# MINISTRY OF HEALTH DISABILITY AND REHABILITATION DIVISION

**Presentation**
**on the Health Care Service during**
**National Victim Assistance Stakeholder Dialogue**
**at Munyonyo Resort Hotel**

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# BACKGROUND INFORMATION

- The Ministry of Health (MOH) plays a key role in Victim Assistance especially in emergence, continuing medical care and Rehabilitation services to restore function of the Landmine Survivors.

- **VISION:** A healthy and productive population that contributes to socio- economic growth and national development.

# MOH MISSION AND GOAL

- **MISSION:** To provide the highest possible level of health services to all people in Uganda through delivery of promotive, preventive, curative palliative and rehabilitative health services at all levels

- **GOAL**: ‘’Too attain a good standard of health for all people in Uganda in order to promote healthy and productive lives’’ (NHP 2010)

# HEALTH SECTOR

- The health sector comprises of Government and the private sectors to improve on the health status of the people of Uganda and increase geographical access to health care.

- These include the Private Not for Profit (PNP)
- Private Health Practitioners (PHP)
- Traditional and Complementary Medicine practitioners (TCMP)

# HEALTH SERVICE DELIVERY

- The Uganda health system consists of the district health system (communities, villages - the CHEWs or VHTs also HC1s, 11s, 111s, 1Vs and General Hospitals (GH), Regional Referral Hospitals (RRHs) and National Referral Hospitals (NRHs).

- The RRHs and NRHs are semi autonomous while the district health services are managed by Local governments (MOH NHP 2010)

# HEALTH INFRASTRUCTURE

| Level of Facility | Popn | No of HF | Govt | NGO | PRIVATE |
|---|---|---|---|---|---|
| NRH | 35M | 2 | 0 | 0 | 0 |
| RRH | 2 M | 19 | 14 | 5 | 0 |
| GH | 500,000 | 147 | 63 | 64 | 20 |
| HCIV | 100,000 | 193 | 170 | 15 | 8 |
| HCIII | 20,000 | 1250 | 916 | 264 | 70 |
| HCII | 5,000 | 3610 | 1695 | 520 | 1395 |
| **Total** | | **5221** | **2858** | **868** | **1493** |

# HEALTH SECTOR FINANCING

- Uganda Per Capital spending on health was US$ 53 which is low compared to the WHO of US$ 60.
- Health as % of total budget was 6.9 (MOFPSD 2016/17)
- The primary source of health care financing is household income (out of pocket) at (37%,) donors (45%) and Government (15%) (NHA 2013) the private insurance constitutes a small proportion of THE

# DRUG STOCK OUTS IN HFS

- Availability of essential medicines in public facilities has increased to 75% in the last five years. Most health facilities lack medicines for two weeks out of eight weeks of a delivery cycle.
- The relatives have to buy medicines out of pocket and there dire consequences for patients who may not have money. (MOH Strategy for Improving Health Service delivery 2016/17)

# THE BURDEN OF INJURIES

- According to the Global Burden of Diseases report 2010, NCDs and Injuries are on the rise, in terms of disability adjusted years.
- There were limited interventions to prevent and halt the rising burden of this disease group. This included community sensitisation and improvement of the health facilities to manage them better.
- Unfortunately the Landmine accidents are not directly captured in the HMIS they are all recorded as injuries.

# EMERGENCY AND CONTINUING MEDICAL CARE

- The Goal:

  Reduce deaths  and minimise impairments through emergency settings and medical treatment which could result from injury

# ANALYSIS OF EMERGENCY AND CONTINUING MEDICAL CARE

- Emergency care is inadequate in urban and there is minimal access in the rural.
- Only 25% of the population have access to effective ambulance services.
- The no of ambulances is grossly inadequate for scene and inter facility transfers
- MOH has upgraded the emergency health care services and developed an ambulance policy and strategy to mitigate the above (MOH Q2 report 2017/18)

# C'NTED

- Basic emergency infrastructure, supplies and equipment for support services are usually inadequate.
- UBTS blood collection (supply) still below 1% of population recommended by WHO. They have crisis due to lack of enough blood (MOH Q2 Report 2017/18)
- In the same report NMS reported inadequate budget for procurement of medicines and supplies.
- Mulago Hospital reported HR challenges in terms of numbers, cadre mix and scope of specialisation due to low wages.

# REHABILITATION SERVICES

- The Goal:

  To restore maximum functional ability for persons with disabilities through provision of rehabilitation services including provision of appropriate assistive devices

# REHABILITATION SERVICES

- Under the MOH structure
- The ENT and Opthalamic Clinical Officers are included in the HC1Vs to identify and treat patients with eye and ear impairments and other conditions that may lead to deafness and blindness.
- At the District hospitals the above are included and the posts of 1 Physiotherapist (PT), 1 Occupational Therapist (OT) and orthopeaduc officer were established (OO),

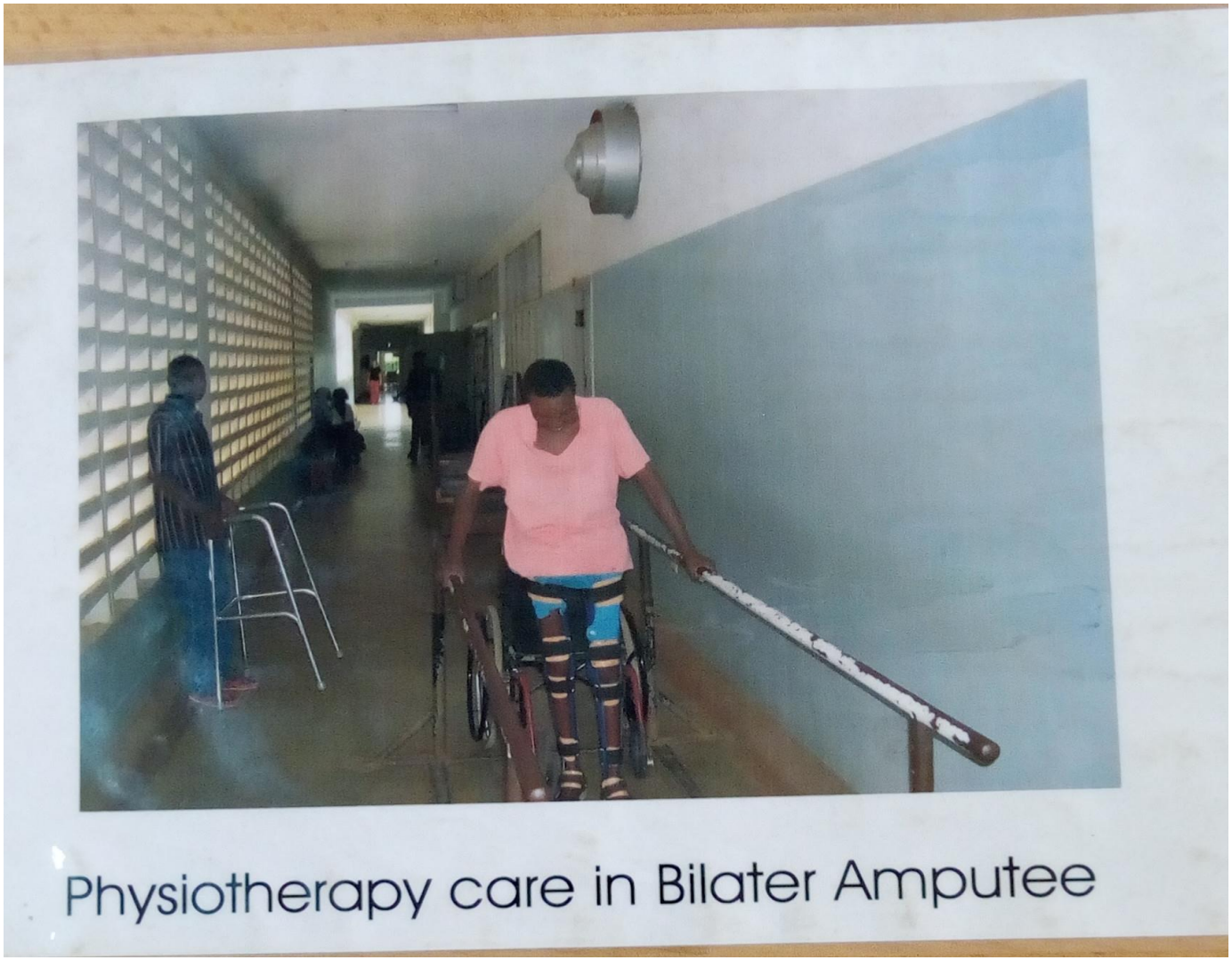
# REHABILITATION SERVICES C'ONTD

- The RRHs have several posts of the rehabilitation staff structure. 4 PTs, 1 OT, 5 OO, one Orthopeadic surgeon, Opthalamic Doctor, ENT surgeon, Neural Surgeon all specialised posts were structured in all regional referral hospitals.
- The orthopeadic workshops are part of the RRH structure with orthopeadic technicians to manufacture the assistive devices.

# REHABILITATION SERVICES C'ONTD

- The visual aids like low vision devices are made by the OCOs trained in the various hospitals,
- There are about 10 orthopeadic workshops in the RRHs though some of them are not functional due to lack of funding. They have the HR but usually lack the raw material.
- The clients lack the purchasing power they depend on donors.

# REHABILITATION IN PROGRESS



Physiotherapy care in Bilater Amputee

# ACCESS TO REHABILITATION SERVICES

- Some clients have no access or reduced access to the rehabilitation centres because of the distance, the high cost of transport and upkeep e.g those in need of artificial limbs.
- Based on the health financing  above most workshops are not supported by their hospital budgets.  This leaves the whole cost on the clients, who cannot afford. In most cases.
- The same applies to carrying out repairs many hours lost due to lack of appropriate devices when it wears out.

# CHALLENGES TO REHABILITATION SERVICES

The challenges include the following among others:

- Very poor infrastructure
- Very old and out dated equipment
- Lack of raw materials
- Lack of direct budget support
- Donor dependent

# POSSIBLE SOLUTIONS TO CHALLENGES

Factors that could improve provision and access to health care services:

- Importance of government spending on health
- Importance of social determinants of health like household income, infrastructure, transport and accessibility.
- National Health Insurance
- Direct financing to all workshops
- Form a Rehabilitation Institute

# A VOTE OF THANKS

I would like to extend my sincere thanks to All our Partners that have supported the rehabilitation services in Uganda for the good partnership.

# Thank You for Listening