NUDIPU

NATIONAL UNION OF DISABLED PERSONS OF UGANDA

Health Sector Disability Compact

July, 2018

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LIST OF ACRONYMS

EOC	Equal Opportunities Commission
EPI	Expanded Program on Immunization
FY	Financial Year
HC	Health Center
HSSIP	Health Sector Strategic Investment Plan
LLITNS	Long Lasting Insecticide Treated Nets
MCH	Maternal and Child Health
MGLSD	Ministry of Gender, Labor and Social Development
MOFPED	Ministry of Finance, Planning and Economic Development
MOH	Ministry of Health
NHPC	National Housing and Population Census
PHC	Primary Health Care
PWD	Persons with Disability
TB	Tuberculosis
UBOS	Uganda Bureau of Statistics
UN	United Nations
WHO	World Health Organization

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FOREWORD

NUDIPU is pleased to share this publication that is a product of extensive consultation of various stakeholders on the current status of service delivery for Persons with Disabilities in the education sector.

This research is premised on the fact that evidence based advocacy is imperative in influencing Government prioritization of the needs of Persons with Disabilities in the sector.

The National Census 2014 pits the number of Persons with Disabilities at 12.4% (4.4million) of the entire population. This number is reported to have increased to over 6 million people in 2016.

Article 25 of the Convention of the Rights of Persons with Disability (CRPD) requires States Parties to ensure access for Persons with Disabilities to health services that are gender-sensitive, affordable, and within proximity to their communities including health-related rehabilitation.

While we acknowledge Government efforts to provide disability and rehabilitative health care, there still remain numerous challenges. Key among these is the reducing funding for Disability and Rehabilitation programs, limited mainstreaming of the needs of Persons with Disabilities in the sector, among others.

This publication has therefore been developed with the view to equip Persons with Disability, Disabled Persons Organizations, mainstream Civil Society Organizations among others with the information to effectively advocate for disability inclusive education plans, budgets and service delivery.

As evidenced from other economies that prioritize the needs of Persons with Disabilities, disability responsive plans and budgets translate into equitable education opportunities for all learners, an equipped and productive labor force, and middle income status envisaged by 2040. It is NUDIPU's hope that the Government of Uganda will likewise adopt this strategy.

I wish you a fruitful reading and hope that this information stirs up in you the need to demand for budgets that prioritize the needs of Persons with Disability at national and Local Government levels in the health sector.

Ngirabakunzi Edison
EXECUTIVE DIRECTOR

EXECUTIVE SUMMARY

Persons with disability (PWDs) are part of every community in Uganda. As of 2016, Uganda had a total of 6,131,078 persons living with disabilities. The National and House population census of 2014 shows that of the 34.6 million people in Uganda, 12.5% (over 4 million people) were living with disabilities in Uganda. Persons with Disabilities in Uganda remain sidelined from most social services among which is healthcare. It is against this background that the National Union of Disabled Persons of Uganda (NUDIPU) conducted a study and came up with the Health Disability Compact. A mixed methods design was adopted with both qualitative and quantitative approaches. Data was mainly collected through interviews with key stakeholders in selected Departments and Agencies focusing budget utilization and absorption. Additionally, various documents were reviewed to inform the literature.

Uganda has got various legal frameworks and institutions that are meant to cater for the plight of Persons with Disabilities. These range from National documents like the Constitution of the Republic of Uganda; Ministry of Gender, Labor and Social Development among others. Uganda is also party to various international frameworks like the international legal framework for PWDs.

Results from the analysis show that PWDs remain excluded from Uganda's healthcare system. This was observed from the absence of a clear budget line to address the PWDs' needs in addition to being sidelined from the budgetary process. Furthermore, health infrastructure (facilities) remains inaccessible to wheel chair users as these do not have ramps and have narrow doors that make it difficult of wheel chair users to access such facilities. Healthcare providers are not equipped with the necessary skills to communicate with the deaf and deaf blind. In terms of maternal healthcare, adjustable beds are not existent in most health facilities making it difficult for expectant PWD mothers to have a decent delivery of children. There are no special skin creams for albinos in addition to absence of other assistive devices for PWDs in health facilities.

Recommendations

i. There is need to create an adequate budget line for disability and rehabilitation in Uganda for instance under the Poverty Action Fund (PAF) categorization to provide adequate resources for supporting PWDs including production of low cost assistive devices and managing these workshops. This will further enable effective monitoring of these findings.

ii. The health sector should develop a rehabilitative healthcare institute to address human resource issues for rehabilitative healthcare.

SECTION 1: BACK GROUND & INTRODUCTION

1.1 Back ground

The National Union of Disabled Persons of Uganda is an indigenous umbrella NGO of Persons with Disability that brings together all categories of disabilities, including, but not limited to physical, sensory, intellectual and mentally impaired people. NUDIPU has always worked to break the tradition that tended to treat Persons with Disabilities (PWDs) as objects of charity and not full participants in development processes in Uganda.

Uganda is a signatory to the Convention on the Rights of Persons with Disabilities (CRPD) that provides for promotion, protection, the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs. Article 25 of the CRPD requires state parties to ensure access to health services for PWDs that are gender-sensitive, affordable, and within proximity to their communities including health-related rehabilitation. Furthermore, it requires state parties to appoint health professionals with the capacity to effectively provide quality health care to PWDs.

However, the health care system in Uganda contravenes this as exemplified in the unaffordable healthcare services that are distant from the residences of these PWDs. In addition, critical medical equipment including adjustable beds, special creams for albinos, assistive devices remain scarce thus denying PWDs access to effective health service delivery. Health professionals equipped with skills in sign language or availability of sign language interpreters to cater for the deaf remain limited, thereby inhibiting accessibility to quality healthcare. Obsolete laws continue to inhibit access of PWDs to inclusive health service delivery including the Mental Treatment Act (1964) that fails to provide for the discovery of medicines and other treatments that have revolutionized the care of persons with mental and intellectual disabilities in Uganda. Absence of relevant physical infrastructure including ramps at health centres continues to limit access to health services by PWDs.

1.2 Introduction

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.[1] According to the United Nations (UN), disability is explored in six broad categories of difficulty including Seeing, Hearing, Walking or climbing steps, remembering or concentrating, self-care (washing) and communicating.

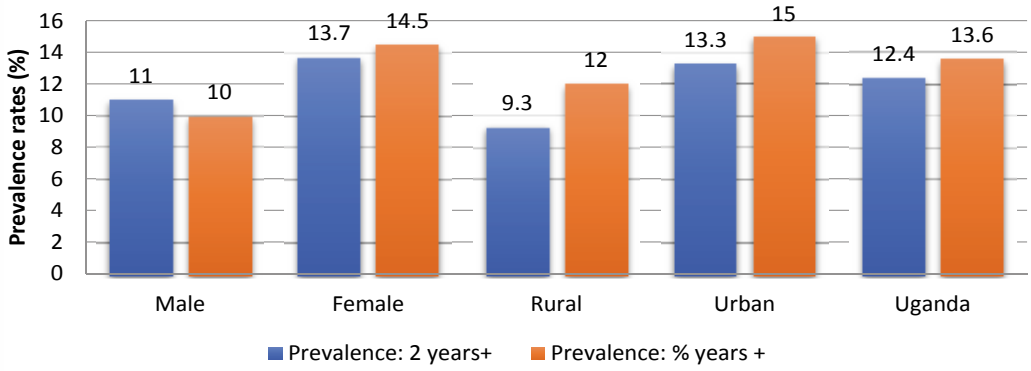
By December 2016, the share of Persons with Disabilities (PWDs) to Uganda's population was estimated at 16 percent (MFPED). This shows that the percentage of PWDs in Uganda has not changed from 2002 as the Uganda Population and Housing Census Report (2002),

1. http://www.who.int/topics/disabilities/en/

reported that four out of every 25 persons in Uganda had disabilities representing 16 percent of the population at the time. However, much as there has not been a percentage change in PWDs in Uganda between 2002 and 2016, the absolute numbers have risen from 3,876,367 people in 2002 to 6,131,078 people in 2016.

Relatedly, the National and House Population census results of 2014 show that of the 34.6 million people in Uganda by 2014, 12.5% (Over 4 million people) were living with disabilities. Specifically, the disability prevalence rate stood at 12.4 percent for the population aged 2 years and above while the disability prevalence rate for the population aged 5 years and above was close to 14 percent as shown in figure 1. Furthermore, from figure 1, disability was found higher among women compared to men and finally the disability prevalence rate was higher among those living in the rural areas compared to the urban dwellers.

Figure 1: Levels of disability by sex and residence



Source: *Uganda Bureau of Statistics*

1.2.1 Disability and Health care

Persons with Disabilities (PWDs) have the same general health care needs as everyone else. Therefore, the PWDs need access to main stream healthcare services. Article 25 of the UN convention on the rights of PWDs (CRPD) reinforces the right of PWDs to attain the highest standard of healthcare, without discrimination (WHO). The challenges PWDs face in accessing healthcare are physical barriers such as inequitable access to buildings (hospitals, health centers) for example through narrow doorways, presence of staircases, inaccessible medical equipment, poor signage, inappropriate bathroom facilities, and inaccessible parking areas create barriers to healthcare facilities. Women with mobility difficulties often find it difficult to access healthcare services including maternity, breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand; besides there is a problem of inadequate skills on the side of health providers to effectively communicate with the deaf and deaf blind.

The Government of Uganda through the Ministry of Health (MoH) and Ministry of Gender, Labor and Social development (MGLSD) recognizes and is committed to the plight of the disabled. Government of Uganda through the MoH committed itself to reduce morbidity and mortality due to injuries, common emergencies and disabilities from visual, hearing and age-related impairments. It further recognizes that injuries, disabilities and rehabilitative health encompass conditions that result in an individual's deprivation or loss of the needed competency which can be due to damage, or harm done to or suffered by a person before or after birth. Such deprivation or loss of competency includes conditions like: deafness, blindness, physical disability and learning disability. Some challenges exist that deter the effective prevention and control of injuries, disabilities and rehabilitative health. These challenges include but are not limited to; understaffing, inadequate support to orthopedic workshops, low priority accorded to disability at all levels and challenges of coordination of many different stakeholders with varying interests. There is need to address these issues.

It is against this background that NUDIPU developed a disability compact to underscore the key challenges faced by Persons with Disability in the health sector and consequently engage Government to influence financing and provision of quality inclusive health service delivery.

1.3 Specific objectives of developing the Disability Health Compact

The specific objectives of the developing the Disability health compact are;

1. Review of the legal and policy framework at international, regional and national level providing for inclusion of PWDs needs in Government planning and budgeting processes in the health sector.
2. Analyze the current sector strategic plan to assess the level of prioritization of disability
3. Highlight previous Government efforts to address the needs of Persons with disability in the sector between FY 2014/15-FY 2016/17.
4. Determine the financing for activities aimed at supporting PWDs in the sector between FY 2014/15-FY2016/17.
5. Underscore the key disability concerns and corresponding recommendations for Government consideration and redress.

1.4 Methodology

A mixed methods design was adopted with both qualitative and quantitative approaches. Data was mainly collected through a desk-based review. In addition, qualitative data was collected through interviews with key stakeholders in the selected Departments and Agencies focusing on budget utilization and absorption

Analytical Framework

To document the legal framework and policy frameworks, at international, regional and national level, that provide for inclusion of PWDs needs in Government planning and budgeting processes in the health sector, extensive literature was reviewed and therefore the report has a section on literature review that feeds into objective 1 of the assignment. The review was all inclusive and not restricted to health except for instances where the policy and legal guidance was specific to health. Among the documents that were reviewed include;

- The Constitution of the Republic of Uganda, 1995
- The National Union of Disabled Persons of Uganda disability demands; 2016 – 2021
- The Ministry of Gender, Labor and Social Development (MGLSD) guidelines on disability 2012
- Collaborative Advocacy Strategy for eye health 2016 – 2020
- The Public Finance Management Act 2015 and the Regulations 2016
- The National Budget Framework Papers FY 2014/15 – 2016/17
- Approved budget estimates FY 2014/15 – 2016/17
- The Health Sector Development Strategic Investment Plan

The review process made use of a structured review checklist/or data extraction form. A three-step process was employed during the review of documents: **(i)** securing the documents, **(ii)** determining the relevancy to answering the 1st objective of study, **(iii)** once considered relevant, moving on to extract summarized information for subsequent documentation.

In addition to the document review, Key Informant Interviews were held with the following offices since they are at the fore front of public sector (including health) planning and budgeting for disability.

- Officials from Ministry of Health
- Officials from NUDIPU

Annex 1 has the details of the individuals contacted during the interviews.

SECTION 2: LITERATURE REVIEW FOR PWD PARTICIPATION IN THE BUDGET PROCESS

2. Review of the legal and policy framework for inclusion of PWDs needs in Government planning and budgeting processes in the health sector

The legal, policy and institutional framework of PWDs is elaborated below:

2.1 International Legal Framework for PWDs

Article 22 (2) of the CRPD

"States Parties shall protect the privacy of personal, health and rehabilitation information of Persons with Disabilities on an equal basis with others".

Article 25 of CRPD -

States 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. 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. In particular, States Parties shall:

a) *Provide Persons with Disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;*

b) *Provide those health services needed by Persons with Disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;*

c) *Provide these health services as close as possible to people's own communities, including in rural areas;*

d) *Require health professionals to provide care of the same quality to Persons with Disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of Persons with Disabilities through training and the promulgation of ethical standards for public and private healthcare;*

e) *Prohibit discrimination against Persons with Disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;*

f) *Prevent discriminatory denial of healthcare or health services or food and fluids on the basis of disability.*

2.2 National Legal Framework for PWDs

Provisions on the disability mainstreaming are contained in the Uganda Constitution 1995, and other legislations that include among others: Local Government Act 1997, The Persons with Disabilities Act 2006, The National Council for Disability Act 2003, the Equal Opportunity Act 2006, and The Mental Treatment Act 1964.

The Constitution of Republic of Uganda, 1995 (as amended 2005): Article 35 (1) and (2) stipulates Persons with Disabilities have a right to respect and human dignity, the State and society shall take appropriate measures to ensure that they realize their full mental and physical potential and Parliament shall enact laws appropriate for the protection of persons with disabilities. In addition, Article 32 stipulates affirmative action in favor of marginalized groups based on gender, age, disability or any other reason created by history, tradition or custom. Article 38 (i) and (ii), gives the right to a Ugandan citizen to participate in the affairs of Government, and to participate in peaceful activities to influence the policies of Government, individually or through his or her representatives.

The Persons with Disabilities Act, 2006: Part 2, Section 1 stipulates provisions for the elimination of all forms of discriminations against People with Disabilities towards equal opportunities. The law also establishes the duty of Government to promote access to "health services which are relevant to women with disabilities".[2] Further, the PWD Act protects all Persons with Disabilities (and therefore children) from discrimination in education, health, access to goods, services and facilities.

The 1964 Mental Treatment Act contains no provisions referring to the dignity and human rights of the person and specifies no minimum standards in the treatment and care of patients. Rather, the Act subjects' patients admitted to the mental hospital "to the direction and control" of the medical officers and to the "observance of any rules which might be made under the Act"[3] therefore implicitly authorizing forced medical treatment. It should be noted that Uganda has no legislation outlining the rights of users of health services. The Mental Health Bill 2014 is in the pipeline and seeks to repeal the 1964 Act

2.3 Institutional Framework for PWDs in Uganda

Many institutions are mandated to handle PWDs, these include: Ministry of Gender, Labor and Social Development (MoGLSD), National Council for Disability (NCD), Ministry of Education and Sports (MoES), Parliament, Equal Opportunities Commission, LGs (District & Sub Council Councils) and the Disability Prevention and Rehabilitation (DPAR) section in the Ministry of Health.

2. PWD Act, Sec 8 (a)
3. MTA, article 13

Disability and Rehabilitation in Ministry of Health started as a Norwegian Association of the Disabled (NAD) sponsored Desk in 1996. The Ministry uplifted the desk to a full section and a full program in 1998. Vision of Disability Prevention and Rehabilitation (DPAR) section: to access all PWDs, older persons and their caretakers with quality rehabilitative health services to prevent disability arising from Injury, eye and ear diseases. Overall Purpose (Mission) of DPAR is: Increased access to rehabilitative health care services within an integrated system. The functions of this section include; development and review of Disability Policy and promotion of quality assurance, development and review of Disability Standards and Guidelines, support supervision, monitoring and evaluation, Resource mobilization, coordination and networking, capacity development and technical support, research and data management and Planning and administration.

2.4 Policy Framework

Provisions on the disability mainstreaming are contained in policies such as: The Uganda Vision 2040, The National Development Plan II, National Policy on Disabilities 2006, and National Social Protection Policy Framework for Uganda, 2013, among others.

In the **Uganda Vision 2040**, Government is to develop a social protection system of the vulnerable to meet their specific needs of the vulnerable groups through public works schemes.

According to the **National Development Plan II 2015/16 -2019/20**, during the implementation of NDP I, focus was towards equipping PWDs with employable skills in the Vocational Rehabilitation Institutions of the Ministry. Negative attitudes, discrimination, inaccessibility and insensitive laws and policies have been tackled through awareness raising, advocacy and networking, implementation of affirmative programmes and review of some policies and laws to make them disability sensitive such as the Building Control Act 2013 includes Accessibility Standards for PWDs.

The Community Based Rehabilitation, for equalization of opportunities, rehabilitation and inclusion of PWDs in their communities, is the current Government strategy towards interventions of PWDs. However, funding is accessed by only 26 districts in the Country which is a big gap. The Special Grant for PWDs is a Country wide affirmative programme for employment creation. The funding for the grant is still meagre to cater for the overwhelming demand by PWD groups.

National Policy on Disabilities, 2006: Section 1 has a provision on a human rights-based framework for responding to the needs of persons with disabilities.

2.5 Planning and Budget Processes for PWDs in the health sector

The Planning and budgeting process a stipulated in the LG Act and the PFM Act 2015 does not have a separate set out process for developments of budget or participation of PWDs in the planning and budgeting for Uganda.

2.5.1 The National Budget Process

Uganda's national planning and budgeting has evolved over the last decade, with reforms in public expenditure management resulting in new institutional arrangements for planning and budgeting. Critical components of these arrangements include: Sector Wide Approaches (SWAPs), the medium-term expenditure framework (MTEF), and the fiscal decentralization process.

Sector Wide Approach (SWAP)

Under the Sector Wide Approach (SWAP), Government agencies, donors and other stakeholders within any sector plan and budget together. The approach allows broad policy dialogue; development of a single sector policy and a common realistic expenditure programme; developing common monitoring arrangements; and having more coordinated procedures for funding and procurement.

Using the SWAP Ministry of Finance, Planning and Economic Development (MoFPED) can develop the *Medium-Term Expenditure Framework (MTEF)*. The MTEF is a five-year plan. The MTEF gives guidance on how budgetary resources will be allocated to various sectors of Government in line with macroeconomic targets and resource availability. Through the MTEF, MoFPED sets expenditure ceilings within which sector spending is controlled. All sector spending is curtailed within the MTEF. The MTEF is revised every year to allow for adjustments due to changes in the economy and needs of the people. The MTEF together with the annual Budget Framework Paper provides the basis for annual budget planning.

Although the National Development Plan (NDP) II ranks its priorities, still, this is not followed when setting sector ceilings in the MTEF. The determination of sector ceilings is less transparent. Major budgetary decisions are made based solely on discussions within MoFPED and Cabinet.

Table 1: Key stages for CSOs and PWDs

Month	Key Activities to note - National *(Sections of the PFM Act 2015 are quoted, where applicable)*	Key Activities to note – at Local Governments level
BUDGET PREPARATION/BUDGET AUDIT/BUDGET IMPLEMENTATION		
July/August/ September	• Consultations with the LGs • Issue the 1st Budget Call Circular FY • Sector Negotiations with LGs FY • Preparation and submission of consolidated Annual statements to MoFPED and AG-Sec 52 (1) • Holding the National Budget Conference	• Regional Consultative Budget Workshops with local Governments, discussing; Draft Grant and Budget Requirements and LG Planning and Budgeting Guidelines • MOFPED Issues to LGs: IPFs for Grants based on revised allocation formulae; and Draft Grant and Budget Requirements.

October	• Sector Working Group Consultations • Inter-Ministerial Consultations (Technical and Policy Levels • Submit report to Parliament on fiscal performance – Sec 18 (1) • Preparation and submission of a report on inspection of vote offices to the PS/ST -Sec 46 (4)	• Departments and LLGs prepare inputs for the LG BFP and draft LG DPs and submit to Budget Desk, including; identification of investments for inclusion in LG Development Plan (DP) & preliminary budget estimates and Annual Work plans • LG Planning and Budget Conference to discuss LLG and Department Annual Workplans for the forthcoming budget but also Identification of Investments for inclusion in LG DPs
November	• Submission of sectoral BFPs of preceding FY to MoFPED – Sec 9 (2) • Publish a pre – election and fiscal update – Sec 19 (1)(a)	• Budget Desk Compiles LG BFP and LG DPs • Review of the draft LG BFP and LG DPs by the Technical Planning Committee and the LG Executive Committee • Approval by LG Executive Committee and Submission of the LG BFP to the MoFPED and Council
December	• Submission of NBFP with final detailed budget estimates to Parliament – Sec 9 (5)	• Discussion of the draft BFP by the Standing Committees of Council
BUDGET APPROVAL / BUDGET IMPLEMENTATION FY		
February	• Approval of the NBFP by Parliament – Sec 9 (8) • Preparation and submission of Half year financial statements to AG – Sec 50 (1) • Issue the 2nd BCC	• Review of LGBFPs by central Government to assess compliance with overall and sector budget requirements. • Budget Desk prepares Second LG Budget Call Circular with Revised IPFs for Departments and LLGs & Instructions to address feedback on compliance with budget requirements.
March	• Presentation of the MPS to Parliament – Sec 13 (13) • Submission of proposed Accounting Officers to Parliament	• Budget Desk compiles Draft Budget Estimates and Annual Work plans • Review of the Budget Estimates and Annual Work plans by the Technical Planning Committee and the LG Executive Committee
April	• Presentation of the Annual Budget and Tax Bills to Parliament – Sec 13 (3) • Submission of final detailed draft budget estimates to Parliament • EAC Finance Ministers Pre-Budget Meeting	• Laying of the Budget before LG Council and Submission of draft Performance Contract to MOFPED
May	• Publish Post-Election economic and fiscal update –Sec 19 (1)(b) • Committee of supply Considers Budget • Approval of Appropriation Bill • Approval of Annual Budget-Sec 14 (1) • Appointment of Accounting Officers	• Approval of the Budget by Council

June	• Presentation of Budget Speech in Parliament • Issuance of Budget execution Circular • Expiration of Appropriations by Parliament – Sec 17 (1)	• Submission of Final Performance Contract to MoFPED

Source: *Public Finance Management Act 2015, the Local Government Act and MoFPED*

Though PWD have an opportunity to participate in the budget formulation process, their influence on the budget allocation is very minimal.

2.5.2 Participation of PWDs in Planning and Budget processes

Like any other citizens, PWDs have a right to participate in development activities in their localities. Citizen participation in policy processes including planning and budgeting is provided for in the Ugandan Constitution, 1995; and the Local Government Act, 1997. The Constitution recognizes the critical role of citizens in their participation in influencing the formulation of public policies and in monitoring the implementation. This is because the citizens know what they want and how it should be done.

The decentralization framework provides an opportunity for citizens to participate and influence their own governance such as decision making, planning and budgeting (including identifying their own problems and setting priorities) and implementation and monitoring of development programmes. This leads to better targeting, utilization of resources (both financial and human) and ensuring the value for money through enhanced participation of citizens and promotion of greater transparency and accountability. One way of ensuring accountability by LGs is through involving communities in planning and budgeting. When citizens are aware of how resources are mobilized, allocated, and spent, they are in a better position to engage their leaders in meaningful dialogue on accountability and transparency.

Despite the benefits associated with citizen participation in planning and budgeting, there is negligible PWDs participation in planning and budgeting. Planning and budgeting happens in a complex and dynamic environment, where most PWDs are left out.

SECTION 3: FINANCING AND INTERVENTIONS FOR PWDS IN THE HEALTH SECTOR FY 2014/15 – FY 2016/17

3 Financing for activities aimed at supporting PWDs in the Health Sector between FY 2014/15 – FY 2016/17.

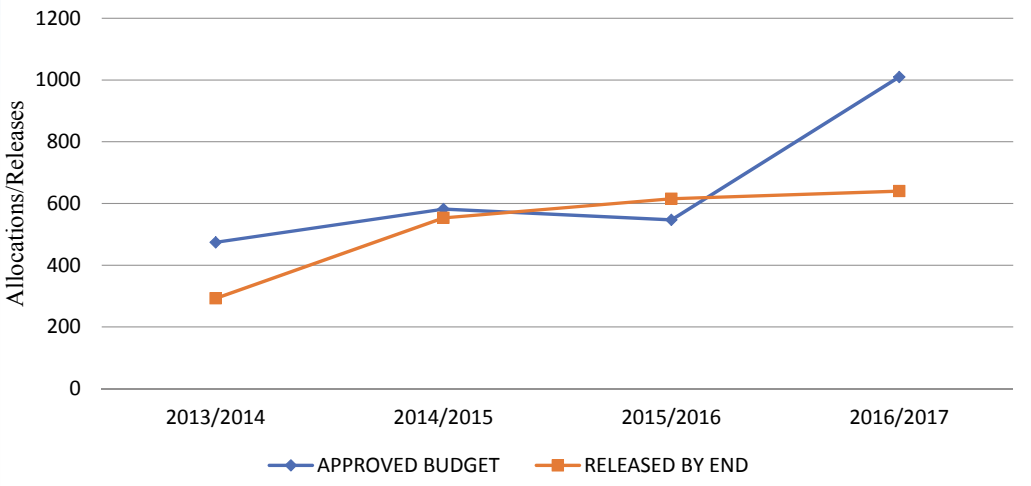
The Government remains the sole regulator of the health sector of the country through the ministry of health. The Health Sector plans and budget for health in an inclusive manner.

3.1 Government's investment in the health sector.

The Government of Uganda has over the years invested in the country's healthcare system. These investments are geared towards improving the health status of the citizens and subsequently trigger productivity in the country. These investments include among others; the construction of hospitals; procurement of medical supplies like medicine and equipment; training, recruitment and facilitation of medical personnel.

In the budgeting process, the Government allocates financial resources to the health sector and health has always been among the top five priority areas of Government. Figure 2 shows Government commitment towards the health sector by indicating Government approved budgets and releases of funds towards the health ministry over the period 2013/2014-2016/17.

Figure 2: Government Approved budgets and Releases towards the health sector for FYs 2013/14-2016/17 in UGX (billions)



Source: *Ministry of Finance, Planning and Economic Development*

From figure 2 above, Governments approved budgets for the health ministry ranged between UGX 473,991 billion and UGX 1,009.81 billion for FYs 2013/14 - 2016/17 and Government releases by end June 2016 ranged between UGX 292.403 billion and UGX 639.94 billion over the same period. It can further be observed from figure 2 that both approved budgets and releases have been growing steadily over time. For the FY 2015/2016, Government releases exceed the approved budget for the health sector as these stood at UGX 615.12 billion and UGX 546.839 billion respectively. For the FY 2016/2017, the releases were below the approved budget. Much as the releases in FY were less than the approved budget in FY 2016/17, the releases in FY 2016/17 exceeded those of FY 2015/2016 by UGX 24.82 million.

In addition to financial resources to the health sector, the Government has also brought on board numerous programs aimed at revamping the health sector. These include among others; the Expanded Program on Immunization (EPI), Maternal and Child Health (MCH) program, Family Planning and the AIDS control programs.

3.2. Government health investment considering PWDs

In general, the Government has had programs through MoH to address the health needs and concerns of all the Ugandan citizens that are non-discriminatory in nature. Some of the non-discriminatory programs include; the National wide distribution of the Long-Lasting Insecticide Treated Nets (LLITNs) campaign, EPI, MCH, family planning and the AIDS control programs.

In an effort to address the health needs for PWDs, the Government through MoH came up with some strategies and interventions as shown in table 2.

Table 2: Strategies and key interventions by Government toward PWDs' health needs

Sn	Strategy	Key Interventions
1	Put in place preventive, promotive and rehabilitative interventions to reduce mortality and morbidity or disability caused by injuries.	• Create awareness at national, district and community levels about the prevention and management of injuries and disabilities through use of media and VHTs. • Promote the rehabilitation and construction of public and private facilities to make them accessible to people with disabilities. • Advocate for enforcement of protective legislation e.g. use of seat belts, policing drunken driving, restricted smoking among others. • Scale up the production of various types of assistive devices for people with disabilities. • Develop and disseminate guidelines on handling of trauma, disabilities and rehabilitation. • Strengthen inter-sectoral collaboration in the prevention and management of injuries and disabilities. • Conduct periodic studies to determine the burden of disability in Uganda which will inform the development of policies and interventions

2	Improve access to health services by people with disabilities	• Develop and disseminate a protocol for provision of services including reproductive health services to people with disabilities. • Rehabilitate health facilities to make them accessible to people with various forms of disabilities. • Orient health workers on control, prevention and treatment of injuries and disabilities.

Source: *Ministry of Health*

With the targets and interventions in table 2, some indicators and targets registered success as outlined below;

- Visual impairment reduced from an estimated 0.8% to 0.7% by 2014/15
- Hearing impairment reduced from 8% to 6% by 2014/15
- Assistive devices provided to 80% of PWDs who needed them by 2015.
- The proportion of the population reached with messages on disability prevention and rehabilitation increased to 80% by 2015.

Box 1 Case Study: Curbing Club foot disease in Uganda

Clubfoot is a congenital deformity involving one or both feet which is commonly neglected in low and middle-income countries. If left untreated, clubfoot can result in physical deformity, pain in the feet, and impaired mobility, all of which can limit community participation, including access to education in addition to limiting the victims' participation towards economic growth and development of his/her nation. As such, a five years project from 2006 to 2011 was implemented with the following highlights. The project implemented by MoH, University of British Columbia, MUK medical school, MUK School of Public Health and CBM International.

By end of 2011, the incidence of clubfoot was 1.2 per 1000 live births. The condition is usually not diagnosed, or if diagnosed it is neglected because conventional invasive surgery treatment is not possible with the resources available. The Ponseti clubfoot treatment involving manipulation, casting, Achilles tenotomy, and fitting of foot braces has proven to result in a high rate of painless, functional feet (Ponseti, 1996). The benefits of this approach for developing countries are low cost, high effectiveness, and the possibility to train service providers other than medical doctors to perform the treatment. The results of a clubfoot project in Malawi, where the treatment was conducted by trained orthopedic clinical officers, showed that initial good correction was achieved in 98% of cases.

The Ugandan Sustainable Clubfoot Care Project – a collaborative partnership between the Ugandan Ministry of Health, CBM International, and Ugandan and Canadian universities – was funded by the Canadian International Development Agency. Its purpose was to make sustainable, universal, effective, and safe treatment of clubfoot in Uganda using the Ponseti method. It built on the existing health care and education sectors and has incorporated research to inform the project's activities and evaluate outcomes.

The project resulted in many positive achievements including:

- The Ugandan Ministry of Health has approved the Ponseti method as the preferred treatment for clubfoot in all its hospitals.
- 36% of the country's public hospitals have built the capacity to do the Ponseti procedure and are using the method.
- 798 health-care professionals received training to identify and treat clubfoot.
- Teaching modules on clubfoot and the Ponseti method are being used in two medical and three paramedical schools.
- 1152 students in various health disciplines received training in the Ponseti method.
- 872 children with clubfoot received treatment, an estimated 31% of infants born with clubfoot during the sample period – very high, given that only 41% of all births occur in a health care center.
- Public awareness campaigns were implemented – including radio messages and distribution of posters and pamphlets to village health teams – to inform the general public that clubfoot is correctable.

The project showed that clubfoot detection and treatment could quickly be incorporated into settings with few resources. The approach required:

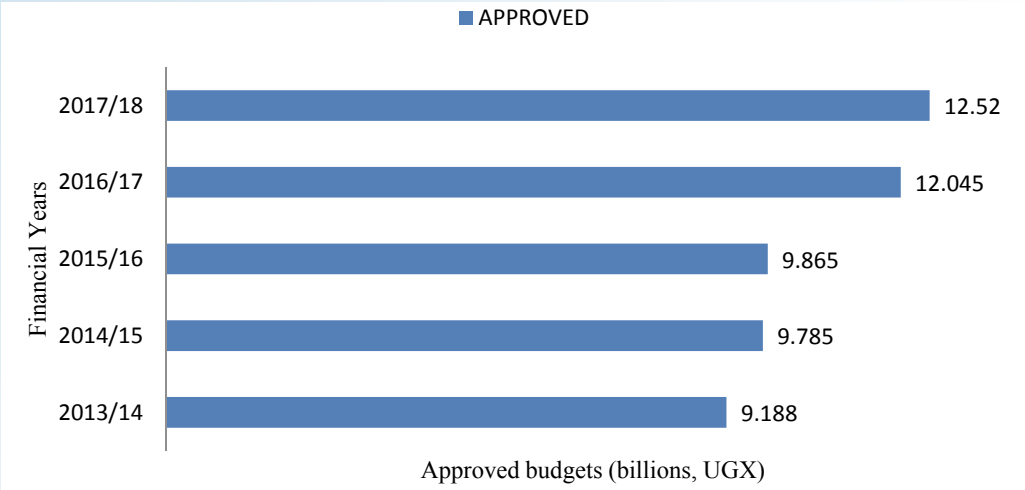
- Screening infants at birth for foot deformity to detect the impairment.
- Building the capacity of health-care professionals across the continuum of care, from community midwives screening for deformity, to NGO technicians making braces, and orthopaedic officers performing tenotomies.
- Decentralizing clubfoot care services, including screening in the community, for example through community-based rehabilitation workers, and treatment in local clinics to address treatment adherence barriers.
- Incorporating Ponseti method training into the education curricula of medical, nursing, paramedical, and infant health-care students.
- Establishing mechanisms to address treatment adherence barriers including travel distance and costs.

Source: *Naddumba, E.K., (2009).*

To explicitly illustrate Government effort to cater for health services for PWDs, the paper looked at the case of mental illness and in figure 3, we show Government budget to Butabika hospital. For the FYs, approved budgets for Butabika hospital amount to UGX 53.403 billion.

Details about expenditure on outputs that have a direct impact on the welfare of the patients with mental disabilities over the FYs 2014/15 - 2016/2017 are summarized in table 3.

Figure 3: Government approved budgets for Butabika Hospital FYs 2014/15 – 2017/18



Source: *Ministry of Finance, Planning and Economic Development*

Table 3: Selected outputs for Butabika hospital for FYs 2014/15 - 2016/17

FY	Approved Budget (UGX bns)	Output	Output cost.
2014/15	9.785	Mental Health In-patient Services Provided • 7,436 patients admitted. 29,253 investigations conducted in the lab, 1,218 in x-ray and 1,298 in ultrasound. • All inpatients provided with 3 meals a day, uniforms and beddings	1.907
		Specialized Outpatient and PHC Services Provided • 26,961 Mental outpatients were treated in the mental health clinic, child health mental clinic, alcohol drug unit and trauma, • 29,200 out patients treated in the general OPD clinics i.e. General, Dental, Orthopedics, Family planning, Minor surgery, HIV/AIDS, Eye, TB and STD	0.109
		Community Mental Health Services and Technical Supervision • 60 outreach clinics were conducted, 3,074 patients seen in outreach clinics • 21 visits to regional mental units • 614 resettled up-country • 274 resettled in Kampala/wakiso	0.191

2015/16	9.865	Mental Health Inpatient Services Provided • 7,784 patients admitted. 30,026 investigations conducted in the lab, 411 in x-ray and 1,522 in ultrasound. • All inpatients provided with 3 meals a day and uniforms provided	1.785
		Specialised Outpatient and PHC Services Provided • 30,185 Mental outpatients were treated in the mental health clinic, child health mental clinic, alcohol drug unit and trauma • 32,366 out patients treated in the general OPD clinics i.e. General, Dental, Orthopedics, Family planning, Minor surgery, HIV/AIDS, Eye, TB and STD	0.109
		Community Mental Health Services and Technical Supervision • 60 outreach clinics were conducted, 4,167 patients seen in outreach clinics. • 20 visits to regional mental units. Visited 2 visits to Kabale, 2 Fortportal, 2 Arua, 1 Jinja, 2 Masaka, 2 Lira, 2 Soroti, 2 Gulu, 1 Mubende,1 Moroto and 3 Hoima • 360 resettled up-country • 300 resettled in Kampala/Wakiso	0.181
2016/17	12.045	Mental Health inpatient Services Provided • 994 male and 812 female patients admitted • 9,442 investigations conducted in the lab • 411 conducted in ultrasound • All 1,806 inpatients provided with 3 meals a day • 1,806 inpatients provided with uniforms and beddings	2.895
		Specialised Outpatient and PHC Services Provided • 716 male and 6,737 female attended to in the Mental Health clinic • 261 male and 1,099 female attended to in the Child Mental Health Clinic • 0 male and 145 female attended to in the Alcohol and Drug Clinic • 8,897 Medical (general, Dental, Orthopedic, Family planning, HIV/AIDS, TB,STD, Eye clinic, Trauma unit Theatre/minor) outpatients attended to	0.109
2016/17	12.045	Community Mental Health Services and Technical Supervision • 15 outreach clinics conducted in the areas of Nkokonjeru, Nansana, Kitetika, Kawempe, Katalemwa and Kitebi • 31 male and 1,136 female patients seen in the clinics • 5 visits to regional referral hospitals mental health units. • Visited Moroto, Jinja, Mbarara, Mubende and Lira. • 92 patients resettled within kampala/wakiso	0.181

Source: *Ministry of Finance, Planning and Economic Development*

In financing mental health by Government, interviews with the Mental Health Division revealed that there is no specific vote for mental health in the budget process but however, mental health has been incorporated in Government programmes like the Minimum Health Care Package and Primary Health Care. Additionally, some local Governments have recruited mental health workers. The Government has also signed Memoranda of Understanding with numerous NGOs dealing with mental health for instance Atanenkotola in Jinja which plays a

crucial role in mobilization, advocacy and d preventing stigma among PWDs. Furthermore, the division gets money under the health vote which shows that Government recognizes mental health as a serious challenge which calls for attention.

Whereas there are some successes by Government in dealing with issues on mental health like the current mental health bill for which consultations are currently being undertaken, there are still numerous challenges to the mental health division which include;

- Inadequate and expensive mental health medicines.
- Mental health bill not comprehensive to cover for mental health workers everywhere.
- Inadequate mental health workers at local Government level due to the limited wage bill.

Table 4: Financing for the Community Health under the Clinical and public health Vote Function

	Approved budget ('000) UGX	Released budget	% of Budget released	Budget spent
FY 2014/15	3,112,000	2,140,000	69%	2,090,000
FY 2015/16	3,198,324	3,198,324	100%	3,120,000
FY 2016/17	3,259,000	2,940,000	90%	2,720,000
FY 207/18	2,094,000	-	-	-

Source: *Ministerial Policy Statements FYs 2014/15 – FY 2016/17*

Whereas it was observed that the budget for the Community Health was increasing over the years, it was observed that this budget was only for recurrent expenditure but also that the non-wage component did not increase over these years. In the FY 2015/16, the annual health sector performance report does not indicate performance in as regards disability, yet Community Health under the Public Health vote function had a 100% budget release.

Table 5: Financing for Disability and Rehabilitation Division in the Ministry of Health

	Approved budget (UGX millions)
FY 2014/15	144
FY 2015/16	100
FY 2016/17	100
FY 2017/18	68

Source: *Disability and Rehabilitation division, MoH*

Over the FYs 2014/15 to 201/18, the PWD budget under the disability and rehabilitation division has declined systematically. The budget declined from UGX 144 million in 2014/15, to UGX 100 million in FYs 2015/16 and 2016/17 and finally declining to UGX 68 million in 2017/18. This poses a big challenge since Uganda's population is going steadily

at 3% p.a (UBOS) which increases likelihood of people getting disabilities for instance on boda boda means of transport. Additionally, Uganda's life expectancy has increased which also means an increase in chances of getting disabilities resulting from old age. This amidst the reducing budget for the disability department poses limitations in achieving most of the planned targets.

3.3 Government interventions for disability in the Health Sector

Government interventions for the Persons with Disability as tracked in the Health Sector Annual Performance reports FY 2014/15 to FY 2016/17 included;

Table 6: Government interventions for disability in the health sector

FY	Planned interventions per Ministerial Policy Statements	Achieved as per Annual Health Sector Performance report
2014/15	• 4 International days Commemorated, • workshop to develop advocacy strategy • Payment of salaries for 5 contract staff • ENT equipment and wheelchairs donated to Disability section cleared. • Meetings held on good practices on older Persons health in 2 Districts, • All Disability staff knowledgeable in sign language • 5 vehicles maintained, • 1 HARK outreach activities in 4 districts • 2 conferences, • Pre- massive distribution of Anti-biotic (MDA), Training of CMDS/ VHTS, • No. Of policies completed, launched. And disseminated 30 Districts and 6 orthopedic workshops • Meetings to Disseminate baseline survey results in 7 districts surveyed • Registration of communities, supervision during implementation in 35 districts endemic with trachoma • 2 vehicles maintained	World sight and White Cane day cerebrated at Kampala Naguru Hospital; Older person's day cerebrated in Yumbe district; Disability day cerebrated in Kayunga district. - Radio programs on refractive errors evaluated in Arua, Yumbe, Moyo and Mbale districts held. Also held a workshop to finalize the draft Advocacy Strategy on refractive errors in **Kampala.** - Held regional trainings on Leadership and governance for Child Eye Health in (Kampala, Mbale Mbarara and Gulu); carried out capacity building of (12) Clinicians and (16) Technicians in wheelchair assessment, fitting and maintenance at LDS Church Kampala. - Received 270 wheelchairs for People With Disabilities and distribution still ongoing, MoH and Uganda National Bureau of Standards reviewed and passed the National Wheelchair Standards and Guidelines 2015 version. - Ophthalmic Clinical Officers Conference held in Mukono district.

2015/16	• 4 International days Commemorated, • workshop to develop advocacy strategy • Payment of salaries for 5 contract staff • ENT equipment and wheelchairs donated to Disability section cleared. • Meetings held on good practices on older Persons health in 2 Districts, • All Disability staff knowledgeable in sign language • 5 vehicles maintained, • 1 HARK outreach activities in 4 districts • 2 conferences, • Pre- massive distribution of Anti-biotic (MDA), Training of CMDS/ VHTS, • No. Of policies completed, launched. And disseminated 30 Districts and 6 orthopedic workshops • Meetings to Disseminate baseline survey results in 7 districts surveyed • Registration of communities, supervision during implementation in 35 districts endemic with trachoma • 2 vehicles maintained	No performance information for disability in the report
FY 2016/17	• Support supervision conducted in 30 districts • National wheelchair guidelines Disseminated • Retreat for the division to review activity implementation held. • Carried out support supervision of the wheelchair services and Wheelchair guidelines dissemination to 30 districts. • Physiotherapist and occupational therapy conference organized. • Provided fuel and stationary for the office operations. • Staff welfare provided. • Maintenance of section vehicles and equipment was done. • Annual conferences attended • 50 districts supervised, • 5 orthopedic workshops supervised.	• Sensitized communities on rehabilitative health care and provided assistive devices to the disabled as we Commemorated International Disability Day in Adjumani district on 3/12/2016. • Created awareness on older persons' health care and carried out a health camp and treated 300 older persons as we commemorated Older Persons Day in Pader District on 1st October 2016. • Promoted Eye health services. Held eye camp and treated over 500 eye care patients including eye surgery as we commemorated World Sight Day in Mbarara district in October 2016. • International Day of Older persons Abuse was commemorated in Entebbe. • Provided 16 wheelchairs to people with disabilities in Zombo district and regional centers 25 Soroti, 85 Kotido, 100 Gulu, 115 Lira and 100 Arua regions. • Printed Eye health advocacy strategy, Fourth Eye Care Plan and Eye Health Clinical Guidelines and officially launched them in October 2016. • Disseminated the National Wheelchair Standards and Guidelines to the Adjumani and Arua and also carried out follow up of the wheelchair beneficiaries in those districts. Supported by UNHCR and World Vision. • Conducted support supervision, Mentoring, follow up of ENT workers in Kabale, Kanungu, Mbarara and Ntungamo districts and conducted support supervision, Mentoring, Follow up of Eye workers in Yumbe, Moyo, Arua, Adjumani, Kitgum and Mbale districts.

Source: *MoH Ministerial Policy Statements*

From table 5 above, it can be observed that there is a gap in the Health Information Management System about the performance on disability health service provision. Since the treatment forms do not capture the disability status of patients. This has continued to make it hard for target Government investment to specific disabilities that have a high diseases prevalence.

Interviews were also held with the Disability and Rehabilitation Division in the Ministry of Health to interrogate Government interventions in relation to Persons with Disabilitiesand these were established as;

- Developed guidelines and strategic plans
- Finalized and launched the nation wheel chair standard guidelines with the Uganda National Bureau of standards and other stake holders like the Ministry of Gender, Labor and Social Development, Ministry of Education and Sports, CSOs like NUDIPU who all members of the National Wheelchair Committee.
- Developed and disseminated the advocacy strategy on eye health and disability
- Developed and disseminated the fourth eye health plan for prevention of blindness.
- Developed and disseminated the eye health clinical guidelines to increase the capacity of eye health workers in managing eye diseases.
- Continued to disseminate low vision guidelines.

Specific efforts by Government in establishing networks with various development partners in addressing issues that relate to PWDs have been pursued to. In these, there has been signing of Memoranda of Understanding with the various partners and working with them in the following areas;

- Deaf blindness; - Networking with Sense International for an early childhood intervention for children in Wakiso district.
- Cataracts and Trachoma surgeries; - Networked and signed agreements with Sight Savers to combat blindness in Busoga and Karamoja regions.
- In Acholi sub region, Signed a MoU with Lions Club International Foundation for comprehensive eye health services in the region.
- In Mubende sub region, the Government is implementing a comprehensive eye health program me financed by Standard Chartered Bank in collaboration with Brian Holding Vision Institute.
- There are also efforts of strengthening the National Optical workshop in Entebbe Hospital for manufacturing spectacles.
- Endeavoring to rollout good practices for healthcare of older persons.

4.0 COMPACT OF DISABILITY CONCERNS IN THE HEALTH SECTOR

Despite the numerous efforts by the Government of Uganda in addressing the health needs of PWDs, there exist more challenges faced by PWDs in accessing healthcare. This shows that health service provision in Uganda remains discriminatory and exclusive to PWDs. The challenges range from inadequate health infrastructure to socio-economic challenges. The challenges include but not limited to the following;

- **Inadequate funding for disability and rehabilitation services across all levels:** for example the financing for disability and rehabilitation department reduced from UGX 144 million in FY 2014/15 to UGX 6.8million in FY 2016/17.
- **The continued low profile accorded to disability issues at all levels for instance high levels of tampering with disability budgets:** This is especially the case at various district levels; in face of any emergency, the disability budgets are encroached on since it is believed that disability does not kill.
- **Inadequate human resources for rehabilitation services across all levels:** According to the Annual Health Sector Performance Report FY 2016/17, the number of orthopedic clinical officers currently stands at 235 out of the 376 required representing 62.5% capacity. Limited numbers of these officers hampers equitable accessibility to these services across the country.
- **Inadequate human resource to provide psychiatric services across all levels**: The Annual Health Sector Performance Report FY 2016/17 highlights asserts that the number of orthopedic clinical officers currently stands at 110 out of the 160 required representing 68.8% capacity. Inability to access psychiatric services poses a danger to addressing and mitigating the mental and psychosocial cases across the country.
- **Low production and supply of assistive devices**: Uganda has the capacity to produce the assistive devices through the hearing mould, spectacles and mobility workshops, although it continues to import fake devices in some cases. The effective operation of these workshops is affected by low funding to support sustained local production of the assistive devices.

In addition to the above, several reports of abuse towards PWDs in public health facilities include actions that go from the refusal of services to sexual abuse. These negatively influence the health seeking behavior and pushes away PWDs away from the badly needed health services. This further contributes to the perception that Uganda's health system is selective, exclusive and is biased against PWDs.

Table 7: Summary of key health disability concerns and corresponding recommendations

Disability	Health concern	Recommendation
Physical	Narrow doorways, presence of staircases, inaccessible medical equipment.	Increased recruitment of rehabilitation as well as psychiatric health workers should be recruited to provide the much-needed rehabilitative care.
Sight	Expensive assistive devices like the spectacles. High cost of eye care consultation and treatment	Increase funding for orthopedic workshops like Kyambogo that produce assistive devices like spectacles to reduce the cost of accessing these devices by PWDs
Speech & Hearing	Communication bias caused by poor knowledge of sign language; there is lack of sign language interpreters in health facilities because they are not in the staffing structures. This is against the fact that Uganda adopted sign language as one of the official languages in 1995.[1] Low production and supply of assistive devices- Uganda has the capacity to produce the assistive devices through the hearing mold	DPOs propose that a sign language module be included in health training schools. This concern should be jointly lobbied for with the Ministry of Education and Sports. It should be made mandatory for all health facilities in Uganda, both public and private to have sign language interpreters ready to assist patients with speech impairment.
Mental illness	Delayed enactment of the Mental Health Bill, 2014: The Mental Health Bill, 2014 seeks to provide for protection of human rights and fundamental freedoms of persons with psychosocial disabilities in Uganda.	While DPOs appreciate the efforts of the Parliamentary Committee on Health to conduct consultations on the Mental Health Bill 2014, we urge the Committee to fast track review of this Bill to enable this Bill to be tabled and debated by Parliament as well as its enactment.
	Forced Hospitalization: Many of the persons with mental illness are held in hospital against their will	Embrace community mental health care through the proposed Community Health Worker Extension Strategy (CHEWS)as opposed to institutionalization
	Limited access and utilization of health services. Due to poor distribution of the health facilities, the distances to these facilities is far to be accessed by the persons with mental illness, among others. The high cost of medicines also makes utilization of the mental services limited.	Government should consider free access to mental illness medical care as is with AIDS.
Albinism	High cost of required sun creams and medication	Introduce tax incentives for pharmacies that import and provide skin creams at reduced prices.

4.1 General Recommendations

Considering the many challenges experienced by PWDs in accessing health services in Uganda, below are recommendations that when adopted by Government could remedy the PWDs' health access challenges.

- Create a budget line for disability and rehabilitation in Uganda for instance under the Poverty Action Fund (PAF) categorization to provide adequate resources for supporting Persons with Disability including production of low cost assistive devices and managing these workshops.
- We further propose that the health sector develops a rehabilitative health care institute to address human resource issues for rehabilitative healthcare. This will create an identity for the rehabilitative health care givers and hence increase their effectiveness and efficiency in their service delivery.

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Footnotes

1. http://rehabilitationworldwide.org/disability-in-uganda/
2. PWD Act, Sec 8 (a)
3. MTA, article 13