An issue brief on the Gender and Equity Responsiveness of the Health Sector

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1. INTRODUCTION

Forum for Women in Democracy (FOWODE) is a women's rights organization that was established in 1995. FOWODE’s vision is “a just and fair society where women and men equally participate in and benefit from decision making.” Since 1999, FOWODE has been implementing a gender budget programme that aims to see women and men benefiting equitably from government economic policies and programmes. On an annual basis, FOWODE conducts gender audits of government plans and budgets to assess the extent of their responsiveness and the degree to which they integrate the unique needs of women and men, girls and boys in the development agenda.

With the enactment of the Public Finance Management Act 2015 (PFMA), Ministries, Departments, Agencies (MDAs) and Local Governments are now mandated to prepare Budget Framework Papers (BFPs) that duly consider balanced development and gender and equity responsiveness. The PFMA, under sections 9 (6) and 13 (15) g, provides that prior to the passing of any BFP by Parliament, a certificate has to be issued by the Ministry of Finance, Planning and Development in consultation with the Equal Opportunities Commission certifying that the BFP is gender and equity responsive and specifies measures to equalize opportunities for men, women, persons with disabilities and other marginalized groups.

In this brief, FOWODE assesses the gender and equity responsiveness of the Health Sector, on the basis of a review of the National Budget Framework Paper 2015/16 - 20 and the Health Sector Development Plan 2015/16 - 2019/20. The brief is intended to inform technical officers and legislators at national and local government level as they consider health sector budget proposals for FY 2019/20.

2. SECTOR OVERVIEW

2.1 Sector mandate

The health sector is critical in producing a healthy and productive population that will contribute to achievement of Uganda Vision 2040. The FY2019/20 health sector priority actions and resource allocations are guided by positions agreed in the Joint Review Mission (JRM) and the Sector Budget Working Group in alignment with the National Development Plan II (NDP II) and the Health Sector Development Plan (HSDP). Some of the sector strategic priorities for FY2019/20 include:

i. Operationalization of the health facilities which are currently being upgraded from health centres II to health centres III, by provision of adequate staffing and operational funds;

ii. Operationalization of the newly rehabilitated general and referral hospitals;

iii. Speed-up approval of National Health Insurance Bill to enable implementation of the scheme;

iv. Prioritization of the preventive measures in health service delivery, including scaling up campaigns on health lifestyles beyond the National Fitness Day.

v. Strengthen referral systems to prioritize diagnosis and treatment of non-communicable diseases;

vi. Fast-track implementation of community health extension workers;

vii. Streamline systems for drug ordering and distribution, that is to say, balancing push and pull systems to address issues of drug stock-out and mismatch of drug with regional specific needs

viii. Reducing referrals abroad. In the short term, the major focus is to improve diagnostics in Uganda Cancer Institute, Uganda Heart Institute and Mulago Hospital.

The health has specialized intuitions that include: the regional and referral hospitals, Uganda AIDS Commission (UAC), Uganda Cancer Institute (UCI), Uganda Heart Institute (UHI), National Medical Stores (NMS), Kampala Capital City Authority, Health Service Commission (HSC), Uganda Blood Transfusion Services (UBTS), and Uganda Virus Research Institute (UVRI).
2.2 Sector funding
The health sector funding is expected to reduce by UGX1,074.223bn from UGX473.421 in FY2016/17 to UGX458.610 in FY2019/20. Likewise, the GoU development expenditure is expected to reduce by UGX221.1bn in FY2019/20. Though the is a slightly higher Government of Uganda financing at UGX1,240.104bn compared to UGX1,069.96 in FY2018/19. The decline in the projected period FY2019/20 is based upon the 1st draft of the Sector’s Ministerial Policy Statement (MPS) and may thus improve upon release of the sector’s Ministerial Policy Statement (MPS) and may thus improve upon release of

The health sector has shown steady progression in Gender and Equity compliance between FY2016/17 to FY2018/19. The decline in the projected period FY2019/20 is based upon the 1st draft of the National Budget Framework Paper (NBFP) and may thus improve upon release of the sector’s Ministerial Policy Statement (MPS)

The health sector over the last four financial years (2015/2016 to 2018/2019) has identified the following as its Gender and Equity priorities:

i. Family planning services, immunization and antenatal care services provided in Regional Referral Hospitals
ii. Construction of maternity wards at Kawoala Health Centre
v. Vaccines supplied to health facilities
vi. Reproductive health supplies
vii. Construction of maternal and neonatal hospital
viii. Maternal and Child Health Services
ix. Immunization services
x. Heart Outreach Services
xi. Immunization supplies
xii. Construction of 30 storage facilities of floor area 180 square meters for vaccines and dry commodity storage in 30 districts
xiii. Supplying vaccines to health facilities

The sector has allocated funds towards addressing the identified G&E priorities as follows:

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Funds Allocated</th>
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<tbody>
<tr>
<td>Uganda Reproductive Maternal and Child Health Services Improvement Project</td>
<td>49854</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>0509</td>
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<tr>
<td>Birth and death registration under the Uganda Reproductive Maternal and Child Health Services improvement project</td>
<td>2207</td>
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<tr>
<td>Support supervision at health facilities and training Reproductive, maternal and child health (RMNCAH) cadres in short supply (Biomedical Engineers, Midwives, Anesthetists and laboratory technicians)</td>
<td>5913</td>
</tr>
<tr>
<td>Critical Reproductive Maternal, Neonatal Child &amp; Adolescent Health services (RMNCAH) equipment for selected health facilities</td>
<td>13053</td>
</tr>
<tr>
<td>Construction of maternity units at HC IIIs under the RMNCH project</td>
<td>3071</td>
</tr>
<tr>
<td>Public health program for the new Community, Maternal and Child health, National Disease control and Health Promotion Communication and Environmental Health Departments and the USF and EAPHN Projects</td>
<td>5337</td>
</tr>
<tr>
<td>Immunization related activities as a result of the implementation of the new MoH budget structure meant to align it to the new Public Health program</td>
<td>0900</td>
</tr>
<tr>
<td>Construction of Maternal and neonatal Hospital</td>
<td>0914</td>
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</tbody>
</table>
The study identified some of the key challenges faced especially at the local level in the bid to deliver gender sensitive and equitable health services. Below are some of the key challenges:

3. CHALLENGES HINDERING GENDER AND EQUITY COMPLIANCE IN THE HEALTH SECTOR

i. Human Resource for health challenges—staff salary and staff gaps:
   The sector is faced with poor remuneration for health workers especially those engaged in delivery of Primary Health Care (PHC). The lack of (poor) motivation for health care professionals is reflected in poor attitude and absenteeism.

   The sector still has a challenge of staffing gaps in many health facilities. Critical staff such as midwives are either not present in facilities, or one is available instead of two, which puts a strain on the one available leading to poor service due to fatigue. Health facilities visited in the three districts of Masindi, Gulu and Amuru had an average 30% staffing gap.

ii. Inadequate funding for activities:
   Meager resourcing for PHC at health center II’s and III’s has led to poor service delivery especially for women. PHC funding is critical for carrying out programs such as community outreaches, which are very beneficial to women who are often held at home due to their gender roles. These include the lack of ward space which leads to female and male patients sharing wards. Lack of placenta pits in some facilities also implies that expectant women will shun these facilities. Other key infrastructural deficiencies include lack of staff houses, proper latrine facilities, incinerators etc.

iii. Inadequate infrastructure:
   Many health facilities are faced with severe lack of infrastructure some of which affect women disproportionately. These include the lack of ward space which leads to female and male patients sharing wards. Lack of placenta pits in some facilities also implies that expectant women will shun these facilities. Other key infrastructural deficiencies include lack of staff houses, proper latrine facilities, incinerators etc.

iv. Inadequate transport means for staff referrals:
   There is a general lack of adequate transportation means for referral of patients within Sub Counties and districts. Many health center III’s lack ambulances for transporting referred patients to higher-level units. This creates an especially risky environment for women that get complications during childbirth, as the required remedies are very time sensitive.

v. Logistical health supplies and furniture:
   Lack of medical equipment like delivery beds, resuscitation machines, furniture like shelves for medicines is a common occurrence in many health facilities. Meny Health Centers also lack HMIS Data tools like Registers and reporting forms.

4. CONCLUSION AND RECOMMENDATIONS

Forum for Women in Democracy (FOWODE) would like to applaud the government on the achievements in a number of areas that includes; recruitment of health workers to fill the vacant positions, the on-going training of the community health extension workers, the high performance in terms of expenditure of funds released by MoFED etc.

We however request Government to reconsider the draft position of cutting the health budget for FY2019/20, but rather to increase allocation to the health sector that is critical in the attainment of Uganda Vision 2040 by producing a healthy and productive population that effectively contributes to socio-economic growth. Implementation of the recommendations below alongside other reforms will be critical.

- PHC is a high priority area in the health sector thus funding needs to be increased. There is need for provision for both wage and non-wage for the upgraded facilities; (health centres need 9 staff for HCII, 19 for HCIII, and 48 staff for HCIV. The government should therefore align the allocations for wage bill and PHC to its plans to construct new HCIII and upgrade the existing HCII to HCIII, an intervention which is heavily reliant on PHC funds for effective functionality and operation

- The Government should increase funding to National Medical Stores with prioritisation given to the 41 tracer items and quantities of laboratory reagents. This will increase citizen satisfaction with health service delivery and improve the quality and productivity of the population.
Our Vision
A just and fair society where women and men equally participate in and benefit from decision making process.

Our Mission
To promote gender equality in all areas of decision.