



Access to Health Care Services. Experiences of Persons Living with Disabilities in Eastern and Northern Uganda

Overview

Over the last two decades, the Government of Uganda (GoU) has increased access to health services through various programmes and projects including investment in health infrastructure, medicines and other health supplies; and human resource development. Despite the investments, the desired universal health coverage is far from attainment as some sections of the population (persons with disabilities *and or clients with special conditions*) fail to have easy access to basic health care services.

Article 25 of the UN Convention on the Rights of Persons with disabilities (CRPD) states that Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. It also states Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

This briefing paper presents the experiences of persons living with disabilities while seeking health care from selected Health Center IVs (Mungula, Yumbe, Aboke, Kiyunga, Budondo, Busesa, Midigo) in Eastern and Northern Uganda.

The issues identified in this paper are a proxy of the status of service delivery at all levels of care thus the proposed recommendations are aimed at addressing overall sector service delivery challenges.

INTRODUCTION

The Financial Year 2018/19 marks the second last year of implementation of the second National Development Plan (NDP II), and the Health Sector Development Plan 2015/16 - 2019/20.

Key Issues

- i.) Eastern region recorded more (**1.3 million persons**) excluded from appropriate access to health care services, than the Northern region (**1.01 million persons**) due to the higher number of the persons with disabilities.
- ii.) Northern region recorded more mistreatment (averaged at 16.5%) when providing health care due to poor attitudes of health workers compared to Eastern Uganda (averaged at 6.5%).
- iii.) Medical equipment that Government and development partners procure partly exclude the needs of persons living with disabilities.
- iv.) Tracer medicines exclude less privileged patients who have unique conditions such as mental disorders and albinism, yet many health facilities do not prioritize ordering for such medicines from National Medical Stores.

The goal of this Health Sector Development Plan is to accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life. UHC ensures that all people receive essential and good

quality health services they need without suffering hardship.

The goal of the Health Sector Development Plan is in consonant with the implementation of the Gender and Equity Budgeting clauses as enshrined in the Public Finance Management Act, (2015).

The PFMA requires that the Minister of Finance, Planning and Economic Development issues a gender and equity compliance certificate in consultation with the Equal Opportunities Commission that conducts the assessments.

The assessment seeks to ensure elimination of discrimination and inequalities against any individual or group of persons on the ground of sex, age, race, color, ethnic origin, tribe, birth, creed or religion, health status, social or economic standing, political opinion or disability ... to ensure universal access to services.

The CRPD defines/identifies persons with disabilities/special conditions, to include ‘those who have long-term physical; mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UFDS 2017).

The gender and equity compliance of the health sector Ministerial Policy Statement was 84% in FY2016/17, 75% in FY2017/18, and 78.3% in FY 2018/19.

Despite the performance, equity needs in the health sector remain partially met. This is partly because the equity component consists of many variables such as location, age, and disabilities. This allows the

ministries, departments and agencies (MDAs) an opportunity to focus on other components of equity and score a Pass mark, while neglecting the disability component.

NUMBER OF PERSONS LIVING WITH DISABILITIES

Uganda has 4.9 million persons living with disabilities, of which 1.3 million are from the Eastern Region, while 1.01 million are from the Northern region (Table 1).

The Uganda National Population Census (UNPC) (2014) rated disability prevalence at 12.4% for the population aged 2 years and above, while the equivalent for 5 years and above was approximately 14%. The Eastern region had a higher number of population aged 2 years and above living with disabilities (Table 1).

Table 1: Proportion of the Persons with Disabilities by level or region (Million)

Level/Region	Population 2018	No. Disabled 2018	Population 2019	No. Disabled 2019	Population 2020	No. Disabled 2020
National	39.05	4.84	40.30	4.99	41.58	5.15
Eastern	10.19	1.26	10.51	1.30	10.83	1.34
Northern	7.90	0.98	8.15	1.01	8.40	1.04

Source: UBOS-2018



EXPERIENCE OF PERSONS LIVING WITH DISABILITIES (PWDs) WHEN SEEKING HEALTH CARE

This section shares field experiences of PWDs while seeking health care at HCIVs of: Mungula in Adjumani District, Midigo, and Yumbe in Yumbe District, Aboke in Kole District, Kiyunga in Luuka District, Busesa in Bugweri District, and Budondo in Jinja District.

A. Mothers, Children, Youth, and Elderly living with disabilities are mistreated

The 2017 Uganda Functional Difficulties Survey (UFDS) established that 9 per cent of persons with disabilities felt disrespected or humiliated by the treatment and behavior of staff at health facilities. Eight per cent of males, and 7 per cent of females were mistreated when seeking help for physical problems.

Mistreatment of the persons with disabilities while seeking care was highest in Northern Uganda - Lango (18%), followed by West Nile (15%). Eastern Uganda sub-regions on the other hand recorded lower percentages as follows; Bukedi at 9%, Busoga at 8%, Teso at 5% and Bugisu at 4% (UFDS, 2017).

During the BMAU Semi-Annual FY2018/19 monitoring, an interaction with patients living disabilities who sought care at the HC IVs expounded the UFDS finding. It was established that these persons were discriminated and mistreated. *“At Aboke HCIV in Kole District, a mother living with a disability (physical impairment) reported that she was one time told by a health worker to stop conceiving as she would die*

during birth because of her disability. The health worker was also not willing to assist her access the examination bed”.

B. Lack of appropriate equipment and assistive devices

Besides discrimination and mistreatment, the persons with disabilities somewhat experience difficulty in accessing services.

BMAU field findings indicated that basic equipment such as examination and delivery beds were inappropriate for pregnant mothers living with disabilities. The weighing scales for children and adults were also not appropriate to for persons with disabilities particularly those with physical impairments who could not stand. None of the HCIVs visited had the appropriate examination and delivery beds for persons living with disabilities.

The district procurement officers demonstrated limited skills for inclusion of the equity concerns in all procurements (for instance - examination and delivery beds, and other assistive devices) and the development partners' deliveries were not any different at these facilities.

Delivery and examination beds among other equipment procured under the World Bank funding of the Uganda Health Sector Strengthening Project (UHSSP) delivered to Aboke, Kiyunga and Bundondo HCIV did not include any suitable for the mothers living with disabilities.

C. **Inappropriate means of communication:** Mediums of information access such as sign language, braille and easy-to-read formats for persons with disabilities were not available for either disease



prevention, health promotion and/or curative services.

The health facilities neither had sign language interpreters, nor assistive hearing aids for those with hearing impairments, nor did the health workers have the requisite skills to comprehend the sign language. Such patients did not receive quality services once they sought care from these facilities. The visually impaired similarly did not receive prescriptions in braille to enable them understand the medication requirements.

D. Lack of appropriate medicines

Patients who had conditions that could not easily be addressed using the tracer medicines were not served. For instance, those having nervous system sickness like; nodding syndrome, epilepsy, mental illness, and albinism. It was established that whereas the health facilities had a window to order for other medicines outside the tracer, they did not order for such supplies. No health facilities prioritized supplies like sunscreen lotion for persons with albinism to protect their skins against skin complications. On the other hand, the medicines for mental health registered the highest stock outs at 85% of the time.

Conclusion

Health sector efforts to achieve Universal Health Coverage are slow particularly for the persons living with disabilities, and those who have special conditions. More emphasis on attitude change and capacity

building of all the stakeholders on the unique needs of the PWDs will assist to reverse the status quo.

Policy Recommendations

- i.) The MoH should adopt holistic planning in the next Health Sector Development Plan and NDPIII to ensure universal access to health services.
- ii.) The MoH and National Medical Stores should expand tracer medicines to include those that address special conditions for PWDs.
- iii.) The MoH should provide training to health workers in basic sign language interpretation and other key skills to ease access to services PWDs. In addition, staff ethical conduct should be strictly enforced.

References

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For more information, contact
Budget Monitoring and Accountability Unit (BMAU)
Ministry of Finance, Planning and Economic Development
Plot 1-12 Apollo Kaggwa Road
P.O.Box 8147, Kampala
www.finance.go.ug