Health care providers have a wide range of opportunities to engage in corruption for they have such a strong influence over medical decisions including prescribing medications, ordering tests and referring patients for additional services. In such circumstances, they act in ways that are not in their patient's best interests. These risks are one of the reasons that the Health care professionals are generally bound by professional standards and ethical codes that are expressly aimed at, deterring corruption. Health care providers are in the unique position of telling the consumer (patient) what services to buy. For instance they provide fewer services than would otherwise be indicated by individual's Health condition. There is always a tendency to be less productive and provide less care in case they are paid a fixed salary.

My experience in Kawempe division was that publicly employed health providers abuse their public sector job by referring patients to their parallel private clinics. They also defraud the public sector by accepting a full salary while absenting them to provide their services elsewhere, they steal drugs and medical supplies for resale or use in their places

of their interest. They create *phantom* patients to claim additional payments, order tests to be conducted at private laboratories in which they have a financial stake, prescribe expensive drugs in exchange for *kickbacks*, health facility officials also influence the procurement of drugs and supplies, and all those put the lives of the people at stake.

Patients are also to blame because they try to get free or subsidized care by under reporting, use forged cards to gain access to free public care, bribe doctors to obtain benefits for non-Health issues. This therefore creates a situation in which wealthier people are likely to get better attention than those who are poorer and unable to pay bribes. I also observed that medical professionals who are reimbursed on a fee-for-service have no incentive to be absent from work. Dishonest ones may be tempted to overcharge for services, bill for services that were not provided, salary budgets are siphoned off at different levels of local governments either by simply withholding salary payments, creating fictitious health workers (ghosts) and collecting the salaries on their behalf. When I asked how many officials are corrupt, almost 90% of the interviewed said yes.

I also found out that Age and Education are statistically significant in influencing health of individuals in Kawempe division. The higher a person's social status and education, the better their Health, for instance according to the statistics (table 4.1.1(a)) 47% and 31% of respondents who had attained secondary and tertiary levels respectively are better off than 11% and 9% who had never been to school and had attained primary level respectively. The reason that account for such difference is that educated ones are able to demand for their rights than uneducated ones because they are ignorant. Also respondent whose age is above 16 are better off than those below that age. This is because old and mature people are able to demand for better services than the young. According to the

statistics (table 4.1.1(b)) 84% of the respondents who were above 16 years were presumed to be better off than the 14% of the respondents who were 15 years and below. I also found out that Kawempe has many orphans (table 4.1.1(e)) shows a total of over 34113 orphans (according to 2001 population census –Kampala city council (KCC). This disadvantaged population is prone to abuses, neglect from health workers (Nurses and Doctors) in case they are taken for medical treatment

I also found out that sex of health consumers is statistically significant in influencing health. According to statistics (table 4.1.1 (c)), Males constitutes 55% while Female 45%. I also observed that females are susceptible to discrimination because they are regarded as a weaker sex and majority from questionnaires results had not attained enough education. All these make them liable to getting unfair treatment when they seek medical treatment.

People who perceive Government as more corrupt are more likely to be worse in health conditions. For instance according to the data got from questionnaires and interviews (table 4.1.1(i)), 8% who reported that police is very effective and efficient in handling corrupt officials are far better than 92% who said that police have failed. The reason that account for such difference is that 8% have wealth, can bribe and get favour in case public Health centres are poorly stocked with medicine, they can seek medical treatment from private Health clinics with ease than their counterparts. In addition 27% who confessed that the Ministry of Health intervene when patients complain receive good health care than their counterpart i.e. 55% and 9% who said no and I don't know respectively (table 4.1.1 (ii).

In my analysis also, I found out that people who go to public Health centres seeking treatment are disadvantaged than those who seek treatment in private Health centres.

Reasons for such difference are; poor customer care, arrogance, abuses, absenteeism, embezzlement, favouritism ,and disappearance of drugs.

5.4 Impact of Corruption in Health Service Delivery

5.4.1 Introduction

Due to corruption, many trained medical personnel have taken economic refugee to other countries or to private sector and this has left a profound impact or a scar in health service delivery in Kawempe division.

The information obtained from the Survey and Questionnaires shows that 80% were of the opinion that Corruption in health service delivery in Kawempe division has persisted to the extent that it has affected negatively the quality of health services in local governments.

5.4.2 Analyzing the Impact of Corruption in Health Service Delivery

My analysis indicates that the poorer section of people in Kawempe division is the main users of government health services and those services are far from free. People usually incur significant costs to buy essential medicines and other small items that are often not in stock at the health facilities.

The cost of health care according to my analysis is cited to be one of the major problems faced by 21 sub-divisions in Kawempe division over 80% of the residents said that the cost/effect of treatment is the biggest Health care problem they face. Respondents revealed to me that a bigger percentage of the population in Kawempe is denied medical treatment for instance orphaned children and homeless people (table 4.1(e)) because they can not afford to buy drugs, consultation fee and inability to pay unofficial payments to health workers. This leads to death and desperation.

Informal payments can cause poor people to forge or delay seeking care and can have negative effect on the quality of health services. Some patients according to the survey carried out go into debt or sell assets in order to afford informal payments, thus impoverishing themselves. Corruption affects the entire population and its typically the poor who are most susceptible when officials hoard drugs. Therefore from my analysis, there is need for good governance to ensure that better access to essential medicine is guaranteed.

Individual governments should know that when medicines are sub-standard or distributed inadequately, the onset of drugs resistance is accelerated, leading to a growing burden of chronically ill people.

Even the quality of equipment, repackaging and expired medicine can induce provider to use their products at inflated prices even when cheaper and it is the local people who bear the burden after all. The evidence available on corruption in health systems with direct provision is largely focused on informal or illegal payments for services. This form of corruption has a particularly negative impact on access to care for the poor when they can not afford payments. My experience with people from Kawempe division shows that theft by employees, self-referral of patients, absenteeism, illicit use of public facilities for private gains, drastically worsen the situation.

I also observed that corruption is one reason why public investment in health, coupled with high rates of private spending has not translated into good health outcomes

Evidence suggests that corruption takes place at every level of the health system in Kawempe division, but there has typically been a reluctance to speak about it. For instance malaria remains a serious problem and known cases of tuberculosis have increased. Such a poor state of Health exists despite money given to local governments.

The impact of corruption must also be measured in terms of those people who suffer because they can not afford brown envelope payments to health workers. Corruption has a direct negative impact on access and quality of patient care and is one reason why so often, increased spending on health does not correlate with improved health outcomes.
The data collected find a strong correlation between perceptions of corruption and individual's health. A survey in Kawempe division highlights how local-level corruption undermines health service delivery.

Health care charges have placed on impossible financial burden on the poorest households. As a result poor people's incomes are sufficient for subsistence and frequently forced to resort to self-treatment, self ineffective alternative like herbalists which may result to death.

I also found out that corruption in Kawempe has halted and undermined development. For instance money intended for health care services goes to individual pockets. This leaves poor patients to die because health workers are not there and essential drugs are either lacking or have been stolen. Therefore my argument is that the impact of decentralization on Health service delivery and Health outcomes is not yet clear.
People die in households because they are denied treatment or even don't seek treatment. As a result corruption in health inevitably punishes the homeless population of about 74% total orphaned children totaling to (13,808) and expectant mothers who are most prone to health burden. One respondent told me that he and his wife had been to the public health centre with their two year old son that had fever; they did not understand that they had to pay bribes in order to get assistance. Neither did they have any money to pay the bribe. They waited for treatment but in vain, the child got worse and then died in the waiting room.

CHAPTER SIX

GENERAL CONCLUSION

6.1 Conclusions

Chapter One of the dissertation gave a brief introduction and Background of Corruption. It also dealt with Statement of the problem, Scope of the study, Definition of terms, Objectives, Significance and Study questions. Chapter Two touches on the Literature Review and provided the successes and failures of Corruption in health service delivery. It brought to light how the problem has been dealt with in other countries and how the gaps are filled. The themes within this chapter are; Manifestations of Corruption in health service delivery, Violations of the right to health, Accessibility to health services, Achievements in an attempt to fight Corruption, Health care services and Decentralization retention and motivation of health workers.

Chapter Three presented and overview of Research Methodology and covered key issues such as; The study Design, Study area, Sample size and Study population, Research instruments, and how the data was collected and analysed.Chapter Four is the data presentation and it captured the tone of this Dissertation gave evaluation of Socio-economic Demographic Characteristics of Health Consumers. The importance of this chapter is that it presented the Central Theme of the Dissertation. That is presentation of data. The importance of this chapter was also the need to show the effect of corruption on health service delivery under different headings; Local Governments and Corruption in health service delivery, causes of corruption in health service delivery, problems people of Kawempe face in an attempt to access health services, where people run to incase of sickness, why corruption is persistent in health sector, Forms and Manifestations of Corruption in Local Governments and impact of Corruption on health service delivery in local governments.

Chapter Five gave analysis of Data and Findings. In this chapter special emphasis was laid on analysis of local governments and Corruption in health sector. The chapter also highlighted and examined the role of National Medical Stores (NMS). It also captured an evaluation of households, parish population in relation to the number of health centres. The chapter also brought to light forms and Manifestations of Corruption in Local Governments. It was also a reflective of the landmark of the impact of corruption in health service delivery.

Chapter Six gave the Conclusion and Ethical Recommendation.

6.2 Recommendations

Service delivery in health sector involves the participation of physicians, pharmacists, nurses, doctors and other health care providers who know what drugs/medicines a patient should consume to treat a particular disease. Physicians prescribe, pharmacists dispense and nurses administer drugs to treat patients, the interface between the pharmaceutical industry, national medical stores and physicians is an area that is susceptible to corruption.

In the aftermath of 2007 ACW[31] Health campaign, the president of Uganda, His Excellency Kaguta Museveni had the following New year's (2008) message:

The Health system in Uganda continued to suffer from poor services delivery mainly as a result of inefficiency. I abolished the payment of user charges (2000) to enable access by all Ugandans. The Health centres continue not to have drugs and Health workers are always absent from duty stations. Inefficiency and consequently poor service delivery and corruption that lead to drug outrages in Health centres must be dealt with decisively.

[31] ACW. Anti Corruption Week health campaign president Museveni's new year message (2008)

The Health sector needs to develop mechanisms to ensure that Health workers are in health centres as is required, just like the inspection function should work in the education sector. Drug thefts by Health worker, as revealed recently by civil society, must stop henceforth. The ministry of Health must devise mechanism to ensure inefficiency and theft in the health sector is eliminated. The sector should immediately institute accountability measures, for example, the labeling of drugs so that any drug stores found with them will be severely punished. Health workers should also not be allowed to worker in private health clinics and drugs stores when they have not provided their minimum required work hours in the government health centres. In future, we should ban the double allegiance.

According to 4.2.2, there is public outcry when it comes to procurement and delivery systems that has affected provision of health services. To this effect, the distribution processes should ensure that drugs are allocated, transported and stored appropriately at all points when they are to be dispensed. This involves central and regional warehouses, pharmacies and service flows. This is because when the government institutions are weak and unable to regulate institutions in Health sector accurately, they increase the opportunities for corruption including the manufacture of counterfeit drugs. In India for example, plans are under way to introduce death penalty for the manufacture or sale of counterfeit medicine that causes grievous harm. Therefore such measures should be introduced such that those profiting from spurious drugs that might harm or kill innocent people or equivalent to mass murder, are punished severely

Procurement is often poorly documented and processed; this makes it an easy target for corruption. Drug procurement is more vulnerable to corruption compared to other

sections of health for the method to determine the volume of drug provision; suppliers use different prices for the same pharmaceutical products and can artificially inflate prices. Therefore procurement processes must require an ongoing monitoring, including reviews from the Inspector General's office

There was also an outcry for local leaders are greedy and end up awarding them selves tenders especially for construction of health units, a vice that has retarded the quality of health services.

Therefore there is need for greater transparency in the health sector especially Kawempe division. Government should know which areas are vulnerable to corruption, further monitoring as respondents said is essential, should know what systems offer the best incentives for providers to behave honestly and control fraud. Local governments should implement policies and processes which encourage ethical behavior and punish firms and individuals responsible. Greater transparency is also vital in Health services. Public needs to be aware of what they will have to pay and what they will receive. The quantities and values of medicines supplied at each level of the system should be well published and the Health workers should have to account for them.

All government programs concerning Health issues like funds, disbursement of medicine are supposed to be displayed on the public notice boards, papers so that the public is aware of the existing government programs and projects and all funds received for implementing programs.

Ample evidence suggests that when prices are raised through cost recovery schemes, the poor are more likely than the non-poor to cut back on their use of Health services. Charges must therefore be introduced carefully, they must be targeted to services used by the non-poor and if applied to services used by the poor, they should be accompanied by

improvement in both access and quality. Government subsidies directed towards curative Health care are poorly targeted to poor households and indeed favour those who are better off. Therefore improving targeting to the poor involves not simply rearranging the public subsidies, but also addressing the constraints that prevent the poor from accessing those services.

Also, health workers remuneration and motivation is so poor that some end up absenting themselves to make ends meet. According to the respondents out of fifty one (51) people interviewed, 80% thought absenteeism was very common among the staff. Absenteeism is linked to low salaries and dual job holding. Many doctors are also active in the private sector. To reduce absenteeism, institutional controls must be introduced to increase detection, including personnel supervision, performance measurement systems and community participation in health centres. Also pay differences between the public and private sectors, public Health and private sectors, public human resource management are strongly needed. Ethical Codes of Conduct and Integrity should be revised, working on contract basis such that in case a health worker fails to perform, their contracts should not be reviewed.

There should be registration to protect patients from catastrophes; the process should regulate the rebelling, marketing, usage, warning and prescription requirements for a drug/medicine. There should be selection committees and appropriate drugs for the people. Drugs selection committees must strictly be composed of technical personnel, who must be obliged to declare any conflicts of interest.

Fresh approaches like involving new actors and sectors not traditionally involved in health programs like education, security, agriculture, civil society organizations, Non-Government Organizations (NGOs) should be introduced. There is need to ensure that Health services are responsive to the priority needs of the beneficiaries. Action is thus needed to create fundamental change in the health status of Kawempe residents. The Local Governments must deliver to their standards.

As a whole, the Ministry of Health has the mandate for. Health policy formulation or support preventive Health care, setting standards and norms concerning health infrastructures, equipments and technology, national health plan and district planning guidelines, advice on allocation of resources and capital funds, public health budget analysis and formulation, drug policy, equality and availability and distribution, training and regulation of Health personnel, overseeing of Health providers at national level and Health research institutes at national level.

There is a need to promote the good of each individual human being basically in health service delivery. The Ministry of Health should aim at promoting a good society (stability social harmony, social cohesion, distributive justice and material prosperity). Health workers should have the natural sense of humanity that is, feeling for the concern of others and above all, should act as good moral agents.

By and large Health care providers should be forced to respect code of Professional Ethics and in case they refuse to comply, should be de-registered and those who are compassionate be employed.

One can even argue that Local Governments were initiated largely to achieve political objectives, but not as an instrument for reforming the Health sector.

REFERENCES

Bibliography

Abdulhamid , Alem (1994) **Access and utilization of Health Care Services in Urban Ethiopia** Institute of Development Research, Addis Ababa University. World Bank Ethiopia Institute of Development Research Addis Ababa University. World Bank Ethiopia.

Anders, (2004)- **Decentalisation and Natural Health Policy Implications in Uganda.** A problematic Process Malmo

Claudio, (1980)-**The Centralist Tradition of Latin America.** Princeton University Press, New Jersey

Paul, (1999)- **Household Demand for Health services in Uganda**. University of North Carolina – Chapel Hill

Rick, Stapen, Sahr-Editors (1999)-**Curbing Corruption:** Toward a model for Building National Intergrity. World Bank – Washington DC.

Sjaak, (1982)- **The efficiency of Inefficiency** Medicine Distribution in South Cameroon University of Amsterdam.

William, (1994)-**Decentralization and its Implications for Urban Service Delivery**: Published for the Urban Management Program. World Bank, Washington DC

African Parliamentary Network Against corruption – Uganda Chapter (2006). **Legislative and Policy Measures for Combating Corruption in Uganda.** Kampala.

Uganda Debt Network (2004)- **A Call for a Comprehensive Strategy to Combat corruption in Uganda** Kampala.

World Bank, (1996)-World Resources: **A Guide to Global Environment** New York

World Bank,(1994)-**Better Health in Africa:** Experience and Lessons learned. Washington.

The three year Health Plan Frame, (1993/94-1995/96)-Ministry of Health Uganda (1993)

Decentralization and civil Society in Uganda: the quest for Good Governance. Edited by Apollo Nsibambi. Fountain Publishers, (1998)

Ethics Singer (editor), (1994)-Oxford University Press

The Centralist Tradition of Latin America (1980)- Claudio Veliz. Princeton University Press, Princeton, New Jersey.

Uganda Human Right Commission 6th Annual Report. Publisher; Uganda Human Right Commission Kampala, (2003)

Promoting Good Governance in Uganda. Training handbook, Directorate for Ethics and Integrity, (2007)