

Decentralization And Service Delivery In Uganda A Case Study Of Primary Health Care And Primary Education Sector

Managing Primary Health Care Richard Heaver.1995-01-01 This paper looks at the way in which the pattern of disease is changing in developing countries, and the implications this has for the way in which primary health care (PHC) programs should be designed and managed. In the absence of an accepted methodology for discussing health management issues, it attempts to develop a conceptual framework suited to analyzing an environment of dynamic change. It applies this framework first to the management of primary health care programs provided by governments, and then to the role of the non-government sector in primary care. The paper draws broad clients. If the general approach adopted seems useful, the conceptual framework needs next to be applied to a series of specific country cases to test its validity and refine it, and to adapt the general conclusions to local cultural, administrative and political conditions.

Primary health care services delivery. Issues and challenges Makar Linus Iornenge.2020-10-15 Case Study from the year 2020 in the subject Health - Health system, , language: English, abstract: The study attempts to explore the impact and challenges of PHC delivery system with the intension of generating data for policy and planning. The goal of primary health care (PHC) was to provide accessible health for all by the year 2020 and beyond. Unfortunately, this is yet to be achieved in Nigeria and seems to be unrealistic in the next decade. The PHC aims at providing people of the world with the basic health services. Though PHC centers were established in both rural and urban areas in Nigeria with the intention of equity and easy access, regrettably, the rural populations in Nigeria are seriously underserved when compared with their urban counterparts. About two-thirds of Nigerians reside in rural areas therefore they deserve to be served with all the components of PHC. Primary health care, which is supposed to be the bedrock of the country's health care policy, is currently catering for less than 20% of the potential patients. While most PHC facilities are in various state of disrepair, with equipment and infrastructure being either absent or obsolete, the referral system is almost non-existent. The goal of the National Health Policy (1987) is to bring about a comprehensive health care system, based on primary health care that is promotive, protective, preventive, restorative and rehabilitative to all citizens within the available resources so that individuals and communities are assured of productivity, social well- being and enjoyment of living. The health services, based on PHC, include among other things: education concerning prevailing health problems and the methods of preventing and controlling them, promotion of food supply and proper nutrition, material and child care, including family planning immunization against the major infectious diseases, prevention and control of locally endemic and epidemic diseases and provision of essential drugs and supplies. The provision of health care at PHC level is largely the responsibility of local governments with the support of state ministries of health and within the overall national health policy. Private medical practitioners also provide health care at this level.

IDS Bulletin .2007

Making Schools Work Barbara Bruns,Deon Filmer,Harry Anthony Patrinos.2011 This book is about the threats to education quality in the developing world that cannot be explained by lack of resources. It reviews the observed phenomenon of service delivery failures in public education: cases where programs and policies increase the inputs to education but do not produce effective services where it counts - in schools and classrooms. It documents what we know about the extent and costs of such failures across low and middle-income countries. And it further develops the conceptual

model posited in the World Development Report 2004: that a root cause of low-quality and inequitable public services - not only in education - is the weak accountability of providers to both their supervisors and clients. The central focus of the book, however, is a new story. It is that developing countries are increasingly adopting innovative strategies to attack these problems. Drawing on new evidence from 22 rigorous impact evaluations across 11 developing countries, this book examines how three key strategies to strengthen accountability relationships in developing country school systems have affected school enrollment, completion and student learning. The book reviews the motivation and global context for education reforms aimed at strengthening provider accountability. It provides the rationale and synthesizes the evidence on the impacts of three key lines of reform: (1) policies that use the power of information to strengthen the ability of clients of education services (students and their parents) to hold providers accountable for results; (2) policies that promote school-based management—that is increase schools' autonomy to make key decisions and control resources, often empowering parents to play a larger role; (3) teacher incentives reforms that specifically aim at making teachers more accountable for results, either by making contract tenure dependent on performance, or offering performance-linked pay. The book summarizes the lessons learned, draws cautious conclusions about possible complementarities across different types of accountability-focused reforms if they are implemented in tandem, considers issues related to scaling up reform efforts and the political economy of reform, and suggests directions for future work.

The Challenge of Implementation Katja Janovsky. 1988 Atención primaria de salud es un enfoque para la salud más allá del sistema de salud tradicional que se centra en la equidad en salud, producción de la política social.

Improving Health Service Delivery in Developing Countries David H. Peters. 2009 Reliable information on how health service strategies affect the poor is in short supply. In an attempt to redress the imbalance, 'Improving Health Service Delivery in Developing Countries' presents evidence on strategies for strengthening health service delivery, based on systematic reviews of the literature, quantitative and qualitative analyses of existing data, and seven country case studies. The authors also explore how changes in coverage of different health services affect each other on the national level. Finally, the authors explain why setting international targets for health services has been not been successful and offer an alternative approach based on a specific country's experience. The book's findings are clear and hopeful: There are many ways to improve health services. Measuring change and using information to guide decisions and inform stakeholders are critically important for successful implementation. Asking difficult questions, using information intelligently, and involving key stakeholders and institutions are central to the learning and doing practices that underlie successful health service delivery.

Primary Health Care in Nigeria Monica Das Gupta, Varun Gauri, Stuti Khemani, World Bank. 2003 This report presents findings from a survey of 252 primary health facilities and 30 local governments carried out in the states of Kogi and Lagos in Nigeria in the latter part of 2002. Nigeria is one of the few countries in the developing world to systematically decentralize the delivery of basic health and education services to locally elected governments. Its health policy has also been guided by the Bamako Initiative to encourage and sustain community participation in primary health care services. The survey data provide systematic evidence on how these institutions of decentralization are functioning at the level local--governments and community based organizations--to deliver primary health service. The evidence shows that locally elected governments indeed do assume responsibility for services provided in primary health care facilities. However, the service delivery environments between two states are strikingly different. In largely urban Lagos, public delivery by local governments is influenced by the availability of private facilities and proximity to referral centers in the state. In largely rural Kogi, primary health services are predominantly provided in public facilities, but with extensive community participation in the maintenance of service delivery. The survey identified an issue which is highly relevant for decentralization policies--

the non-payment of health staff salaries in Kogi--which is suggestive of problems with local accountability when local governments are heavily dependent on fiscal transfers from higher tiers of government.

Index Medicus .2004 Vols. for 1963- include as pt. 2 of the Jan. issue: Medical subject headings.

CSA Political Science & Government .2001

Does Decentralization Enhance Service Delivery and Poverty Reduction? Ehtisham Ahmad, Giorgio Brosio.2009-01-01 Does decentralization enhance service delivery and poverty reduction? The expert contributors to this book address this fundamental question faced by policymakers and scholars in developing and advanced countries. The book illustrates that it is equally important for international agencies as well as bilateral donors to provide advice and assistance on decentralization that effectively supports poverty reduction. The volume builds on insights from the recent, political economy developments in the intergovernmental literature reviewed in the Handbook of Fiscal Federalism, and presents new empirical evidence on the effects of decentralization in different parts of the world. Policy-oriented papers evaluating the effectiveness of decentralized service delivery are presented. The role of institutions and the importance of sequencing of policies in ensuring effective outcomes are also considered. The volume presents some insightful empirical studies of the decentralization process from Latin America, Eastern Europe, and Africa. With a detailed empirical analysis of effective outcomes of public policies implemented at the sub-national level, and a focus on method, this book will be of great interest to academics specializing in public sector economics and public finance, and to national and international policymakers.

Decentralization and National Health Policy Implementation in Uganda - a Problematic Process Anders Jeppsson.2004

Decentralization and the Situation of Selected Ethnic and Racial Minorities Rose Nakayi.2007

Rural health systems United States. Health Services Administration. Bureau of Community Health Services.1979

Buganda's Quest for Federo and the Right to Self-determination Ronald Naluwairo.2007

Rural Development Abstracts .2012

Providing Affordable, Quality Health Care in Owerri Lambert C. Nwachukwu.2014-11-14 Leaders and those aspiring to direct the welfare of a nation need to understand how citizens perceive the institutions of nation. When the publicly sponsored institution administering the welfare of a nation via health care policies falls into crisis, its leaders must understand the nature of the crisis and influence upon the health of citizens. The adage, reality is perception remains true during such a crisis as leaders ask how to coordinate the resources of a nation as to address a health crisis. This study frames a crisis of health care services delivery within the city of Owerri located within the state of Imo, Nigeria. The goal of this study is to richly illustrate and research the failure of government institutions within Owerri as to understand the problems facing the Nigerian health care sector.

African Decentralization Jesse Craig Ribot, United Nations Research Institute for Social Development, International Development Research Centre (Canada).2002

Social Sector in a Decentralized Economy Pinaki Chakraborty, Lekha Chakraborty, Anit Mukherjee.2016-03-11 This book is an analytical examination of financing and public service delivery challenges in a decentralized framework. It also provides critical insights into the effectiveness of public expenditure, through benefit incidence analysis of education and healthcare services in India. The benefits of decentralization always come with conflicts and trade-offs. By unpacking the process of decentralization, the authors identify that 'unfunded mandates', arising from the asymmetry between finances and functions at local levels, are a major challenge. The analysis is carried out by distilling the existing studies in this area, and through an empirical investigation of public finance data at different public sector levels in India, as well as in some selected developing countries. Using the household survey statistics of consumption expenditure, an analysis of utilization or benefit incidence of public spending on

social sectors in India is achieved, covering education and health sectors. This title is available as Open Access on Cambridge Core.

Decentralization In Health Care: Strategies And Outcomes Saltman, Richard, Busse, Reinhard, Figueras, Josep. 2006-12-01 Exploring the capacity and impact of decentralization within European health care systems, this book examines both the theoretical underpinnings as well as practical experience with decentralization.

Enforcing Civil and Political Rights in a Decentralized System of Governance Benson Tusasirwe. 2007

Understanding the Impact of Decentralization on the Quality of Primary Health Care in Pallisa District in Uganda Patrick Wakida Kamiza. 2005

Reflections on Freedom of Expression in Uganda's Fledgling Democracy Henry Odimbe Ojambo. 2008

Addressing Urban Poverty in the Context of Decentralization in Eastern and Southern Africa .1996

Innovations in Health Care Financing George Schieber. 1997-01-01 Spanish edition. World Bank Technical Paper No. 345S. This report examines specific policies for achieving sustainable development of the mining industry in the countries of Latin America and the Caribbean. The report highlights the importance of the mining sector to national economies of the region and discusses World Bank assistance in formulating policy. Also available in English: (ISBN 0-8213-3816-1) Stock no. 13816.

Uganda Participatory Poverty Assessment Process (UPPAP): Oluodri Village site report, Dadamu Sub-County, Ayuvi Country, Arua District .2003

Decentralisation and Human Rights in Uganda Monica T. Kirya. 2007

Primary Health Care In Africa Clive Gray, Jacques Baudouy, Kelsey Martin, Molly Bang. 2019-06-04 The Mali Rural Health Project was designed as a model effort within the US foreign aid programme for extending rudimentary health services in rural areas of developing nations. Although some success was achieved, the programme proved to be too costly for nation-wide implementation, thus failing to achieve its immediate goals. The authors' assessment

Lessons for Effective Fiscal Decentralization in Sub-Saharan Africa Mr. Niko A Hobdari, Vina Nguyen, Mr. Salvatore Dell'Erba, Mr. Edgardo Ruggiero. 2018-07-06 Fiscal decentralization is becoming a pressing issue in a number of countries in sub-Saharan Africa, reflecting demands for a greater local voice in spending decisions and efforts to strengthen social cohesion. Against this backdrop, this paper seeks to distill the lessons for an effective fiscal decentralization reform, focusing on the macroeconomic aspects. The main findings for sub-Saharan African countries that have decentralized, based on an empirical analysis and four case studies (Kenya, Nigeria, South Africa, Uganda), are as follows: • Determinants and effectiveness: Empirical results suggest that (1) the major driving forces behind fiscal decentralization in sub-Saharan Africa include efforts to defuse ethnic conflicts, the initial level of income, and the urbanization rate, whereas strength of democracy is not an important determinant for decentralization; and (2) decentralization in sub-Saharan Africa is associated with higher growth in the presence of stronger institutions. • Spending assignments: The allocation of spending across levels of government in the four case studies is broadly consistent with best practice. However, in Uganda, unlike in the other three case studies, subnational governments have little flexibility to make spending decisions as a result of a deconcentrated rather than a devolved system of government. • Own revenue: The assignment of taxing powers is broadly in line with best practice in the four case studies, with the bulk of subnational revenue coming from property taxes and from fees for local services. However, own revenues are a very small fraction of subnational spending, reflecting weak cadaster systems and a high level of informality in the economy.

Sustaining Primary Health Care Anne LaFond. 2013-11-05 Analyzing the dimensions of the struggle for effective health care in the developing countries, this study demonstrates how current governmental and donor agency policies in such countries as Uganda, Ghana, Nepal, Pakistan and

Vietnam have failed to develop efficient systems. The author argues against the current emphasis on decentralization and privatization, and outlines a framework for a long-term approach that should bring benefits and improvements in health care.

Health Care in Uganda Paul Hutchinson, Demissie Habte, Mary Mulusa. 1999-01-01 The government of Uganda faces a multitude of challenges in the health care arena, from ensuring that health care services are delivered in the most equitable manner, to structuring the health care delivery system to be most effective, to waging campaigns against the leading causes of mortality and morbidity. The government needs the best information available on existing conditions, in order to devise strategies to successfully meet these challenges. This technical paper summarizes the results of three research efforts concerning current health care issues in Uganda. Its purpose is to summarize key actions and identify new challenges. In Part I, Equity of Access to Health Services in Uganda: The Effects of Income, Gender, Proximity to Services, and Quality of Care, the author examines a number of factors that affect access to health services, including quality of services and income. Part II of this technical paper, Decentralization of Health Services in Uganda: Moving Toward Improved Delivery of Services, summarizes the key actions that have been undertaken during the decentralization of Uganda's health sector and identifies challenges that are emerging during this process. Part III, Malaria: A Priority Health Problem, summarizes the status of malaria control in Uganda and highlights some of the key issues that need to be addressed to further strengthen malaria control efforts. This paper should prove useful to those working in Uganda and in other countries facing similar policy changes, to anticipate the challenges as they seek to improve the quality of health and other public services.

Decentralization and Governance in the Ghana Health Sector Bernard F Couttolenc. 2012-07-06 Ghana's government has embarked on a decentralization process since the 1980s, but the intended devolution of the health system faces important challenges and shortfalls. This study analyzes the strengths and weaknesses of the decentralization of the Ghanaian health system.

Health Care in Uganda Paul Hutchinson. 1999 Annotation World Bank Discussion Paper no. 404. The government of Uganda faces a multitude of challenges in the health care arena, from ensuring that health care services are delivered in the most equitable manner, to structuring the health care delivery system to be most effective, to waging campaigns against the leading causes of mortality and morbidity. The government needs the best information available on existing conditions, in order to devise strategies to successfully meet these challenges. This technical paper summarizes the results of three research efforts concerning current health care issues in Uganda. Its purpose is to summarize key actions and identify new challenges. In Part I, Equity of Access to Health Services in Uganda: the Effects of Income, Gender, Proximity to Services, and Quality of Care, the author examines a number of factors that affect access to health services, including quality of services and income. Part II of this technical paper, Decentralization of Health Services in Uganda: Moving toward Improved Delivery of Services, summarizes the key actions that have been undertaken during the decentralization of Uganda's health sector and identifies challenges that are emerging during this process. Part III, Malaria: a Priority Health Problem, summarizes the status of malaria control in Uganda and highlights some of the key issues that need to be addressed to further strengthen malaria control efforts. This paper should prove useful to those working in Uganda and in other countries facing similar policy changes, to anticipate the challenges as they seek to improve the quality of health and other public services.

Improving Primary Health Care Delivery in Nigeria World Bank. 2010-04-28 This paper, based on quantitative surveys at the level of primary health care facilities, health care personnel, and households in their vicinity, aims at understanding the performance of primary health care providers in four states in Nigeria. As possible ways to improve performance, the paper concludes that clearly defining lines of responsibility, implementing performance-based financing of local governments and providers, and collecting, analyzing, and sharing information are some options that can help realign incentives and improve accountability in the service delivery chain and service provision. This working paper was produced as part of the

World Bank's Africa Region Health Systems for Outcomes (HSO) Program. The Program, funded by the World Bank, the Government of Norway, the Government of the United Kingdom, and the Global Alliance for Vaccines and Immunization (GAVI), focuses on strengthening health systems in Africa to reach the poor and achieve tangible results related to Health, Nutrition, and Population. The main pillars and focus of the program center on knowledge and capacity building related to Human Resources for Health, Health Financing, Pharma-ceuticals, Governance and Service Delivery, and Infrastructure and ICT.

Ghana: a primary health care case study in the context of the COVID-19 pandemic Erasmus EA AGONGO, Delanyo DOVLO, Dominic ANASEBA, Emmanuel Ayire ADONGO, Isaac ACHEAMPONG FIANKO, Hectoria AWEKEYA. 2023-08-31 This case study examines country-level primary health care (PHC) systems in Ghana. The case study is part of a collection of case studies providing critical insights into key PHC strengths, challenges and lessons learned using the Astana PHC framework, which considers integrated health services, multisectoral policy and action, and people and communities. Led by in-country research teams, the case studies update and extend the Primary Health Care Systems (PRIMASYS) case studies commissioned by the Alliance in 2015.

Education Sector Strategy. 1999-01-01 Annotation Human Development Network Series. As the new millennium approaches,... Education will determine who has the keys to the treasures the world can furnish. This is particularly important for the poor, who have to rely on their human capital as the main, if not the only, means of escaping poverty. In this way, new challenges and opportunities arise for education. Immense progress has been achieved in education in the last 50 years. However, immense challenges still remain. This report lays out the vision for education and the ambitious international goals to which the Bank subscribes. It notes the progress so far and the gaps that remain. It describes the rich group of partners associated with the educational endeavor and how the Bank's role has evolved. It conveys the Bank's global priorities and programs to help countries progress toward the international education goals and improve the quality of teaching and learning. It illustrates the processes and operating principles that will help Bank staff contribute more effectively to better educational outcomes in each client country and to monitor success in implementing this strategy. Also available in French (Stock no. 14632) and Spanish (Stock no. 14633).

Lessons from Uganda on Strategies to Fight Poverty John Mackinnon. 2000 Lessons from Uganda on preparing a national strategy for poverty reduction, with stakeholders participating. Uganda's experience contributed substantially to the design of the Poverty Reduction Strategy Papers.

[Making the New Indonesia Work for the Poor](#). 2006

Foundations for Global Health Practice Lori DiPrete Brown. 2018-02-13 An essential introduction to global health in the modern world Foundations for Global Health Practice offers a comprehensive introduction to global health with a focus on ethical engagement and participatory approaches. With a multi-sectoral perspective grounded in Sustainable Development Goals, the text prepares students for engagement in health care and public health and goes beyond traditional global health texts to include chapters on mental health, agriculture and nutrition, water and sanitation, and climate change. In addition to presenting core concepts, the book outlines principles for practice that enable students and faculty to plan and prepare for fieldwork in global health. The book also offers perspectives from global health practitioners from a range of disciplinary and geographic perspectives. Exercises, readings, discussion guides and information about global health competencies and careers facilitate personal discernment and enable students to systematically develop their own professional goals and strategies for enriching, respectful, and ethical global health engagement. Understand the essential concepts, systems, and principles of global health Engage in up-to-date discussion of global health challenges and solutions Learn practical skills for engagement in health care and beyond Explore individual values and what it means to be an agent for change Prevention, cooperation, equity, and social justice are the central themes of global health, a field that emphasizes the interdisciplinary,

cross-sector, and cross-boundary nature of health care on a global scale. As the world becomes ever smaller and society becomes more and more interconnected, the broad view becomes as critical as the granular nature of practice. Foundations for Global Health Practice provides a complete and highly relevant introduction to this rich and rewarding field.

Decentralization and Development Partnership Fumihiko Saito.2012-12-06 Decentralization - an essential pillar of institutional reform - is of critical importance in developing countries, particularly in regard to democratization, effective development, and good governance. Uganda, since 1986 and the start of decentralization measures under Yoweri Museveni and the National Resistance Movement, has represented one of the most serious commitments in Sub-Saharan Africa. With the benefit of extensive fieldwork, Fumihiko Saito demonstrates how conflict resolution, information dissemination, and encouragement of the many and varied stakeholders to form partnerships are critical to successfully bringing services closer to the people. Decentralization and Development Partnerships: Lessons from Uganda goes beyond theory to compare academic assumptions to the reality of decentralization implementation in modern Uganda. Although the process is by no means free of difficulties, Saito concludes that a win-win outcome is a real possibility.

Is Decentralization Good for Development? Jean-Paul Faguet,Caroline Pöschl.2015 This book is a product of the Initiative for Policy Dialogue's Decentralization Task Force, and was first conceived at a conference held at Columbia University in New York in 2009--Page vii.

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