

April 2013

## Project briefing

Project date 2011—2017

### Partners

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School of Public Health,  
Makerere University,  
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Biomedical Research and  
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Zimbabwe



ReBUILD Team at Annual Consortium Meeting in Zimbabwe, September 2012

### Introduction

ReBUILD is a DFID-funded research programme to support health systems development in post conflict countries.

Our research focuses on health systems development in the areas of health financing and human resources. Our study sites are within Cambodia, Sierra Leone, Uganda and Zimbabwe.

In July 2010, we launched our four research projects in Northern Uganda at a ceremony attended by various categories of stakeholders.

Since our launch, a number of activities have taken place and significant progress has been made in three of the four Uganda

studies. These are project 1, project 2 and project 5 (for a summary of the research topics see figure 1 on page 2).

This project briefing provides an update on what has been done so far in our research projects and provides information on key upcoming events. *More findings will be published soon.*

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## Progress of research projects

### Project 1: The impact of health financing policy on the budgets of the poorest Households

*Briefing on “Analysing patterns in Household Health expenditure in Gulu district, Northern Uganda (1989-2010)”*

Health services in Northern Uganda follow the broader national health system planning, the health system structure and organisation regardless of the post conflict nature and uniqueness of Northern Uganda. The post conflict situation has attracted many more actors, local and international, leading to more investment (both local and international) in the region. Several programmes have been initiated in the Prime Minister’s Office, to reconstruct the region. Notable examples include the Northern Uganda Social Action Fund (NUSAF) and the Northern Uganda Reconstruction Programme (NURP). However, there is little documentation on the patterns through this period.

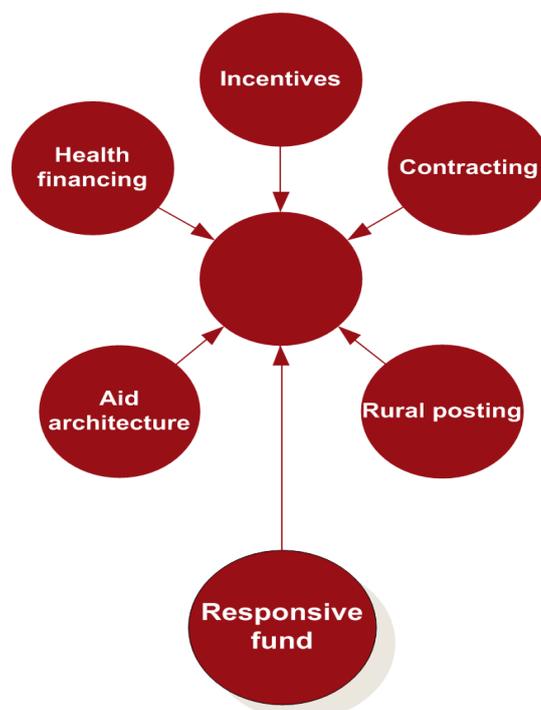
Project 1 is using econometric regression analysis, in-depth interviewing and focus group discussions. The project seeks to understand how the post conflict rehabilitation is translating into the poor households’ ability to access health care. In particular, it seeks to map patterns of health care expenditure, with a view of documenting change, the drivers for change and what the contemporary poor think about the changes.

We presented preliminary results from secondary data / SE surveys to stakeholders on 7th February 2013, to improve the continuity of documenting activity. Through this meeting, we identified ways to improve the documentation.

#### **Secondary data analysis**

Quantitative analysis of the data obtained from UBOS for UNHS surveys completed from 1992-2010 generated the following observations:

Figure 1: Individual ReBUILD research projects



- The average size of the household has been stable at 5 individuals per household
- 2005/06 registered the highest level of migration in the region-35.5% of households from one area to another due to resettlement (66.3%).
- The proportion of households headed by females has been steadily rising partly due to male participation in the conflict (23.1% - 32.7%) in the North and migration.
- Northern Uganda has persistently remained with the highest proportion of households with individuals living below the poverty line (\$1.25 per day).
- Education trends have been fluctuating mainly through the period 1989-2010 with fluctuations occurring in 2002, 2005 in the three main categories i.e. 1) school drop-outs, 2) never attended, 3) completed primary education.
- The days of productivity lost due to illness was between 3-60 days from 1992-2010 with the main fluctuation occurring in data from the 2002/03 survey. The main cause of this was fever / Malaria—45.2% across the period. The average distance to seek treatment was 3.4km.

- The proportion of individuals aware of and effectively seeking treatment has been steadily increasing. Reasons for this are investigated through the in-depth analysis and also through community dialogues (focus group discussions).
- Trends in expenditure on health have been fluctuating through the years (1989-2010) (5.3%-15.7%).
- The cost of an episode of illness was estimated at 6302 UGX in northern Uganda.

This study seeks to understand what health financing options are available to enable households to access health care, and opportunity costs (budgetary substitutions) incurred.

### ***Additional recommendations***

Additional interim data sets have been identified and will be incorporated in the final analysis. It was recommended that more data from WHO / NUSAF done in 2005/06 could also add more understanding to the study. A review of the criteria to select the poorest-of-the-poor to be used in the community dialogues was revised through carrying out a mini-survey and indexing the households.

## **Project 2: Understanding health worker incentives in post conflict settings**

*Those who continued to serve: life histories of health staff in the Acholi region of Uganda, during and after conflict*

### ***Introduction***

The dynamics of the health workforce in a fragmented post conflict situation is inadequately understood yet key to restoring a well coordinated and functioning health system and an essential component of any major nation rebuilding that follows prolonged periods of conflict. Incentives to attract and retain health workers therefore need to be identified and an appropriate package tailored for the post conflict setting in Uganda.

Project 2 aims to understand the evolution of incentives for health workers post conflict and their effects, and to derive recommendations for different contexts on incentive environments which will support health workers to provide access to rational and equitable health services. It focuses on understanding health worker incentives in Post Conflict settings. Research is being conducted in the Pader, Gulu, Kitgum and Amuru districts.

This brief provides case histories of health workers in northern Uganda conducted between August and October 2012. The objective of this work was to describe health worker livelihoods and coping strategies in relation to the context and public policies during and since the conflict. Findings will be integrated with those of the other research components in Uganda—which include key informant interviews, document review and stakeholder mapping. Data analysis is still ongoing.

### ***Key findings (and recommendations)***

- Importance of intrinsic motivation—can be reinforced through recognition by communities and authorities
- Importance of rewarding and investing in mid-level staff because they are more likely to stay
- Localism: There is need to focus on the staff who are linked to the local area. PNFPs do this quite well. But we need to beware of reinforcing discrimination against outsiders (and also need to be aware of greater risks of nepotism that might arise in this situation).
- Pay is not the main motivator but matters, as does flexibility about other activities, assuming that pay remains low relative to living costs. Other benefits in kind are highly valued (and perhaps also reflect the recognition that HWs aspire to).

## Project 5: Aid Architecture

*Exploring the link between Governance and Aid Effectiveness in Strengthening Post Conflict Health Systems in Uganda.*

### **Introduction**

Health governance is usually weak early in the post conflict phase (OECD 2008). There is (often) lack of capacity or willingness to legitimate institutions to perform key expected functions. Many state and non-state actors participate in health system reconstruction thus generating coordination challenges not matched with effective leadership (Macrae 1996, USAID 2008).

The implications of this include unproductive duplication and dysfunctional relationships of a multitude of health system actors. Additionally, coordinated actions become a challenge and can lead to sub-optimal effectiveness of health responses. The capacity development of legitimate institutions becomes a priority in the process of rebuilding health systems (Brinkerhoff 2007). ReBUILD aims to generate information about the relationships across different the agencies implementing health programmes in northern Uganda. The project focuses on three selected services: Maternal delivery services, HIV treatment services and Workforce support services. We are using two methods:

- 1) Qualitative assessment of inter-agency relationships (relationship mapping for the delivery of key services; resource exchange and interdependencies) and
- 2) Likert scale survey for perceived effectiveness (using customised indicators for aid effectiveness for the district level and capacity development using WHO health system building blocks).

In January 2013, the research team conducted a field visit to list the agencies supporting the districts of Gulu, Kitgum and Amuru in providing the services listed above. This was done at three levels: 1) DHO's office as a starting point, 2) Agency level and 3) Health facility level. Key informant

*"I think the ministry should try to help the people especially the lower cadres because they are the ones who stay in the village to help people there."*

(Gulu\_PNFP\_F\_SNO)

interviews were conducted with representatives at these levels. The findings formed a basis of agencies that were later interviewed during data collection in February 2013. Data collection is ongoing at the National level. This will be followed by analysis within the next three months.

### **Insights from fieldwork**

- There are more groups of agencies / partners working together mainly in relation to Maternal deliveries and HIV treatment services compared to those in Human Resource support.
- There are more partners clustered around the three services (Maternal deliveries, HIV treatment and Workforce support) in Gulu and Kitgum while Amuru has few.
- NUMAT nostalgia: NUMAT—a USAID programme was discontinued after 8 years in the region with a focus on HIV and Malaria. Perceptions of respondents in this study show that there marked nostalgia about NUMAT. Although it has been replaced by another agency called NuHITES, there is optimism that NuHITES will sustain the NUMAT legacy.
- Top-down and bottom up exchanges exist between health facilities in the Public sector for various resources. Further analysis will explore what is being exchanged and how effective these resource exchanges are in supporting the delivery of the core services.
- Regarding coordination of non-state actors, most coordination and negotiation between agencies and providers (facilities) is mediated by the District Health Office. Preliminary insights show that there are little effective contractual relationships between resource-holders and the district health system—thus rendering most resource exchange relationships informal rather than formal.