

Governance and Service Delivery in Uganda: Cases, Issues and Challenges of the Health Sector

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Abstract

Health is an indicator of national development and a healthy human Resource is essential in accelerating national development of any given country. Uganda's health sector over years has recorded a number of governance scandals notably corruption, negligence of patients, drug stock outs, absenteeism of health workers, poor customer care and limited and laxity in responding to epidemics and disease outbreaks among others .This has accelerated morbidity and mortality rates in the country. The purpose of the research was to determine the influence of governance on the quality of health service delivery in Uganda. The researchers used longitudinal survey design and undertook content analysis on health issues through National newspaper review for a period of five-year (2008-2012).The newspapers examined included, The Daily Monitor, New Vision, Bukedde and Observer. Findings show that the decentralized health system has made significant progress in providing immunization services for under five children, setting up infrastructure in terms of building health units to reduce the radius of households to the health centers and in public private partnership. However, the identified major weaknesses relate to inefficiency and ineffectiveness in delivery of health services: shortage of human resources and medical supplies, late response to epidemics, corruption, poor and inadequate accommodation for patients and medical personnel, late referrals , lack of/limited technological advancement and innovation and re-activeness in responding to health issues and challenges. There is need to increase government funding, increase public -private partnership, reinforce laws on corruption and promote research and innovation.

Keywords: *Governance, health, service delivery*

Introduction

Background

Governance refers to the “*set of formal and informal rules, structures and processes which determine the ways in which individuals and organizations can exercise power over the decisions (by other stakeholders) which affect their welfare at local levels*” (Bovaird and Löffler, 2002). Good governance needs to reflect high performance in managing local services so that they do not only satisfy customers and taxpayers but also enable local communities to solve their own problems and

create better futures for their stakeholders. However, recent literature reveals governance-related challenges and their unintended health system effects (Kapilashrami et.al, 2012). Most developed countries lack management and leadership skills, which are important for the delivery of good health services. For instance, in Uganda local governments have limitations in adjusting resource allocations because most of their funding comes from the center in the form of conditional grants (World Bank, 2011), and this directly impacts the nature of health services provided.

Incorporation of relevant high quality research evidence into the policy-making process has been recommended as a key strategy to improve health systems worldwide (WHO 2004; Lavis et al. 2006). Prompt planning for health relief activities requires access to existing pre-disaster baseline data on health services and programmes (VanRooyen and Leaning 2005). However, most developing countries have inadequate capacity of Routine

Health Information Systems (RHIS), which results into lack of quality pre-disaster health-related data, and efficient post-disaster data processes in the immediate aftermath of a disaster Aung, 2012). This manifests in their often sub-optimal operational capacity to meet those needs (Sauerborn and Lippeveld 2000; AbouZahr and Boerma 2005; Aiga et al. 2008; Chan et al. 2010).

In most developing countries, the health care systems are weak with low quality of services provided (Kruk &Rockers 2010). Africa is pointed out as the continent with the slowest rate of progress in reducing maternal death (Hogan et. al, 2010). There is a direct relationship between poverty and prevalence of diseases such as malaria, malnutrition and as they are more prevalent among the poor than the rich households are (UBOS, 2007) are.

The health service provision in Uganda is governed through decentralized system, which consists of the district health system (communities, Village Health Teams (VHTs or health centers: HCs I, II, III and IV and general hospitals, Regional Referral Hospitals (RRH) and National Referral Hospitals (NRH). The

RRH and NRH are semi-autonomous institutions (Republic of Uganda, 2010). The Local governments manage district health service and health services are provided by the public and private sub-sector with each sub-sector covering about 50% of the reported outputs (ibid).

Theoretically, decentralization is assumed a good aspect of governance of health services because it is expected to bring public services closer to people, who have more opportunities to participate more actively in decision-making process of local policies and activities than in centrally decided ones. This participation is expected to in turn contribute to improved accountability of public services (Ryukoku RISS Bulletin, 2001).

Sadly, for Uganda's case, the expected benefits are not being realized in remote areas. Documented evidence reveals that Uganda experiences various gaps in the provision of health services. Only 28% of the existing 154 HC IVs are operational (MoH, 2008c). There are challenges such as inadequate human resources; a case in point being districts in Northern Uganda like Pader, which has only 35% of its posts, filled (ibid). This arises from other factors such as insufficient training capacity, unattractive remuneration and retention of health workers with the right skills. The health sector also experiences weaknesses in supply chain management such as poor quantification, delays in procurement, inappropriate and late deliveries, late orders from facilities and poor record keeping which contribute to shortage and wastage of medicines in the public health units (MoH, 2010)

The media on day-to-day basis brings out stories of repeated constraints and limitations in Uganda's health sector and this reveals a gap in the governance of health services. The literature reviewed points out the limitations to effective service delivery, mainly focusing on systemic factors that revolve around inadequate capacity of the government in terms of, immediate response to disasters and epidemics skills, expertise and other essential medical facilities and equipment. The views generated agree with what has been documented in Uganda's health records for instance Ministry of Health report (2010) and Uganda's Health policy II (2010). However, there a knowledge gap in explaining the contribution of governance on the quality of health service provision in Uganda. Thus, this study intended to fill this gap by establishing the influence of governance on the quality of health service delivered in Uganda.

Study purpose and objectives

The purpose of the study was to establish the influence of governance on health service delivery in Uganda.

The specific objectives were to:

- To evaluate the effectiveness of the health sector in Uganda
- To establish the key challenges faced during the implementation of health services

Methods

The study focused on the performance of Uganda's health sectors, particularly on issues of governance and its implications on health service delivery. The period covered by the study was five years (from 2008 -2012). This period is crucial in Uganda's history because a number of districts and lower local government Sub units have been formed under the decentralization policy, which has reduced the radius of 72% of households to a health centre to an average of 5 km (National health policy, 2010) .The study adopted a longitudinal survey design. The data was obtained through secondary sources, which included National newspapers-that is; The Daily Monitor, New Vision, Bukedde and Observer. Accidental sampling was used to obtain the newspapers that were available in the different libraries visited.

The researchers conducted content analysis by capturing the reported cases and incidences that were similar in different parts of the country. Analysis of the contents of the similar stories /incidences that were repeatedly reported was done to draw generalizations and conclusions

Results and Discussions

An evaluation of the effectiveness of the health sector

This section focuses on assessing the processes involved in the governance of health services and their

implications on the efficiency and effectiveness of health service delivery.

The trend in the articles reviewed shows that the government has played a significant role in managing some diseases and epidemics although there is proof of slowness in conducting imminent researches to assist in addressing new cases of diseases and illnesses. Some cases captured are reflected in Table I below:

Table.1: Statistics on disease/ epidemic outbreaks

| Epidemic/ disease outbreak | infections / on treatment | Deaths toll | Title of the story &location | Source |
|---|--|------------------------|---|---|
| meningitis | 49 | 15 | “Hoima contains meningitis” | (Daily Monitor, Monday February 9, 2009). |
| Cholera | 6 | - | “Six cholera cases reported in Kampala” | New Vision, Friday February1, 2008 |
| cholera | 29 | 4 | Cholera kills four in Butaleja | New Vision June 10, 2008 |
| Typhoid fever | 52 | 10 | “Ten die of typhoid fever in Kasese (Hima region)” | New vision Wednesday, August6, 2011 |
| Hepatitis E | | | The Arua Municipality Member of Parliament criticized MOH for slowness and lack of seriousness to contain Hepatitis E epidemic and save lives of mothers in Northern Uganda | Daily Monitor, June 6, 2008 |
| Hepatitis E | 4304 (4000 recoveries &304 new cases) | 114 | | New Vision, August 21,2008 |

Although the affected people were at times immunized and/or the infected treated, there was no quick response

in addressing the challenge. Intervention in Uganda has shown competence in managing and regulating the treatment.

In accordance to the analysis made on immunization of children to protect children against killer diseases and other childhood illnesses, there is effective service delivery on this aspect.

Table 2: Reported cases on immunization of under five children

| Newspaper Date | Title of the story | Summary of the story |
|--|--|--|
| New vision, Monday 11, 2008 | “New diarrhea treatment to be launched tomorrow” | The government was to launch a new drug with a combination of ORS and zinc sulphate tablets to cure diarrhea among under 5 children in 10 days with a combination of ORS and zinc sulphate tablets zinc sulphate tablets |
| Daily Monitor, Wednesday, February 4,2009 | “Polio Vaccination ends in Hoima” | The immunization of children against Polio that took place in public health centers, markets and some churches was successfully done although most husbands did not escort their wives. |
| New vision, February11,201 1 | “Uganda has made strides in health care” | In order to eliminate the six killer diseases, the government has embarked on intensive community mobilization to promote utilization of immunization services |

The successful stories recorded on the immunization program can be attributed to intensive community mobilization and sensitization through media and service delivery at household level, which has led to increased awareness and access to the available services thus attracting positive responses to the immunization programmes. The findings are in line with the conclusion by Azfar (1999 et.al) that citizen participation in service delivery facilitates information flow between the government and local population thereby reducing asymmetric information and provides means for demand revelation and helps the government to match the allocation of resources to user preferences

was also observed that the veterinary team has been vigilant in effecting laws to control disease outbreaks associated with animals. Some cases have been

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cited in table III below:

Table 3. Cases of controlling disease outbreak in animal husbandry.

| Newspaper& date | Title of the story | Summary of the story |
|---|---|---|
| Daily monitor, Wednesday 3, September, 2008 | <i>"12 city butchers closed over poor hygiene-Nakulabye, Kampala"</i> | Kampala city council Officials closed twelve butchers in Nakulabye, Kampa- la Suburb for failure to meet hygiene standards. Seven butcher operators were arrested and charged over cases relating to selling meat in unhygienic places. |
| New vision, Thursday August, 2008 | <i>"Quarantine haunting Jinja meat dealers"</i> | A ban was imposed on livestock in Jinja by the commissioner for livestock health entomology after an outbreak of foot and mouth disease. |

The restrictions enforced by the officers in charge have contributed greatly to the control of animal diseases such as swine fever, foot and mouth disease, among others.

On the other hand, there has been laxity in the enforcement of laws regarding environmental protection and promotion of good hygiene and sanitation, which are also important ingredients that promote good health as reflected below;

Table 5: cases of negligence of proper sanitation and hygiene

"Scarcity of water in rural areas of Alebtong forced residents to use water from swamps which exposed them to water born diseases" (Daily Monitor, Monday, December 3, 2012)

" 70% of the boreholes in Arua had fecal material and the traces of bacterial organisms were responsible for

diseases like cholera” New Vision, Monday November 3, 2011

“Garbage chokes Katwe drainage channels: Drainage channels in Katwe were reportedly choked by plastic products and polythene bags despite the attempt by the government to ban polythene bags below 30 microns’(New Vision , Augusts 15, 20

‘Sanitation issues arise in Rubaga, Kampala district’’:The Mayor of Rubaga, Joyce Ssuggwawo lamented that the funds from city hall were not well allocated to address pertinent issues like garbage collection and stagnant water that would result into cholera”(Bukedde, October 5, 2011)

“The increasing intake of feces among Ugandan’s is responsible for cholera and Hepatitis E that are currently claiming several parts of Northern Uganda”(Daily Monitor, Thursday July3, 2008)

The above cases show laxity on the side of the government prevention and control of communicable diseases yet the government spends money on treating illnesses and diseases that could be avoided. Comparatively, Ugandan policies towards achieving environmental sustainability, which is the seventh Millennium Development Goal (MDG) are still weak in the following areas:(1) integrating the principles of sustainable development into the state policies and programmes and reversing the loss of environmental resources;(2) ensuring that majority of the population have access to sustainable access to safe drinking water and basic sanitation; and (3) ensuring implementation and adherence to National Environmental Authority (NEMA) policies.

On the other hand, articles reviewed reflect vigilance in ensuring that there is reduction in the radius of the distance for individual households to the health centre by opening up more health centers to increase access to health services. The analysis made agrees with National Health policy (2010) that on average, the distance from a household to a health facility has been reduced for 72 % of the population to 5 km. The articles below support this:

Table 4: Infrastructural development and provision of equipment

| Newspaper/ date | Title and summary of the story |
|--|--|
| Sunday Vision, November 11, 2011 | <i>President Museveni Opens Tumu Hospital: A community health care in Buhweju district to train midwives</i> |
| New vision Thursday, November 17, 2009 | <i>"The government will spend 600 million about 1.1 trillion shillings to renovate hospitals and health centres, Ministry of Health, Dr. Malinga Said"</i> |
| Weekly Observer, December 25, 2008 | <i>"Bwindi Hospital lands a new theatre". Anew theatre had been put in Bwindi community. Before this, people braved long distances to the nearest hospital in Rukungiri town for operation.</i> <i>Ntungamo gets 460 million hospital": Egypt completed rehabilitation of about \$280,000 (about 460 million) hospital in Ntungamo District</i> |
| New Vision, July 21, 2008 | <i>"Nagulu Health Clinic becomes a Hospital". The Chinese intended to Upgrade Nagulu Health and three other hospitals in Kampala depending on the availability of funds.</i> |
| New vision Tuesday August 7, 2008 | |

The key challenges faced during the implementation of health services

The researchers wanted to establish governance limitations encountered during the implementation of health services that affect effective service delivery. The findings reveal that there are challenges ranging from limited resource capacity to unethical code of conduct.

The health personnel do not provide good clientele care. *"Health workers stop barking at patients- Kampala ": Mulago Hospital workers were cautioned not to add salt to a wound by mistreating patients but instead save lives of poor Ugandans by attracting patients to access medical care through good customer care", Bukedde, December1, 2011*

The cases reported show that there is a relationship between mismanagement of funds and inadequate drugs

and other medical facilities as revealed by cases cited below:

“Kabale residents want better services” .Residents in Kabale demanded for improvement in the services provided for Kigezi region through fighting corruption (Daily monitor, December 15, 2010)

“MOH was accused of diverting 410.6 million shillings meant for purchase of drugs. The money was diverted to purchase of drugs (Daily Monitor, January 16, 2009pg1).

“Kibale health worker arrested over stolen drugs worth two million shillings” Daily Monitor, Monday February 11, 2008.

“Nurse arrested over drug theft’. Joseph Akankwatsa, a nurse in Charge of Kyeibare HCII in was being held at Mitooma Police station over stealing government drugs and selling them to his private clinic. He was also accused of health unit and a mercenary to run it”. New Vision March 16, 2011.

The findings do reflect that governance of health services in Uganda is not transparent and accountable. Azfar et. al. (1999), recommend that access to information on the actions and performance of government is critical for the promotion of government accountability in terms of goods and services provided by the government, how well they are provided, whom they are intended to benefit, and how much they cost. This argument does not take into consideration the fact that in most cases, the local population is not necessarily aware of the activities of the district, neither do the levels of knowledge and education coupled with attitude are sufficient to participate in the monitoring and demand for accountability from government administrators. Using International Country Risk Guide (ICRG) governance data, Brautigam and Knack (2004) found that aid dependence was linked with an increase in corruption, and worsening bureaucratic quality and rule of law. The that MoH heavily relies on donor funds as reflected in Table 4 above deems it necessary to conduct a study to establish

the relationship between donor dependency , transparency and accountability.

Apart from corruption, the National medical store (NMS) was blamed for upheavals of irregular, inadequate and unavailability of medicine in the health facilities and therefore is partly responsible for the inefficiencies experienced by the health sector (Daily Monitor, January, 28,2009; *ibid* , May 5,2009 ; October 24,2008; New Vision, July 30,2009). Some of the reported cases show that whereas there are moments when essential drugs are lacking at health facilities, some drugs expire while in the medical store.

*“Shs. 800 million needed to destroy rotten drugs- hundreds die annually due to lack of anti-retroviral drugs while the NMS spends 430 million annually to rent containers in which they store expired drugs and the stores need 800 million to destroy the rotten drugs that are over six years old ”*The Sunday Vision September 14, 2008.

“Districts stuck with old drugs: Auditor General revealed that districts were found with expired drugs which dated back to 1995.Expired drug worth 2.5 billion were found in Nakasongola and reports showed that 31,600 units were found in Ajumani Hospital, and in Kasese district, it was reported that National Drug Authority provided already expired drugs” (New Vision, July 6, 2011)

The findings further reveal that there is irregular supply or lack of essential drugs for patients in critical conditions such as HIV/AIDS, diabetic and theatre patients who require immediate care, a reflection of lack of prioritization, which is an important ingredient of good governance.

“ARVs out of reach in Nebbi District-A story of Jane who contracted HIV/AIDS show that she walks a long distance to the health centre and finds when drugs are unavailable. As a result, people like Jane do not complete their doses and their health deteriorates” (Observer, 30 June-3 July, 2011)

'For 10 months Lira hospital did not have contraceptives, particularly most injections and implants which are the most preferred family planning methods...'(New Vision, Thursday March 11, 2011)

According to MoH policy II (2010), it is lamented that the fertility rate in Uganda is still high at 6.7% and from this analysis; one can rightly conclude that the NMS takes a big share of the blame.

The stories cited in the national newspapers also reflect other resource key limitations to effective provision of health services at the health centers as a result of inadequate human resources and lack of accommodation (both buildings and beds for both patients and medical personnel): New Vision, Monday January 11, 2010 -*Gulu lacks hospital beds*) ; ibid May 12, 2008,); lack of water and electricity supplied (Daily Monitor Friday December 17, 2010- *"Health centre closed over water shortage"* ; lack of or inadequate medical equipment (New Vision, Tuesday 6, 2009); lack of proper toilet facilities (Daily Monitor, May 6, 2011) and lack of blood supplies.

'Patients in Kamuli District were reported to be dying because of lack of proper equipment and other medical supplies such as blood, gloves and indiscipline health workers. As a result of late referrals, to the neighboring hospitals many patients die before reaching the hospital'

"Housing crisis shocks Atatur hospital (Kumi)-Two families are sharing a two roomed house meant for one family...." (New Vision, May 12, 2008)

The above facts are consistent with the challenges highlighted by MoH (2008b), which specified inadequate financial and human resources, capital investment and management issues that have resulted in the public sector's inability to fulfill its mandate of providing medicines to meet the requirements of universal access to health care. However, there challenges highlighted are two-fold- that is systemic weakness and individual weaknesses on the side of the health personnel.

Irrespective of their nature, they lead to low quality clientele care and eventually to lack of confidence in the health care system as put forward by Kruk and Rockers (2010). As a result, clients report to the health facility very late which leads to poor outcomes and feeds cycle of concerns about quality of care (Moyer et al, 2013).

Conclusions

The governance of Ugandan health services has been effective in providing immunization services to children below five years but there are strong weaknesses in the controlling of diseases outbreaks and epidemics and providing quality health services. This is because of lack of visionary leadership, limited research leading to low innovation and timely information that is relevant to provide immediate responses to health needs and demands; and lack of proactiveness in responding to health issues and disasters. Although the decentralization of health services contributed to the setting up of many health units which have reduced the distance for most households to a health center, most health units still lack capacity in terms of medical facilities, medical staff, accommodation among others. As such, the health needs of the populace are not adequately met.

Although the health service delivery is decentralized, local governments over rely on the central government and donors for the financing of the health services. As a result, the benefits of decentralization that include responsiveness to local needs and demands, increased local stakeholders that enhance accountability and transparency have not been realized. Uganda, being a poor country that overlies on donor funds continues to have challenges of limited capacity in terms of staffing partly because of staff turnover resulting from poor remunerations and working conditions, and lack of medical supplies. The control exerted by the center through the ministry of health increases bureaucracy which results into drug shortages and other forms of delays especially in handling emergencies.

Recommendations

There is need to increase local participation through sensitization on health related issues including the available health services, health risks and prevention and control measures and health right utilizing the available media channels . Provision of access to information will increase the ability of the local stakeholders to participate in the monitoring of health services.

To reduce delays and shortage of drugs and other medical supplies, there in need to reduce red tape in the procedure of acquiring new consignments as well as establishing medical stores at regional levels.

The government should encourage health research by providing incentives to organization and individuals conducting health research. This will provide the required timely data whenever there is need for intervention.

There is need to fully decentralize health issues to provide timely responses to disease outbreaks and epidemics by empowering local authorities to respond to emergencies and disease outbreaks.

The government needs to increase the budget for the health sector in order to increase remunerations for health personnel, increase/improve infrastructural development and procure the required medical equipment and other essential facilities

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