

Dysfunctional Districts:

Written by Dr. Ian Clarke and published in The Sunday Vision in July 2010.

One of the organizations with which I am involved is known as International Medical Foundation. This organization does medical charitable and community work in various parts of Uganda and one of their projects was a collaboration with Pader Government Health Centre. We were invited by the Chairman of the District to work with Pader HC3 and although there was at first some resistance from the government workers the project eventually appeared to be working well. We paid for a doctor, nurse, administrator and laboratory technician, bought supplies of extra drugs and equipment, repaired the health centre and ambulance and supplied solar panels, batteries and the cables for the installation of electricity. With the increased level of services the attendances at the clinics rose, so that thousands of people were being treated every month. The Chairman had plans to upgrade the centre to a Health Centre 4 and persuaded the American Army to construct the new buildings. Through our contacts we were also in a position to obtain theatre equipment and the project was set to expand. However there were elements within the government staff and the District Administration who worked to undermine the progress.

The District Health Officer was unhelpful from the outset and the CAO seemed to have problems in implementing any directive from the Chairman. As a result, there were many promises made, but few fulfilled. Since this was a collaboration where staff of the foundation were working in parallel with government, it was always a delicate balance, but when the district appointed a clinical officer (a lower grade than a doctor) and put him in charge over our doctor, things fell apart. The health centre staff then realized that our doctor had no authority so they did not report to work. The Clinical Officer himself did not bother turning up and of course there was no-one at the District Administration who bothered to call him to account. Meetings were convened by the Chairman in which he asked that the staff who were not reporting be removed, but nothing happened.

Eventually our project team was unable to carry on with any work, since there was no access to government drugs, the government staff were not reporting to work and the patient numbers dwindled. We had no option but to pull out, but no sooner had we left than the senior sister from the Health Centre stole two cartons of Septrin (this represents tens of thousands of tablets). It was apparent that one of the reasons the government workers wished to get rid of us was so that they could carry on with their own 'business' without us to interfere. Unfortunately for the nurse in question, she was seen taking the drugs and the Chairman ordered her immediate arrest. She then produced a very large bribe for the magistrate, but since the issue of theft of drugs is now highly politicized the bribe was refused. So the lady awaits the process of law.

The whole episode illustrates the dysfunctionality of the system of decentralization. The Chairman of the District welcomed our collaboration with open arms, but since there are such convoluted structures for calling people to account within these districts, government

workers practically do what they want. The ministries involved are the Ministry of Local Government and the Ministry of Health, but they are so far removed from what is happening on the ground they are irrelevant. The reporting lines are so long and convoluted and the permitted disciplinary measures so weak that major issues are seldom dealt with effectively. The Chairman is the head of the District, but his instructions are rarely followed through. If there is a serious offence the person can be interdicted pending investigation, but not fired. The system is dysfunctional to the point where the delivery of health services has completely broken down and what are we doing about it? I was shocked to hear that Pader District is to be divided into two districts. Pader is a failed district, in terms of the delivery of basic health services to the community and we are going to replicate our failure. We should look to fixing the dysfunctional system first, rather than replicating a failed system.

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