

ENOUGH IS ENOUGH

RECLAIMING PUBLIC SOCIAL SERVICES IN UGANDA

A PEOPLES MANIFESTO

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The surge in COVID-19 infections and fatalities, recurring lockdowns, restrictive measures on mobility and economic uncertainty have had a devastating impact on people's enjoyment of social and economic rights such as health and education.

A key lesson learnt from the pandemic is the role of resilient and quality public social services to cushion people from the socio-economic fall out resulting from the pandemic. To date, Uganda struggles with weak public health systems and inadequately equipped schools, lack of access to clean and safe water and expensive and often inaccessible electricity. The State is obligated to invest more in social protection and public services such as health and education, however, these public critical services continue to be under funded. For instance, the Human capital development program (comprising of education, health, social protection and water sub programs) at the time of passing of budget for FY 2021/22 had reduced from UGX7.34 trillion in FY 2020/21 to UGX7.04 trillion. The health sector budget for FY 2021/22 is projected to decrease by 9.3% to UGX2.52 trillion while the education sector budget will reduce by 1.2% to UGX3.65 trillion. Overall, the FY 2021/22 budget reflects underfunding of critical public services that are essential for human dignity.

Amidst chronic underfinancing and weakening of public social services, there has been gradual privatization and commercialization of public social services. The private sector is increasingly relied upon to deliver public social services like health care and education, organized in procedures ranging from purely private to public private partnerships (PPPs). There has been a massive and unprecedented increase of private providers of these services – in Uganda. In health, 55% of the health facilities in Uganda are private or community owned with a push for public private partnerships by Government and International Finance Institutions despite evidence PPPs in health do not achieve equity in health and fail to reach the poorest.¹

The Impact of under financing and weakening public health services has been felt most acutely during the second wave of the Covid 19 pandemic with an <u>oxygen crisis</u> and <u>private sector profiteering off the pandemic</u>, charging exorbitant prices resulting in people failing to access healthcare, basics like oxygen and unnecessary deaths. More than ever, it underscores that structuring our health system on quality public health services is critical.

The continued underfunding and weak governance and accountability of public education resulted in the declining quality of education, particularly low literacy and numeracy levels, high school dropout rates which is attributed to among others the unaffordable costs, poor school infrastructure and sanitation, high teacher to pupil ratios and low teacher motivation. Notably, several vulnerable groups like girls and children with disabilities continue to be left behind in terms of access to education and the poor quality of education in most government schools has paved way for the proliferation of unregulated private actors in education driving up the cost of education. In the

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Ministry of Health, National Health Facility Master List (2018) http://library.health.go.ug/publications/health-facility-inventory/national-health-facility-master-facility-list-2018; Initiative for Social and Economic Rights (ISER) Achieving Equity in Health, Are Public Private Partnerships the Solution? (April 2019), https://www.iser-uganda.org/publications/reports/397-achieving-equity-in-health-are-public-private-partnerships-the-solution

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education sector, at primary level, about 39% of the schools are private owned, with about 21% enrolment rate of the learners.² The private schools share of primary education enrolment has been growing at an average of about 1% per annum over the last ten years.³ At the secondary level, over 66% of the schools are private and these have been enrolling on average 51% of students.⁴ This poses dangers to realising the right to education, with increasing inequality in access to education. The COVID 19 pandemic exacerbated this with private schools closing, leaving children stranded or charging high fees and excluding the poor.

Other public social services continue to remain inaccessible. Although the supply of water remained under the government agencies, access to clean and safe drinking water remain a challenge especially for the rural areas. Currently, rural access to basic water services stands at 41%.⁵ The electricity sector on the other hand was also restructured and distribution privatized to a private company through a concession. The country's electricity tariff remains the highest in the region and globally.⁶ This is largely due to the unfair clauses in the concessional agreement to the government of Uganda.⁷

As countries are starting to face the economic effects of the pandemic, poverty and inequality are set to increase worldwide and reverse development gains. A more just recovery package therefore requires stronger investment in public social services. In order to realise economic and social rights in Uganda and to ensure Uganda is more resilient to future crises, investment in fully functioning and well-resourced public social services is key.

This is in line with the lessons learnt under the National Development Plan (NDP) III based on implementation of NDPs over the years. The NDP III calls for increasing investment in the 'real economy' which included health, education, ICT and service in order to optimize use of the increased infrastructure capacity, and notes that there is need to revisit the development approach, in particular the role of government in the development process because the market alone is unlikely to optimally drive Uganda's development process. Accordingly, some of the Development strategies under the NDP III include improving access and quality of social services and increasing access to social protection, and has an elaborate programme on human capital development.⁸

Uganda's current situation is a reflection point and provides a unique opportunity to strengthen and revamp public social services as the foundation for addressing the inequalities and ensuring an inclusive and sustainable socio-economic recovery.

Ministry of Education and Sports, Concept note on Formulation of a National Policy on Private Provision of Education in Uganda, 2019

³ Ibid

⁴ Ibid

⁵ Water for People at https://www.waterforpeople.org/uganda/accessed on June 19, 2021

⁶ Parliament of Uganda (2013) Report of the Adhoc Committee on the Energy Sector, P.9

⁷ Ibid

⁸ National Development Plan (NDP III) 2020/21 – 2024/25.



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Recognising that;

- 1. Quality public social services such as education, healthcare are essential to realising socio-economic rights and protecting the right to life and other human rights.
- 2. Public social services are key to ensuring equality and inclusion for all groups in society.
- 3. public social services play a key role in reducing inequalities, including gender and income inequalities, in the sense that they ensure universal access, independent from economic or political status.
- 4. Public social services alleviate poverty and vulnerability and contribute to economic development.
- 5. Improved public social service delivery builds citizens' trust and fulfils the social contract between State and People.
- 6. Quality public social services enable people to live in dignity and achieve better standards of living.
- 7. Quality public social services are key to mitigating the proliferation of un regulated private actors that exist instead of public options for example in education and health service delivery among other social services.
- 8. Public services are essential for all people, not only poor or vulnerable groups

WE DEMAND THE FOLLOWING

- 1. Government must strengthen public social service delivery for all persons regardless of social status; that are in line with international human rights law are accessible available, acceptable and of the highest possible quality; non-discriminatory, including all prohibited grounds; accountable and participatory;
- 2. The government should robustly invest in public social services which are the first point of call for the poor and most vulnerable.
- 3. The government must remain in stewardship of the provision of quality public social services.
- 4. Public social services must be financed through progressive taxation and curbing leakages like Illicit Financial Flows, and other forms of corruption.
- 5. Quality public health and education must be free, at point for end user.
- 6. Quality public social services must be delivered by government.
- 7. Government should ensure meaningful participation of the populace in designing and monitoring public social services.
- 8. The government should refrain from commercialising and privatising essential public social services like health, water, electricity and education through Public Private Partnerships or commercial private involvement in social service delivery and instead devote maximum available resources to ensure quality social public services.
- 9. Public finances must not fund for profit engagement in public social service delivery.
- 10. The government should put in place a strong regulatory framework for private actors in health and education among other social services. It can't leave these social services to the whims of the market.