



Facility Autonomy and Contracting

Within the Lens of Results Based Financing

DR. ERIC TASUBWA

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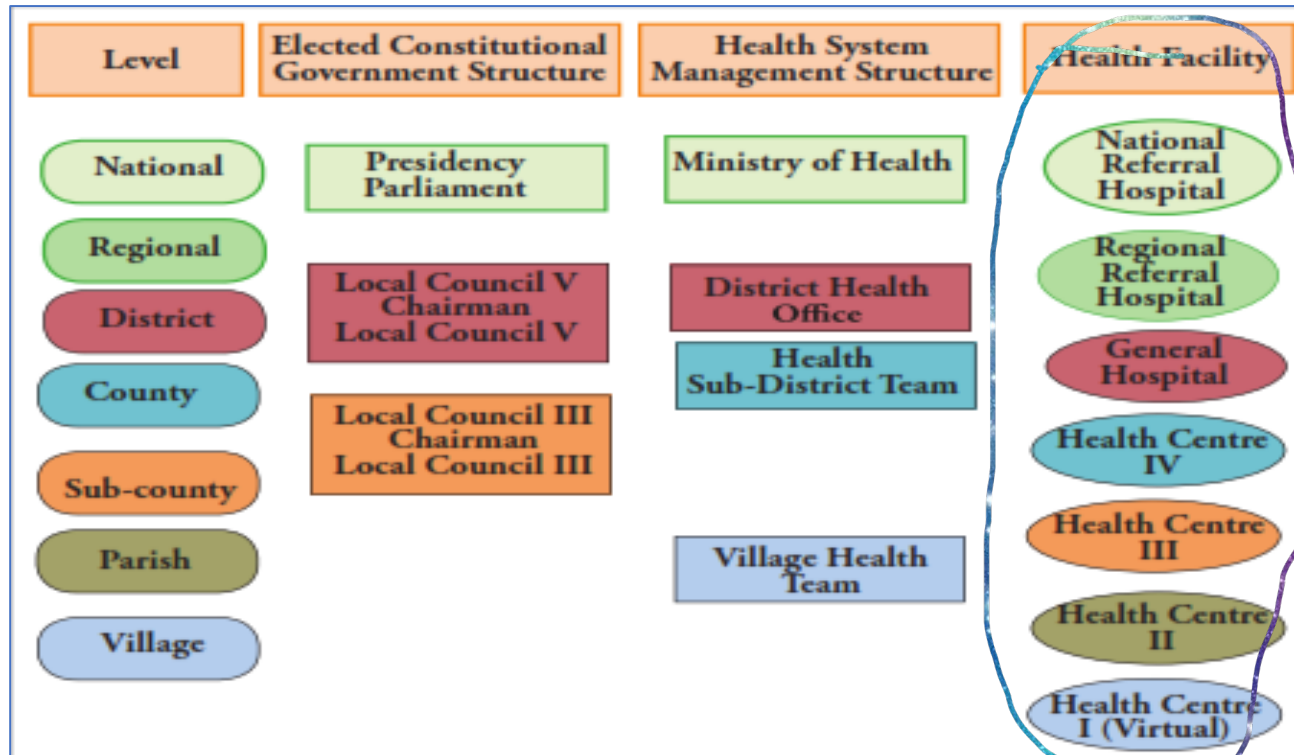


AUTONOMY EXISTS WITHIN LEVELS OF DECENTRALIZATION

autonomy



the power or right of self-government, or political independence, of a city or state...



- ❖ Decision making exercised through all levels
- ❖ Decision space varies by level
- ❖ Existing legal and policy instruments that control the exercise of autonomy
- ❖ Variations between autonomy in principle (*de jure*) and practice (*de facto*)
- ❖ Decision making constricted as you go to the lower- level facilities

DISSECTING FACILITY AUTONOMY



LEGAL AND INSTITUTIONAL FRAMEWORKS FOR AUTONOMY

CONSTITUTION OF THE REPUBLIC OF UGANDA, 1995.



Local Governments Act 1997

LOCAL GOVERNMENT PLANS

The five-year District Development Plans are a legal requirement for all higher and lower local governments in Uganda. They form a baseline tool for tracking implementation of government programs and the basis of

Act 3 *Public Finance Management Act* **2015**

THE PUBLIC FINANCE MANAGEMENT ACT, 2015.

Key dimensions of autonomy

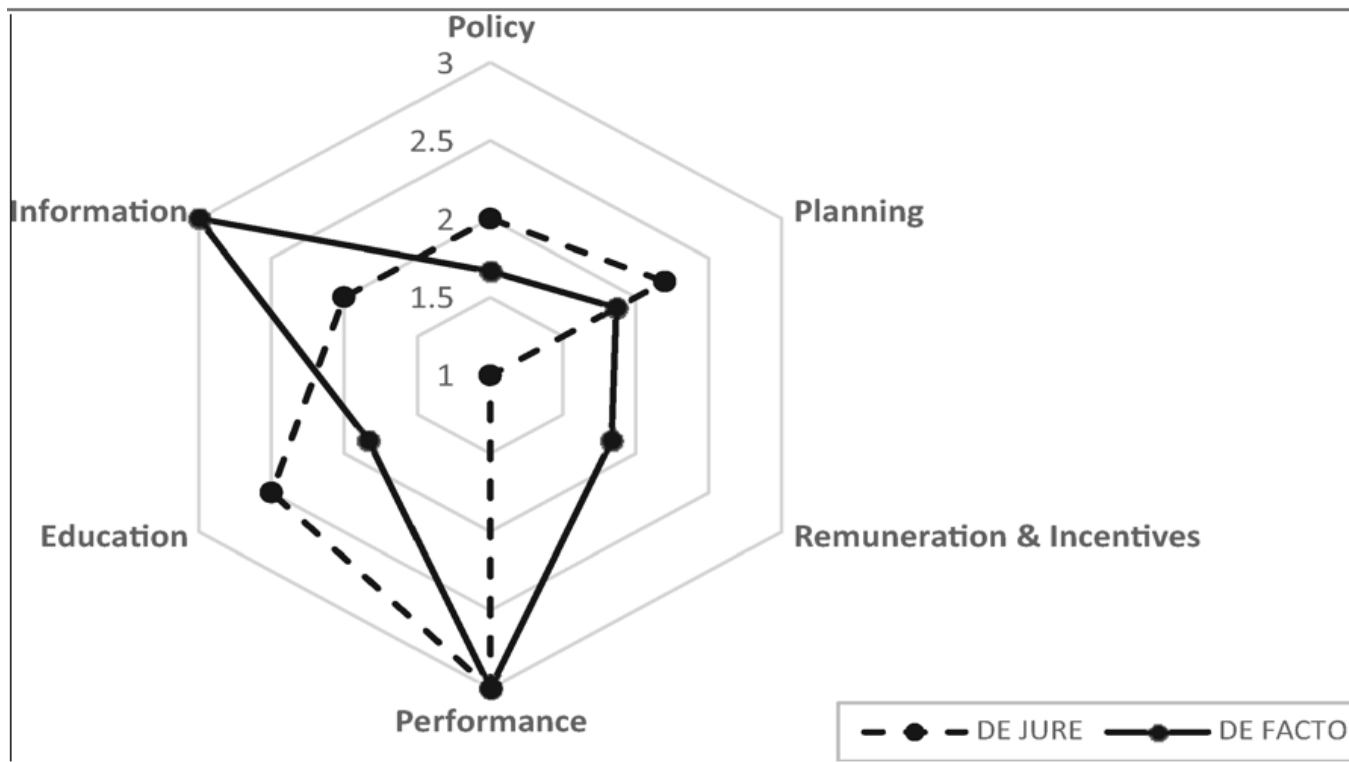
1. Financial Management Practices (Planning, Budgeting, use and accountability)
2. Human Resource and Performance Management Practices
3. Reporting and Accountability Practices
4. Medicines procurement and management practices
5. Practices related to delivery of the benefits package (as per UNMHCP and Service delivery standards)



Primary Health Care Non-Wage Recurrent Grant and Budget Guidelines to Health Centre II, III and IV, and General Hospitals



AUTONOMY OF WORKFORCE: HUMAN RESOURCE AND PERFORMANCE MANAGEMENT



MakSPH (year)

RBF more than tripled:

- the amount of money under the direct control of public facilities for recurrent spending
- the amount of public financing to participating PNFPs

RBF: An opportunity to improved autonomy

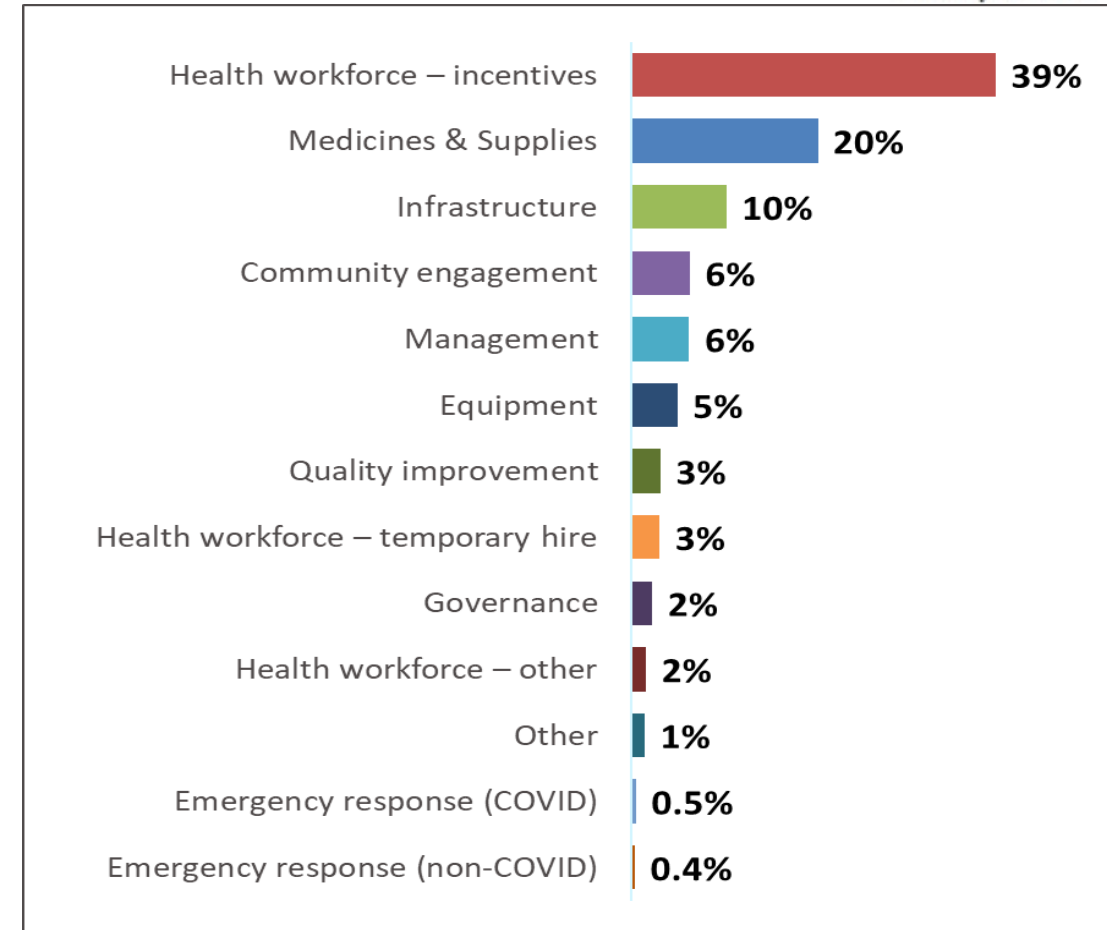
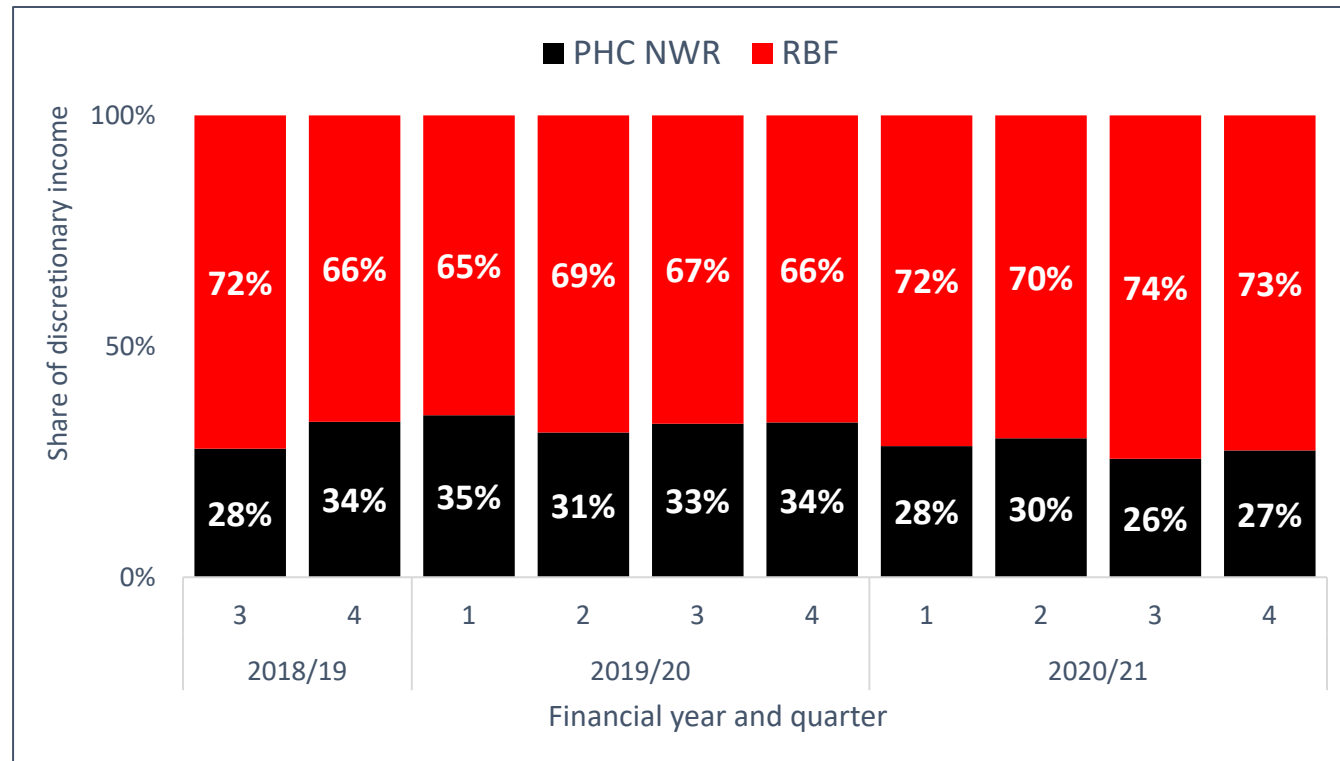
1. Increased available discretionary income for PHC facilities (RBF accounted for between 65% and 74% of public facilities' discretionary income)
2. Facilities exercised discretion on determining priorities through PIPs
3. Aligned rewards to performance
4. RBF increased functionality of procurement committees that include health workers and external actors
5. Procurement of medicines enhanced

FACILITY AUTONOMY AND CONTRACTING IN THE LENS OF RBF



Contracting of facilities

- Phased approach, all public and PNFPs receiving PHC
- PQA done, start up grants to bolster
- MOH contracts with districts, districts with facilities, annual PIPs
- Quality assessment
- Monthly invoicing and verification



KEY REFLECTIONS



Challenges

- Limited operational funding available at facilities
- Constraints within the PFM (limited releases, spending overflows and use of surplus)

Opportunities

- Harmonize RBF with other routine reporting and PFM processes (mainstreaming)
- Improve and routinize communication at all levels of planning, budgeting, funds disbursement and accountability
- Sustain or increase facility autonomy, including procurement flexibility

“VHTs play a very big role in both community and health facility by facilitating their activities, and that is a practice that needs to be maintained.”



Thank you!