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*Original paper*

# The State of Primary Health Care Services Delivery in Iganga District, Eastern Uganda

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**ABSTRACT:** The study is set to examine the state of primary health care services in Iganga District. The study was based on a realization that as complaints kept coming in regarding declining quality in the health services delivered, limited efforts were reflected to try and iron out the issue academically. The research design was both descriptive and analytical. The descriptive design catered to the qualitative data that was obtained as a backup to the quantitative data. Analytically, quantitative data was obtained and used in making statistical explanations. Data was collected from the district technical planning committee, hospital administration, chairpersons of the health unit management committees, the district executive committee, and the department of district administration, as these were mandated to plan, monitor, and execute local government budgets intended to ensure good health service delivery. The total population of both the unit of enquiry and the unit of analysis were the individual employees at the district and the hospital administration. The study was both quantitative and qualitative. For quantitative data, the researcher developed structured instruments for data collection. This is based on the belief that the reality of the phenomenon under study is out there and the answers to the questions are predetermined in the questionnaire. The study followed a cross-sectional survey in which data was collected at one point in time from the district local government. Data was collected using a questionnaire and interview methods. For quantitative analysis, SPSS was used, and the researcher also carried out statistical analyses of numeric data by counting (frequencies or percentages), grouping (tabular or graphical presentation), describing (means and standard deviation), and testing for significance (correlations). For the purpose of measurement, a questionnaire anchored on a 5-point Likert scale was used. Overall, the reliability of primary health care services was measured using five items. The statements that doctors in hospitals are reliable received a rating of mean = 2.23 and SD = 1.07. The notion that government health facilities are adequate received a mean rating of 2.28 and an SD of 1.34. This means majority of respondents acknowledged the lack of satisfaction when it comes to the delivery of health services.

**Keywords:** Primary health care, service delivery, Iganga District

## INTRODUCTION

The World Health Organization's (2010) report states that health services delivery is geared towards improving the health status of individuals, families, and communities, defending the population against what threaten its health, protecting people against the financial consequences of ill-health, and providing equitable access to person-centered care. Lily (2015) establishes that in Africa, health services delivery is commonly done in health centres and referral hospitals where specialists render required services to children, adults, women, and men, respectively. However, the delivery system for health services in Africa is reported to have more challenges compared to other countries.

Abayomi (2017) observed that access to health services is still a great challenge in Africa, to the extent that fewer than 50% of Africans have access to modern health facilities. Abayomi (2017) adds that many African countries spend less than 10% of their GDP on health care and that there is a shortage of trained healthcare professionals as many of them prefer to live and work in places like the U.S. and Europe.

Uganda has instituted numerous health sector reforms and policies, including an overall decentralization of government, to improve the functioning and performance of the health sector and, ultimately, the health status of the population, but health care and health status

indicators for Uganda have remained poor (Parkhurst and Ssengooba, 2009). The Acheng (2020) report shows that along with increased literacy rates and vibrant economic growth, health outcomes are improving, which translates to better health indicators. According to the report, over the last two decades, the government of the Republic of Uganda has increased access to health services twofold. By 1997, only 47% of the population who needed health care could access outpatient services (Nakisozi, 2014).

The study is undertaken in response to why, despite health sector reforms in Uganda, especially in the Iganga District, the health indicators remain poor. According to Munabi (2019), community participation is low, commitment by health workers is low, and management of information is not so encouraging at health centres. This was mostly noted in 43% of the health centres in Iganga District and related mortality rates as high as 52%, difficulty in controlling 51% of the diseases such as malaria, and other preventable diseases. This causes the need for an in-depth examination of the state of primary health care in Iganga District.

### Purpose of the study

To establish the state of primary health care services delivery in Iganga District, Eastern Uganda.

### Literature review

According to WHO (2016), the world has to enhance health service delivery so as to meet Goal 3 of the Sustainable Development Goals (SDGs) which emphasizes that countries must “Ensure healthy lives and promote well-being for all at all ages”. Dizon-Ross, Dupas, and Robinson, (2016) noticed that in order to meet SDG3, countries need to design interventions and reduce child mortality, maternal mortality, HIV/AIDS, tuberculosis and malaria. Tanner (2018) establishes that unlike developing countries, the developed world is doing well in implementing SDG3 successfully given the fact that they have even resource distribution, gender equality is to an acceptable level and government systems are considerably favorable.

According to Ocailap (2019), integrated health services encompasses the management and delivery of quality and safe health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course. Ties (2017) quotes that WHO is supporting countries in implementing people-centred and integrated health services by way of developing policy options, reform strategies, evidence-based guidelines and best practices that can be tailored to various country settings.

Ideally, an effective health service delivery is defined by people’s ability to make use of health services, physical presence or delivery of services that meet a minimum standard, and a high proportion of people who receive a specific intervention or service among those who need it. However, this is not exactly what is happening in most of the health centres in Busoga region. An extract in The New Vision for 11th November, 2019 indicates that the media and general public decry unethical behaviours by health workers such as lack of commitment to their work, procrastination, absenteeism from work, not respecting patients, theft of medical equipment, drugs and supplies, taking bribes from patients to give them services they need and corruption. Health workers in health centres have also constantly complained of shortage of staff, medical equipment, drugs and supplies that are needed for the provision of effective and quality services to patients and clients. Health workers further complain of inadequate salaries and allowances, lack of housing, lack of transport, and lack of promotion; yet they are over – worked with too many patients in the healthcare facilities. This has resulted in high mortality rates, difficulty in controlling diseases such as malaria, Tuberculosis, AIDS, Measles Lubera and Hepatitis B.

Despite the Government of Uganda improving on funding levels, improving human resources for health, and improving infrastructure, the performance of the health centres in East Central Uganda has been poor, yet health centres are the main custodians of health (Anokbonggo, 2017). As a result, health performance measurement indicators in East Central Uganda have been poor. For example, the outpatient attendance rates are 80% in East Central Uganda, compared to 96% for the country average, and the immunization coverage in East Central Uganda is 73%, well below the national average of 93%. Skilled deliveries are at 50% in East Central Uganda, compared to the 78% national average (MOH 2014).

Taylor (2019) reports that most industrialized countries other than the United States provide a system of universal health care coverage for their residents. Universal health coverage, commonly known as universal health care (UHC), is defined by the WHO as a method to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. According to the WHO, the goals of health care systems are good health for the citizens, responsiveness to the expectations of the population, and a fair means of funding operations.

## METHODOLOGY

### Research design

The research design was both descriptive and analytical. The descriptive design catered to the qualitative data that

was obtained as a backup to the quantitative data. Analytically, quantitative data was obtained and used in making statistical explanations. The responses were quantified for the purpose of making logical explanations and inferences. The results of the qualitative data were used to provide support for the results of the quantitative analysis.

**Study population**

Iganga district local government is charged with the planning and execution of district development goals and mandated priorities. Data was collected from the district technical planning committee, hospital administration, chairpersons of the health unit management committees, the district executive committee, and the department of district administration, as these were mandated to plan, monitor, and execute local government budgets intended to ensure good health service delivery. The total population of both the unit of enquiry and the unit of analysis were the individual employees at the district and the hospital administration.

**Sampling design**

A purposeful sampling technique was used in the study. This sampling technique is a convenient and affordable method of research. Purposive sampling enables the researcher to replace another potential respondent who meets the same credentials in case the person to be interviewed refuses or withdraws from participating. Given the disparity in the number of communities served by hospitals, purposeful sampling has been found to be beneficial and convenient. The number of respondents was 66, which included beneficiaries (patients) and officials (district councilors and hospital workers). This number was chosen as a compromise between the constraints of time and cost and the need to be precise.

**Sample size**

This was determined using a 1970 study by Krejcie and Morgan, which included district planning unit staff, hospital administration staff, and local residents or Iganga who sought medical services from the facility. It's against such a background that the required sample size was computed (Table 1).

**Sampling techniques**

A purposeful sampling technique was used in the study. This sampling technique is a convenient and affordable method of research. Purposive sampling enables the researcher to replace another potential respondent who meets the same credentials in case the person to be interviewed refuses or withdraws from participating.

Individuals who satisfied conditions to be included in the study were those who served the districts in three major categories: namely, political heads who play oversight roles and form part of the district executive committee; secondly, individuals who head various departments such as health and therefore are part of the district resource pool as technocrats; and finally, district administrators, who include the chief administrative officers, deputy chief administrative officers, resident district administrators, personnel officers, and members of health unit management committees.

**Data collection methods and procedure**

The study was both quantitative and qualitative. For quantitative data, the researcher developed structured instruments for data collection. This is based on the belief that the reality of the phenomenon under study is out there and the answers to the questions are predetermined in the questionnaire. The study followed a cross-sectional survey in which data was collected at one point in time from the district local government. Data was collected using a questionnaire and interview methods.

After obtaining an introductory letter from the Graduate and Research Centre of Kampala University, the researcher proceeded to the selected departments of the Iganga district Local Government so as to secure permission to undertake a study on the study variables, namely, participatory planning and quality health service delivery in Iganga district.

Once the permission was secured, the researcher, at an appropriate moment, arranged to select the potential respondents from the categories of people established above based on the sampling frames that were drawn. In turn, the respective respondents were subjected to the instruments of data collection already named so as to obtain the relevant data from them. Subsequently, the data was analyzed, and a report was compiled as well.

**Data analysis**

For quantitative analysis, SPSS was used, and the researcher also carried out statistical analyses of numeric data by counting (frequencies or percentages), grouping (tabular or graphical presentation), describing (means and standard deviation), and testing for significance (correlations).For the purpose of measurement, a questionnaire anchored on a 5-point Likert scale was used.

**Ethical considerations**

The researcher sought consent from Kampala University's graduate school to conduct research in public health facilities in Iganga district. The researcher also

**Table 1:** Sampling design and sampling procedure.

| Category/Starter | Population (N) | S (n) |
|---|---|---|
| Technical planning committee | 10 | 10 |
| District Heath Team/Administration (DHT) | 10 | 10 |
| Hospital administration (Health unit in charge) | 23 | 23 |
| Health unit management committees | 15 | 15 |
| District councillors | 10 | 10 |
| Patients at the facilities | 46 | 46 |
| Community members | 23 | 23 |
| Total | 137 | 137 |

Source: Local government Act LGA cap 243

**Table 2:** State of primary health care in Iganga District.

| Tangibles | Mean | SD |
|---|---|---|
| Services offered by the government health facilities are adequate | 2.28 | 1.34 |
| Health-workers' behaviours are undesirable | 4.44 | .579 |
| The hospital has enough beds for all departments | 2.49 | 1.17 |
| The general cleanliness in the hospital is undesirable | 4.38 | .676 |
| **Reliability** | | |
| Doctors in the hospital are reliable | 2.23 | 1.07 |
| Nurses at the health facility cannot be trusted | 2.28 | 1.30 |
| Doctors clearly prescribe treatment for the patients | 3.72 | 1.25 |
| Nurses once in a while check on the patients admitted | 3.67 | 1.34 |
| Am confident with the services at health facility | 2.78 | 1.54 |
| **Responsiveness** | | |
| Doctors respond to emergency in a timely manner | 2.27 | 1.26 |
| Receiving services from government health facility is hard | 3.86 | 1.18 |
| Services at the hospital are for those with money | 4.23 | .917 |
| Doctors have a positive attitude towards patients | 3.27 | 1.46 |
| Nurses at the hospital take long to respond to patients | 3.28 | 1.47 |
| **Assurance** | | |
| Medics at the hospital are knowledgeable about their job | 3.16 | 1.52 |
| Doctors are considerate with patients at health facilities | 2.68 | 1.47 |
| Nurses always inspires patients to take medicine on time | 2.35 | 1.35 |
| I lack confidence in the medical staff at health facility | 3.18 | 1.51 |
| Patients always complain about services at the hospital | 3.14 | 1.34 |
| **Empathy** | | |
| Doctors at our health facility care about patients | 2.70 | 1.42 |
| Health workers at the facility pay attention to individual patients | 2.68 | 1.46 |
| Health workers feel sorry to patients | 2.69 | 1.51 |

Source: Primary data

obtained written consent from the participants to confirm their participation in the study.

## RESULTS AND DISCUSSION

The following content describes the illustration, analysis, and discussion of findings concerning the different factors explaining the state of primary health care in Iganga District Local Government. The state of primary health care was established using five categorical sets of items labeled as "tangibles," "reliability," "responsiveness," "assurance," and "empathy," with different items as indicated in (Table 2). The interpretation of mean and standard deviation follows the scale: 1.00–1.80 is considered *strongly disagree*, 1.81-2.60 is considered *disagree*, 2.61-3.40 denotes *neutral* or *uncertain*, 3.41–4.20 stands for *agree*, and 4.21–5.00 for *strongly agree*.

### Tangibility of primary health care services

According to the findings, the notion that services offered by government health facilities are adequate received a mean rating of 2.28 and an SD of 1.34, and the results were graded as disagreeable. This means that the majority of the respondents acknowledged a lack of satisfaction when it comes to the delivery of health services at health facilities. This is in line with Lily (2015), who at one point established that, a lack of efficient

service delivery is evident in many health centres in various parts of the world. This thus means that the problem identified in this study goes beyond the context of Iganga and across the continent and is a serious one.

In addition, findings in line with the idea that health workers' behaviours are undesirable received a mean rating of 4.44 and SD = 0.57, and the results are graded as strongly agreeing. It is therefore right to believe that, by and large, health workers at health facilities in Iganga District exhibit inhuman behaviours, which affect the delivery of health services in a way that is as proper as expected by the community. However, findings according to Nakisozi (2014) bring an understanding that this view point cannot be generalized to the rest of Uganda because there are some parts where health workers are very good and actually approachable by the public.

Further on tangibility, the notion that the hospitals have enough beds for all departments was reported with a mean of 2.49 and an SD of 1.17, a grade of "disagree." This continues to justify the fact that, as far as tangible services are concerned, there are many gaps in health facilities. It is more justification for the lack of tangible health services in addition to the inadequacy of health services and the undesirable health workers' behaviours. Like in the aforesaid paragraph, the MOH (2014) report establishes that the government has tried all possible to ensure that there are quite enough beds to suit the capacity of patients, though with some isolated cases.

Similarly, the statement that the general cleanliness in hospitals is undesirable received a mean of 4.38 and an SD of 0.67, and these are results graded as strongly agreeable. By implication, even hygiene is not given adequate priority at health facilities, which still keeps the standard of health services low on the rating graph. The results are mirrored in findings according to Lily (2015), which show that in most African countries, the issue of health care has been handled with maximum care to enhance service delivery and that cleanliness at the local health facilities is always made a top priority.

**Reliability of primary health care services**

The reliability of primary health care services was measured using five items. First, the idea that doctors in hospitals are reliable received a rating of mean = 2.23 and SD = 1.07. These results are graded as disagreeable, a clear sign that since the behaviours of health workers are not okay, as they are in the foregoing analysis, it is not so wonderful if doctors are reported to be unreliable. However, contrary to these findings, the MoH (2014) report indicates that Uganda has health workers and that, though not adequate, they exercise a high level of reliability.

Further, the statement that nurses at the health facilities cannot be trusted received a rating of mean = 2.28 and SD = 1.30. On the contrary to the foregoing results, these results are graded as disagreeable, which implies that at least with nurses, there is hope of receiving services compared to doctors. This is one point at which the reliability of services is reported to be positive. This can also be explained as above in that, as much as the results indicate unreliable nurses at Iganga as of 2020, the MoH (2014) report shows some areas of strength where hospitals are occupied by very reliable health professionals. This brings the study's findings into the description of an isolated case.

The statement that doctors clearly prescribe treatment for the patients received a rating of mean = 3.72 and SD = 1.25. These results are graded as "agree," which means that though the behaviours and reliability of doctors contain red flags, the prescription of treatment for patients gives a green light. It means that those who get a chance to see doctors get good services. The results are mirrored in the findings by Munabi (2019), which, though on the one hand show concern about delivering services, indicate a positive report when it comes to attending to patients.

Further, on reliability, the idea that nurses once in a while check on admitted patients was rated with a mean of 3.67 and a SD of 1.34 and was graded as agreeable. This means that, though the behaviours were found to be undesirable, nurses get to spend time with patients who are admitted to hospital beds. This also brings credit as far as the reliability of services is concerned. In lien with these findings, Munabi (2019) prompts to explain that, to a commendable extent, the time comes when the health workers give rapport and show empathy to clients at the health centres.

Concerning the statement that the respondent was confident with the services at the health facility, the mean rating was 2.78 and SD = 1.54, which results are graded as disagreeable. This means that there is no satisfaction experienced by communities as far as primary health care services at health facilities in Iganga District are concerned. The report by MoH (2014), on the other hand, indicates that except where certain services, such as cancer and other help, are not accessible at certain real hospitals, the general picture in the community indicates that they receive treatment satisfactorily. The report just points out that sometimes people like doing self-medication so much that it has caused gaps in fighting disease.

**Responsiveness of services**

Responsiveness was also measured using five items anchored on a five-point Linkert scale. The first statement was that doctors respond to emergencies in a timely manner, and it was rated with a mean of 2.27 and an SD of 1.26. The results are graded as disagreeable. This means that doctors in selected health facilities lack the aspect of time management, which is very dangerous

since they are dealing with the lives of people. The results are answered by the MoH (2014) report, which shows that health workers are so quick in responding to cases at health facilities. Therefore, the results contradict the perception of officials at the ministry of health.

Regarding the idea that receiving services from government health facilities is hard, the mean rating was 3.86 and the SD was 1.18. These results are graded as agreeable. Therefore, communities find it difficult to obtain health services from government facilities, and this is true based on the aforementioned results concerning the behaviours of health workers and the inadequacy of resources. The results in this line are in contradiction with Munabi (2019)'s view, which indicates that though sometimes things do not come out as expected, at a certain level, credit must be given to the many hospitals where satisfactory services are rendered.

According to the statement that services at the hospital are for those with money, the mean rating was 4.23 and the SD was 0.91. These results are graded as "strongly agree." By implication, even when the government declares free health care services in hospitals, which are government-supported, health workers still require money in order to render services to the community, and this tarnishes the effectiveness of responsiveness. These findings are in line with Munabi (2019)'s identification that one of the weaknesses in hospitals is that health workers, for unknown reasons, tend to ask clients for money in exchange for services, and that this primarily happens during delivery or giving birth by caesarean.

The idea that doctors have a positive attitude towards patients was recorded with a mean of 3.27 and an SD of 1.46. These results were graded as neutral. The neutral results imply that there are variations in the attitudes of doctors towards patients in health facilities. The results directly indicate that, whereas in some health facilities, doctors are positive, in others, they are not. These results are just reflected in findings by MOH (2014), which reveal that health workers try as much as possible to be good to clients.

Regarding the idea that nurses at the hospital take a long time to respond to patients, findings were reported with a mean of 3.28 and a standard deviation of 1.47. The results were graded as neutral. This means that in certain health facilities, nurses took a long time to respond to patients, while in other health facilities, they did not take a long time. The issue of time management was also found to be common in some health facilities, though not in many, as indicated by Munabi (2019).

**Assurance**

Assurance was also measured using five factors anchored on a 5-point Linkert scale. The results were summarized in Table 2 and showed different means and standard deviations for the different factors. According to the findings obtained, the idea that medics at the hospitals are acknowledgeable about their job received a mean rating of 3.16 and a standard deviation of 1.52. These are graded as neutral results. The implication here is that there are variations in the way the community views medics in that, in some areas, their job is acknowledged while in others, it is not. In line with these findings, Nakisozi (2014) revealed that in some communities, health services are satisfactory, while in others, they are not.

The findings for the statement that doctors are considerate with patients were rated with a mean of 2.68 and an SD of 1.47. The results are graded as "neutral," which shows variations, just like in the aforementioned item. The results regarding the statement that nurses always follow up with patients to ensure they take medicine on time received a rating of mean = 2.35 and SD = 1.35. The results are graded as disagreeable. This means that there is no follow-up of patients' treatment by health workers, which is dangerous and derails the quality of primary health services delivered at health facilities. However, the WHO (2010) report shows that globally, the health workers in hospitals are empathetic, which explains the reduction in many feverish infections in many country communities.

The findings concerning the statement that the community lacks confidence in the medical staff at health facilities in Iganga District were reported with a mean of 3.18 and an SD of 1.51, and the results are graded as neutral. The neutral results indicate that in some health facilities, the community lacks confidence in health workers, while in other health facilities, the community is okay with health workers, so the results keep differing. This is disputed by the MOH (2014) report, which shows that in many areas of Uganda, health workers are doing quite well in most areas of service.

The findings are in line with the view that patients always complain about services at the hospital; they received a mean rating of 3.14 and an SD of 1.34. The results are graded as neutral, which also shows variations such that in some health facilities, there is a tendency to complain about services provided by health workers, while in other health facilities, this is not true. This is also affected by Munabi (2019), who reveals variations as indicated by the study.

**Empathy**

Empathy is another measure of primary health care service delivery at health facilities. This was measured using three items. In the first case, results for the view that doctors at health facilities care about patients received a rating of mean = 2.70 and SD = 1.42. The results are graded as neutral. This means that there are variations in the manner in which, whereas in some health facilities, doctors are careful, this is not the case in

others. These findings are also confirmed by Munabi's (2019) findings, which reveal that there are some isolated cases whereby health workers do little to motivate clients at the community level, though in many health facilities, this is not the case.

Further, the idea that health workers at the facility pay attention to individual patients generated results with a mean rating of 2.68 and a SD of 1.46. There are still neutral results and results showing variations. This very same interpretation is reflected in Parkhurst and Ssengoob (2009), who point out that health service delivery keeps differing by location and composition of the health facility.

In terms of results for the idea that health workers feel sorry for patients, the man score is 2.69 and SD = 1.51. By implication, variations exist at health facilities where, whereas in some places there is empathy, it is not true in others. The MOH (2014) report also brings out clearly that, as much as there are isolated cases of ignoring patients, in many health facilities, health practitioners happily serve the patients to their satisfaction.

## Conclusion

According to the findings, the notion that government health facilities are adequate received a mean rating of 2.28 and an SD of 1.34, and the results were graded as disagreeable. This means that majority of respondents acknowledged the lack of satisfaction when it comes to the delivery of health services.

The reliability of primary health care services was measured using five items. The statements that doctors in hospitals are reliable received a rating of mean = 2.23 and SD = 1.07. These results are graded as disagreeable, a clear sign that since the behaviors of health workers are not okay, it is not so wonderful if doctors are reported to be unreliable.

Responsibility was measured using five items anchored on a five-point Linkert scale. The first statement was that doctors respond to emergencies in a timely manner, and it was rated with a mean of 2.27 and an SD of 1.26. This means that doctors in selected health facilities lack the aspect of time management, which is very dangerous since they are dealing with the lives of people.

Assurance was also measured using five factors anchored on a 5-point Linkert scale. The results were summarized in Table 2 and showed different means and standard deviations for the different factors. According to findings obtained, the idea that medics at the hospitals are acknowledgeable about their job received a mean rating of 3.16 and standard deviation of 1.52.

Results for the view that doctors at health facilities care about patients received a rating of mean = 2.70 and SD = 1.42. This means that there exist variations in the manner that whereas in some health facilities, doctors are careful, this is not the case in others. In terms of results for the idea that health workers feel sorry for patients, the score is 2.69 and SD=1.51.

## Recommendations

Based on the findings of the study, it's recommended that this study be revisited with the necessary in-depth investigation. The current study has not been able to fully cover a wide range of areas of participatory planning and service delivery and linking the highly connected indicator on both the independent and dependent variables, hence a need for a more robust study in the same area. There is a need for capacity-building programs for officials and councillors to fully incorporate local people into citizen participation programs. The findings have shown that there are so many challenges being faced by the officials on how to incorporate local people into integrated development programs. Capacity-building programs will provide them with skills on how to engage citizens in decision-making processes. There is a need for a longitudinal study about participatory planning and service delivery that adopts more philosophical research approaches that will help to discover the underlying dimensions of how participatory planning interacts with service delivery in the health sector.

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