



THE REPUBLIC OF UGANDA



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Gender and Equity responsiveness of the Health sector: Evidence from selected interventions

Overview

The Sustainable Development Goal five (SDG-5) aims at achieving gender equality and empowerment of all women and girls. In Uganda, the National Gender Policy (2007) is the supreme policy that guides and complements other existing policy initiatives that address gender and equity gaps including barriers for access and use in the health sector. In line with the existing Global and National gender and equity initiatives, the Ministry of Health (MoH) has a Gender in Health and Human Rights Manual for Health Professionals which is a tool for health professionals and duty bearers at all levels to guide integration of human rights and gender into policies, programmes, plans for improved service delivery.

The aforementioned policies and guidelines are aimed at addressing some of the gender and equity issues in the sector, which include: the 3 delays in relation to Maternal and Child Health- the delay to seek care, delay to reach health facilities, and intra institutional delay to provide appropriate care. Reproductive health and adolescent issues not adequately catered for in the routine outreach packages by both MoH and Local governments. Lack of separate wards, bathrooms and toilets for males, females, and children in some facilities; Limited health care services to address needs of older persons and Persons With Disabilities (PWDs) across the country; Unavailability of health facilities in some sub counties; as well as staff accommodation in hard to reach areas. Inaccessibility of the physical health infrastructure by PWDs, the regular drug and blood stock outs among others.

During FY2018/19, the MoH implemented some gender and interventions.

Key Issues

- Approximately 17% of the health sector budget for FY2018/19 was geared towards gender and Equity interventions.
- 80% of the existing ambulances in Uganda did not meet Emergency Medical Services standards.
- New infrastructure have ramps and or elevators to enable access to services however, equipment such as examination and delivery beds are still limited.
- The human resources have limited skills to attend to PWDs and depend on their attendants thus violating confidentiality of the patients.

This briefing paper highlights key achievements of selected nine out of thirteen interventions implemented in FY2018/19, identifies challenges and proposes recommendations.

INTRODUCTION

The Uganda's Second National Development Plan (NDPII) outlines a broad strategy for promoting gender equality that includes the development of an action plan for all spheres and transforming mind-set, negative attitudes, and cultural practices. **The NDPII focuses on:** reducing maternal, neonatal and child morbidity; universal access to family planning services; health infrastructure development; scaling up HIV prevention and treatment; among others. The plan identifies adherence to reproductive health rights especially for women and girls as an area of action to address gender inequalities.

Achievements

In FY2018/19, the health sector allocated Ug shs 401.96 billion (17% of the entire sector budget excluding arrears) of which Ug shs 311.01 billion (77%) was released and Ug shs 190.55 billion spent (61%) to achieve the gender and equity commitments, which included:

- Reduction of maternal and neonatal mortality through procurement and distribution of Emergency Obstetric Care (EmOC) medicines, supplies and equipment.
- Reimbursement of Health facilities for Reproductive Maternal Neonatal Child and Adolescent Health Services (RMNCAH) services.
- Essential medicines and health supplies procured, stored and distributed to health facilities spread across the country.

Performance of interventions

a) Immunization services provided:

The availability of vaccines countrywide was approximately at 96%. Measles vaccine stock was at 75%. Diphtheria, Pertussis, and Tetanus (DPT) 3 was at 96%. Human Papillomavirus Vaccine (HPV) was administered to young girls aged 9-14 years from Cervical Cancer, which accounts for 40% of all cancers in Uganda. A total of 1.3million doses of HPV were issued in FY 2018/19

b) Reproductive Health Supplies to Health facilities supplied:

All health facilities in Uganda reported an average availability of health supplies at 67% in the last quarter of FY2018/19 with some facilities at full stock. For example, Gomba district reported full stock in 17 out 19 health facilities visited.

There was 27% increase in Couple Years of Protection from 2,540,251 in FY2017/18 to 3,222,372 in FY2018/19. There was a notable increase in the users of emergency contraceptives from 32,394 users in FY2017/18 to 49,412 users in FY2018/19. Similarly, users of implants increased from 352,811 in FY2017/18 to 604,735 users in FY2018/19.

c) Specialized Women and neonatal Hospital constructed:

The hospital was substantially complete with ramps and elevators for access and it started

operations in September 2018. In FY 2018/19, the hospital registered 8,648 Out Patient Department (OPD) attendances of which 2,920 were antenatal attendances, 3,671 Gynecology attendances, 1,281 immunizations, 505 family planning contacts and 271 postnatal clinics. A total of 2,536 ultrasound scans, 91 mammograms, and 2,291 laboratory investigations were carried out at the facility. The health workers however had inadequate skills to attend to PWDs and depend on the attendants thus violating confidentiality.

d) National Referral Hospital for women established (Kawempe National Referral Hospital):

This was established to specialize in the treatment of women and children. The facility was completed and easily accessible for all with a ramp and elevators. During FY 2018/19, the hospital registered 58,631 deliveries, 57,618 live babies, 25,456 maternal referrals in. The facility also provided immunization services to children.

e) 34 staff houses in Karamoja sub region constructed to increase staff retention and reduce absenteeism:

The progress was slow (3.5%), as construction had stalled due to delayed disbursement of funds from the Italian government.

f) Emergency Medical Services (EMS) improved:

The aim is to establish a functioning national referral services with an effective and reliable referrals at all facilities. By end of June 2019, the progress was slow. The EMS Policy was developed and was awaiting cabinet approval. The Uganda Standards for Pre-Hospital Care were completed and ready for submission to Hospitals and Lower Facility. The standards address issues of staffing, quality of services, and acceptable types of ambulances to be used. Trainings were undertaken regarding emergency services in Kawolo, Mubende, Kiryandongo, Masaka and Bukomansi-bi districts. Operationalisation of services was however slow. Uganda had 408 functional ambulances in various parts of the country, 40% were GoU, 32% Private Not for Profit facilities, 15% privately owned and 13% Non-Governmental Organization and approximately 80% of the ambulances did not meet EMS standards.

g) Facilities at the National Mental Referral Hospital established:

During the FY 2018/19, the hospital completed the Alcohol and Drug Unit (ADU) for the treatment of drug addicts that are usually marginalized through the other health care systems. The ADU registered more male (422) than female (72). The three-storey six-unit staff house had been substantially completed awaiting final electricity connection.

h) Upgrading of 124 HCIs to HCIIIs under Primary Health Care Programme:

In FY 2018/19, the ministry embarked on the upgrade and construction of HCIIIs in sub counties that did not have HCIIIs. Construction had commenced for the 124 HCs and were at various levels of completion. The constructed facilities had ramps and assisted bathing facilities in the general/maternity wards and these are likely to improve maternal and child health through reduction of distances to health facilities.

i) Results Based Financing (RBF) in local governments rolled out to enhance maternal and child health among other health services.

During FY2018-19, the MoH rolled out RBF in 28 districts in the first phase. The districts received start up grants amounting to Ug shs 2.945billion to address key service delivery gaps as well as train health workers on the concept of RBF, accountability, and performance improvement. The component for construction and equipping was to be centrally managed in FY2019/20. During FY2018/19, facilities used part of the start-up funds to refurbish maternity wards and delivery suits at the health centres, and for purchasing maternity beds, cleaning materials, solar panels, water pumps and tanks, office materials among others.

RBF facilities had improved service delivery in a number of ways. For example Apac district increased facility live births from 5,023 in FY 2017/18 to 5,608 by end of FY 2018/19.

Kayunga, Kyotera, Luwero, Mityana, Mukono, wakiso, Hoima, Kagadi, Kakumiro, Kibaale, Kikuube, Rukungiri, Rakai, Mubende, Butaeja, Butebo, Manafwa, Mbale, Namisindwa, Palisa, Sironko, Apac, Kwania, Lira, Oyam, Buikwe and Kampala

Maternal deaths reduced from seven to three during the period under review. Health facilities like Ibuje in Apac, Kisenyi in Kampala, Luwero HCIV registered an improvement in integrated outreach programmes, facility cleanliness, availability of medical supplies, and procurement of equipment among others. Mukono HCIV recruited more midwives to improve service delivery, procured curtains using RBF funds to improve privacy in the maternity ward while Kisenyi HCIV recruited two female anesthetists to work on a temporary basis for timely operations.

The Health Management Information System comparative analysis of performance before start of the intervention (April to June 2018) and after start of the intervention (April to June 2019) using the incentivised quantity indicators in the 337 HCs on the RBF in the 28 districts under the first phase indicated an increase in the quantity of output. The use of long-term family planning methods increased by 89%, followed by ANC1 at 83%, post-natal care by 64%, short-term family planning by 36%, ANC4 at 32%. Lowest increase was deliveries under skilled health worker at 8%, OPD under five by 9%, Maternity referrals by 11%, Immunisation by 13%, C-section services by 14%, Intermittent preventive treatment (IPT2) of malaria second dose by 20%.

Key implementation challenges

- Lack of disaggregated data in relation to specific gender and equity budgets for works and equipment for the infrastructure projects.
- Limited skills among health workers to attend to PWDs in various facilities especially those with hearing impairments. The health workers depended on the attendant, which violates confidentiality of the patients.
- Limited availability of equipment such as adjustable delivery and examination couches appropriate to People with Disabilities (PWDs), which affected quality of health care provided.
- Slow implementation of critical interventions due to procurement delays, bureaucratic processes and low prioritization. Operationalization of the Emergency Medical Services (EMS) has been slow yet approximately 80% of the existing ambulances do not meet EMS standards.

Similarly, construction of staff houses in Karamoja were delayed. In addition the upgrade of HCIs to IIs were hampered by procurement delays.

- Stock outs of medicines and supplies, was at 33% for all the health facilities in the last quarter of FY2018/19.

Conclusion

The sector achievement was fair at 69%. Immunization, deliveries, constructions, and other medical services were provided. Gaps however, still exist especially in having disaggregated data in relation to specific gender budgets for some programmes and projects, limited PWDs skills of health personnel and slow progress of interventions.

Recommendations

- a) The MoH should ensure that all gender and equity interventions are clearly costed and budgeted for in programmes and projects. This will ensure effective implementation and monitoring of such programmes.
- b) The MoH, Ministry of Education and Sports (MoES), and National Curriculum Development Centre (NCDC) should mainstream modules on sign languages to enable health workers acquire appropriate skills to attend to people with hearing impairments.
- c) The MoH, should enhance holistic planning during procurement of equipment to ensure elimination of exclusion of clients with special needs.
- d) The MoH should fast track implementation of interventions to ensure improved health service delivery.
- e) The MoH should scale up prevention and family planning services in Uganda for improved health service delivery in various health facilities.

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