

What can research evidence tell us about:

Impact of Acting District Health Officers on Health Services Delivery within their Respective Jurisdictions; A Case for Advocacy

Key messages

- There is paucity of evidence on the impact of acting versus substantive DHO appointments on the delivery of health services within the districts.
- Using three indicators from the district league tables, we found no difference in health services delivery between districts with acting DHOs and those with substantive DHOs.
- There are several factors that affect health service delivery at the district such as support supervision, development partners, political will and cooperation from the political wing of the district, budget allocations, staffing in health facilities, and healthworker motivation and retention among others.
- To build a stronger case for advocacy, Uganda Medical Association need to consider alternative ways of framing the problem that reflects other challenges of appointing and maintaining DHOs in acting position such as wastage, attrition, and compromised decision making.

Where did this Rapid Response come from?

This document was created in response to a specific question from a policy maker in Uganda in 2019.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES), at the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative

+ Included:

- **Key findings** from research
- **Considerations about the relevance** of this research for health system decisions in Uganda

X Not included:

- Recommendations
- Detailed descriptions



Short summary

Background:

The staffing norms for the districts in Uganda require that each district has a District Health Officer (DHO) who is a qualified medical doctor with additional training in However, currently there are 77 districts with substantive DHOs out of the total 135 districts. Uganda Medical Association has raised concern over this staffing gap at the districts and is seeking for evidence on the impact of acting DHOs on health services delivery within their respective jurisdictions to build an advocacy to get these positions filled.

Question:

What is the impact on health services delivery of having District Health Officers in acting position?

Findings:

We have used data from government reports to analyse this association as there was no evidence on the subject. From the chosen indicators, we found that;

- There was no difference in vaccine coverage between districts that had DHOs in acting position and those with substantive DHOs
- There was no difference in the score representing the number of pregnant women who attain the fourth ANC visit between districts that had DHOs in acting position and those with substantive DHOs
- There was no difference in the score representing completeness of monthly records between districts that had DHOs in acting position and those with substantive DHOs

Establishing a clear relationship between DHOs in acting capacity versus substantive roles on health services delivery is highly challenging as there are many other factors that affect health service delivery. These factors include; support supervision from the central government, presence of development partners in the district, political will cooperation from the political wing of the district, budget allocation from the central government, staffing in health facilities, and healthworker motivation and retention in the districts.

To build a stronger case for advocacy, there is need to consider reframing the problem to reflect other challenges of having and keeping DHOs in acting positions rather than substantive capacity such as potential attrition, wastage and compromised decision making by acting DHOs.

Conclusion:

Using delivery of health services as advocacy point to have substantive DHOs appointed in all districts might not result in the expected appointments as there is paucity of evidence to support this. Alternative advocacy points need to be explored in order to build a case for the substantive DHO appointments.

Background

Health services planning and delivery were decentralized in 1997 in Uganda [1]. This was meant to improve the quality of health services available to the general public and as well to increase their utility thereof. Each district must have a District Health Officer (DHO) who heads a District Health Team (DHT). The DHO is responsible for planning and budgeting for health services delivery responsibilities at the district level on the District Health Officer (DHO), along with other roles such as mobilization of resources for health services delivery and infrastructure development, monitoring and evaluation of the services delivery, procuring medical supplies and equipments among others [2]. Good management practices within the health sector are associated with lower mortality rates, reduced costs of care and on overall higher patient satisfaction with the services provided [3].

The current staffing norms in Uganda require DHOs to hold an undergraduate degree in Medicine and Surgery or Dental Surgery with additional training in public health or its equivalent [2]. DHOs are recruited by the District Service Commission with representation from the Health Service Commission. Currently there are 135 districts in Uganda with only 77 districts having DHOs in substantive positions with rest having officers in acting positions.

The management of Uganda Medical Association has raised concern about this staffing gap in a very crucial management position within the health system in Uganda. This is especially important as UMA indicates that there are sufficient medical doctors with the pre-requisite requirements to fill these positions. In order to create a strong case and advocate for full appointment of individuals to these positions, UMA is requesting for evidence on the impact on service delivery by having DHOs in acting capacities at the district.

Rapid Response Question: *What is the impact on health services delivery of having District Health Officers in acting position?*

How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here:

www.evipnet.org/sure/rr/methods

Summary of findings

There is paucity of evidence on the impact of having health managers in acting position on health services delivery. Available evidence is mainly centred on the factors affecting performance of health managers with little to no evidence on managers in acting position. The evidence presented in this brief is from primary data extracted and analysed from the district league tables available in Annual Sector Performance Reports [4-7] and human resources for health reports of the Ministry of Health [8, 9]. We have used data from government reports and therefore the quality of evidence presented is dependant on the quality of data in the reports. However, establishing a clear relationship between DHOs in acting capacity versus substantive roles and health services delivery is highly challenging as there are many other factors that affect outcomes and controlling for them in analysis cannot be met. Such factors include; support supervision from the central government, presence of development partners in the district, political will cooperation from the political wing of the district, budget allocation from the central government, staffing in health facilities, healthworker motivation and retention in the districts among

others [10]. These factors go beyond the capacity in which the DHO is occupying the office and have a significant impact on the eventual performance of the district on the district league table.

For this rapid response brief, we undertook secondary analysis to respond to the question. We selected three indicators from the district league table for this analysis;

1. Vaccination coverage; In 2014/15, DPT3 (third dose of DPT) was used as an indicator for vaccine coverage, which later changed to PCV3 (third dose of PCV).
2. ANC4 which indicates the fourth antenatal visit; We chose this indicator because it can be used as a proxy for access and use of healthcare facilities and services by the community.
3. Completeness of monthly records; We choose this indicator as a measure of record keeping and maintenance by the DHT.

Data collection and analysis

We obtained the performance of the districts on the chosen indicators from the district league tables. We obtained the DHO staffing data from Data on staffing at the districts from the human resources for health reports of the Ministry of Health. The data was extracted using excel spreadsheets and imported into STATA for analysis.

Analysis

We categorised districts into two categories; headed by acting DHOs and those headed by substantive DHOs. We assessed the scores for normal distribution using histograms. We used box plots for data that is not normally distributed, and error bar plots for data that is normally distributed.

Results

Vaccination coverage:

There was no difference in vaccine coverage between districts that had DHOs in acting position and those with substantive DHOs over a four year period as shown in the graph 1.

ANC 4 :

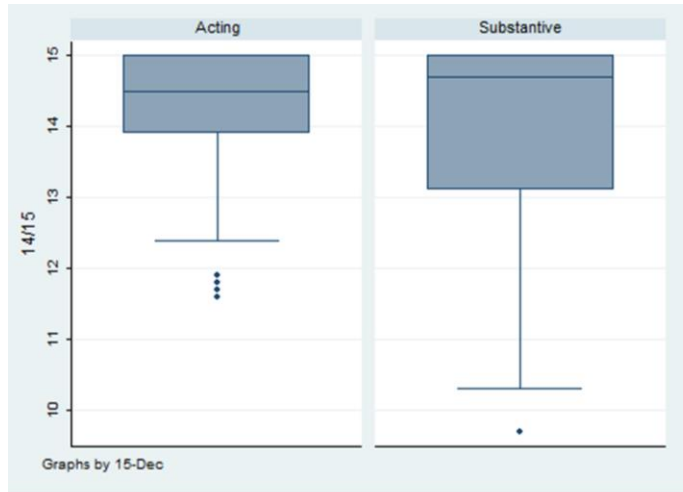
There was no difference in the score representing the number of pregnant women who attain the fourth ANC visit between districts that had DHOs in acting position and those with substantive DHOs over a four year period as shown in the graph 2.

Completeness of monthly record:

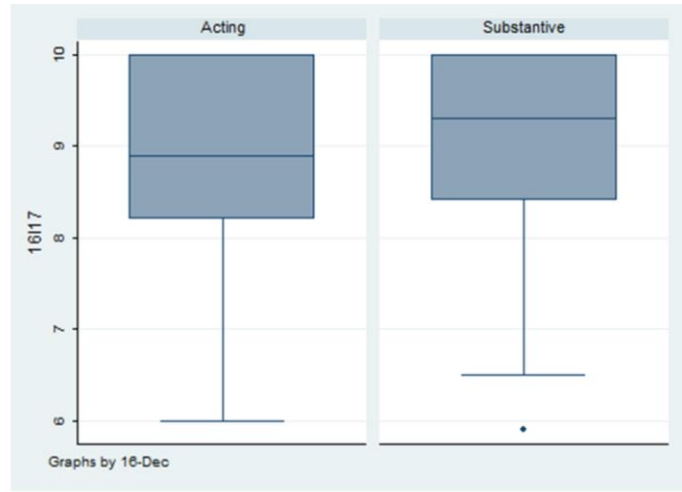
There was no difference in the score representing completeness of monthly records between districts that had DHOs in acting position and those with substantive DHOs over a four year period as shown in the graph 3.

Graph 1: Comparison of Vaccination Coverage between Districts with Acting and Substantive DHOs

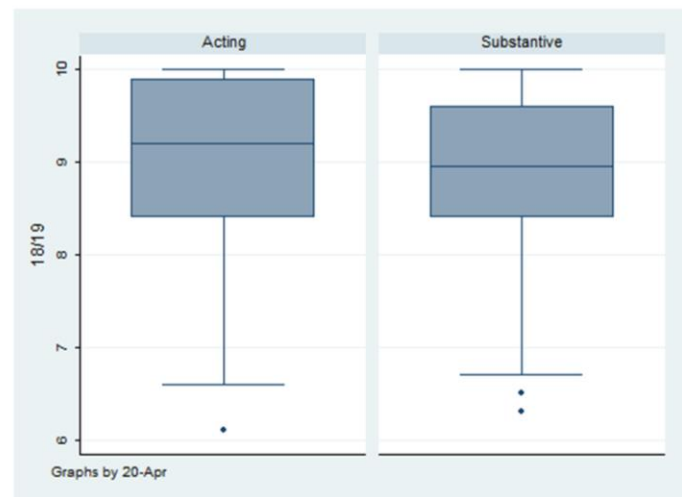
Financial year 2014/15



Financial year 2016/17



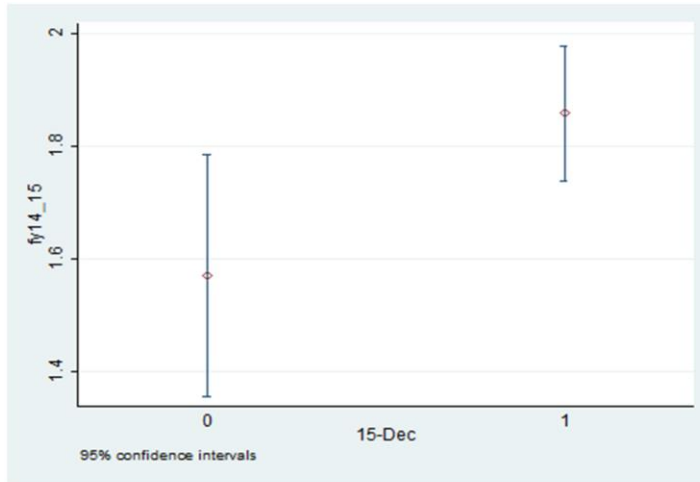
Financial year 2017/18



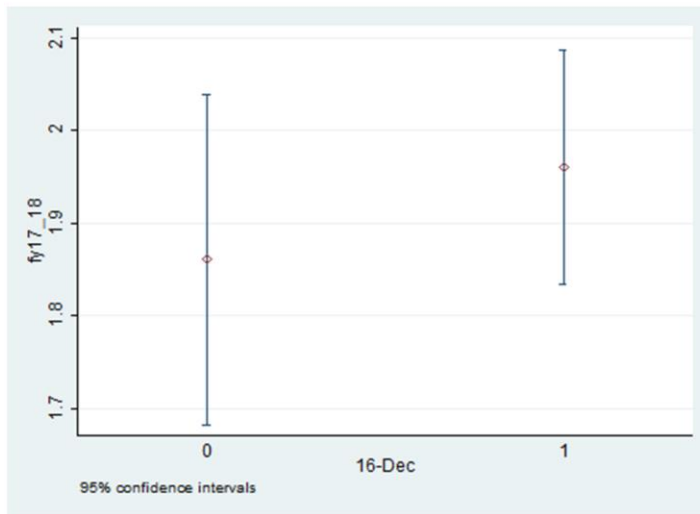
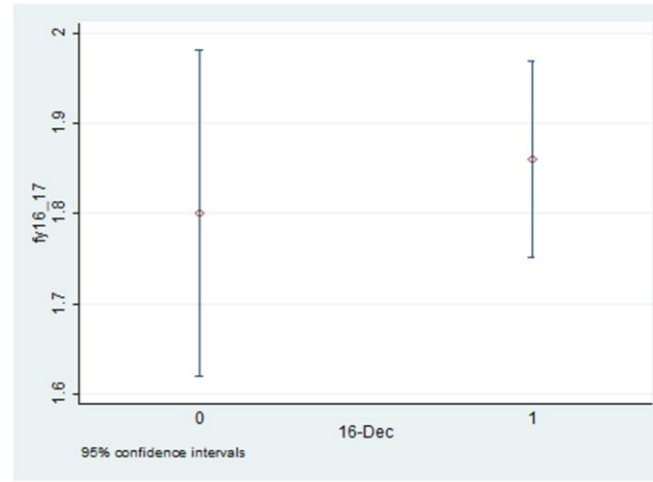
Financial year 2018/19

Graph 2: Comparison of ANC4 between Districts with Acting and Substantive DHOs

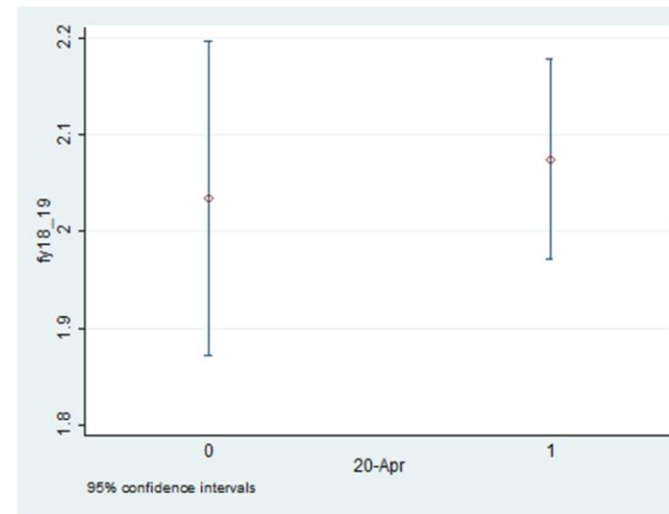
Financial year 2014/15



Financial year 2016/17

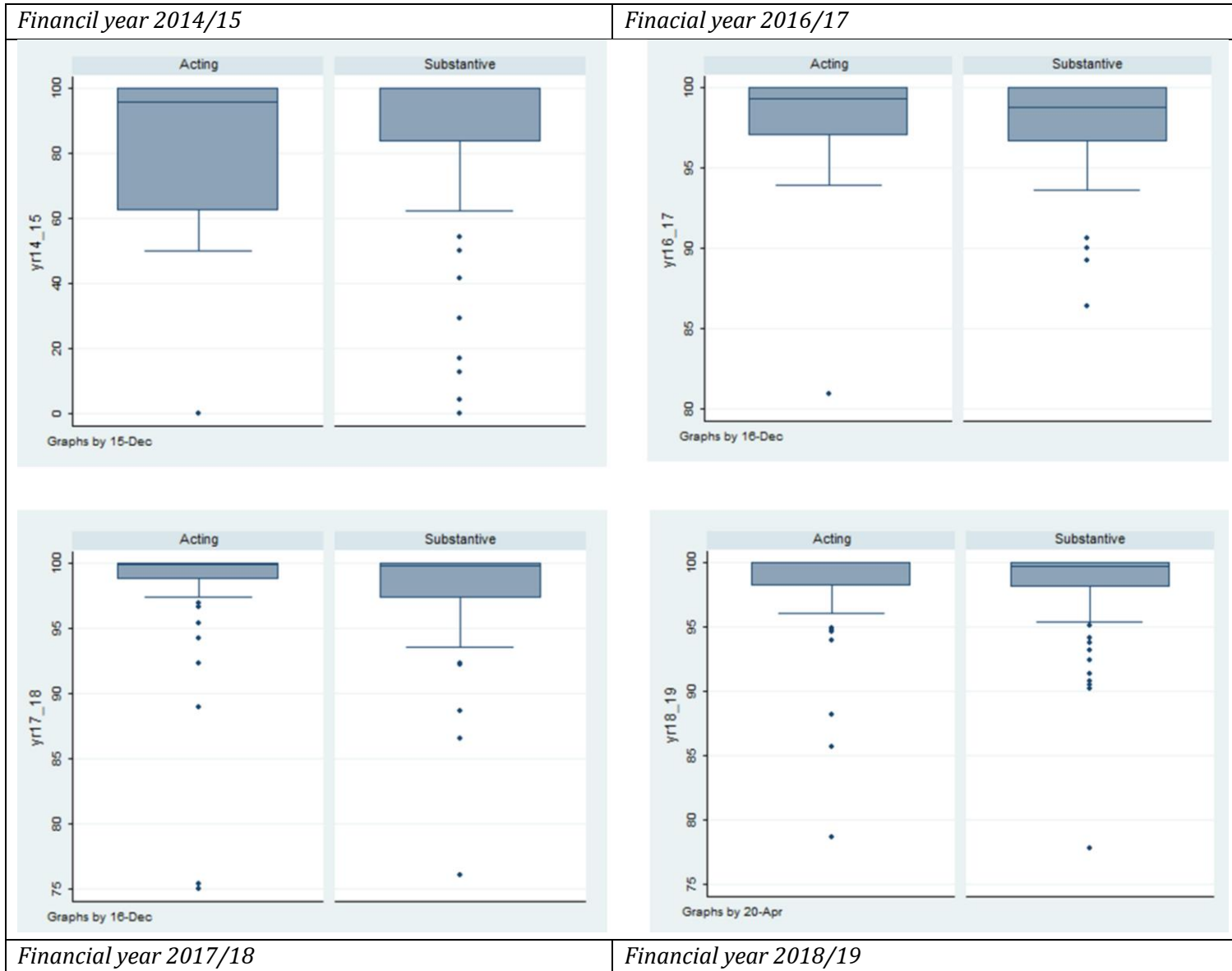


Financial year 2017/18



Financial year 2018/19

Graph 3: Comparison of Completeness of Monthly Records between Districts with Acting and Substantive DHOs



Considerations for the advocacy

The framing of the question as “: *What is the impact on health services delivery of having District Health Officers in acting position?*” will not lead a successful advocacy campaign as available evidence does not show a difference between officers in acting capacity and those in substantive capacity. In order to build a strong advocacy campaign, the framing of the problem has to be changed to reflect other aspects of having DHOs in acting positions such as; (1) external influence from political and appointing leaders on decision making processes of the acting DHOs, (2) wastage for a DHO to be in acting position over a prolonged period of time, and (3) demotivation and attrition from lack of promotion and confirmation.

Conclusion

Using delivery of health services as advocacy point to have substantive DHOs appointed in all districts might not result in the expected appointments as there is paucity of evidence to support this. In addition, there are several factors that affect the delivery of health services within districts which are beyond the control of the DHO and warrant attention as well. To build a strong case for advocacy to have DHOs appointed in substantive positions, UMA needs to explore alternative advocacy points on effects of having DHOs in acting positions.

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What is Rapid Response?

Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

ACRES – The Center for Rapid Evidence Synthesis (ACRES) is a center of excellence at Makerere University- in delivering timely evidence, building capacity and improving the understanding the effective, efficient and sustainable use of the rapid evidence syntheses for policy making in Africa. ACRES builds on and supports the Evidence-Informed Policy Network (**EVIPNet**) in Africa and the Regional East African Community Health (**REACH**) Policy Initiative (see back page). ACRES is funded by the Hewlett and Flora foundation.

<http://bit.do/eNQG6>

ACRES' collaborators:

The logo for REACH (Regional East African Community Health Policy Initiative) features the word "REACH" in large, bold, blue capital letters. Below the letters, there is a horizontal bar with segments of red, yellow, and green, representing the colors of the African continent.

Regional East African Community
Health Policy Initiative

**Regional East African
Community Health Policy
Initiative**

The logo for EVIPNet (Evidence-Informed Policy Network) features the word "EVIPNet" in a stylized font. The "E" and "V" are red, and the "IPNet" is blue. Below the text, there is a graphic of a network of red and blue lines.

EVIPnet

Glossary

of terms used in this report:

www.evipnet.org/sure/rr/glossary

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Conflicts of interest

None known.

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