Policy brief: Policy and Secondary data analysis on disability and development in the Ugandan Health sector

Key policy messages

- A consistent definition of disability is lacking in most Ugandan health policies. This lack of consistency complicates the ability for effective implementation of disability-related policies and legislation.

- There is no specific mention of inclusion of people with disabilities, or of disabled people’s organisations (DPOs),\(^1\) as actors in the process of formulating or monitoring and evaluation of health policies. The lack of inclusion is an important missing piece in enabling health policies and programmes to be as comprehensive in meeting the health needs of people with disabilities.

- A comparative analysis of health policies and policies from other domains (education, employment etc) indicates that health policies are very limited in terms of inclusiveness of disability issues. This affects the delivery of health services as well as access to health services by people with disabilities in Uganda.

- Results from both the policy review and secondary data analysis demonstrate a significant difference between people with disabilities and non-disabled people in access to health services. People with disabilities are less likely to use health services compared to the non-disabled. This may lead to poorer health outcomes for people with disabilities in Uganda.

Overview

Disability is a critical and overlooked issue in Uganda. According to the national Census 2014, at least 12.4% of the population (5+ years) has a disability significant enough to make a difference in their daily lives. The national Census 2014 also shows that more females (15%) have a disability compared to males (10%). Disability was found to be higher in urban areas (15%) compared to the rural areas (12%). Using this data, our analysis also shows distinct regional variation within Uganda, with the highest rates of disability being reported in the Northern region (15%), followed by the Eastern region. These two regions also exhibit higher levels of poverty compared to other regions as reflected in the Uganda National Household Survey of 2012.

The policy review component of our project focused on ‘major’ and ‘minor’ health policies. Major policies were key national policies which were expected to address the issues of disability to a larger extent. Minor policies included those that were more specific to certain sectors or policies that had

\(^1\) DPOs are organisations that are run by and on behalf of people with disabilities
been superseded by current national health policies. The major health policies analysed included the Second National Health Policy, 2010; the National Health Strategic Plan III, 2010, and the National HIV Prevention Strategic Plan (2011). The minor policies analysed included the National Adolescent Health Policy, 2004; the Public Health Act, 1935 (Ch281); the Occupational Safety and Health Act, 2006, and the Uganda National Health Laboratory Service Policy, 2009.

Content analysis was employed on these policies by using a scale with different criteria and scores. Policies were scored against six criteria in terms of content related to persons with disabilities: rights, accessibility, inclusivity, national implementation plan, enforcement mechanisms, budgetary concerns, and information management. Each of these criteria was scored on a scale of 1-4 depending on how disability is addressed: 1 (weak); 2 (questionable); 3 (medium); and 4 (high). In the case of people with disabilities’ rights to health, ‘high’ would mean the policy explicitly acknowledges that all people with disability have a right to health within all health services; ‘medium’ means the policy explicitly acknowledges that all children and adults have a right to health and specifically mentions children and adults with disabilities but does not specify accommodation within ALL health care systems and services; ‘questionable’ means the policy states ‘right to health’ but does not mention people with disabilities explicitly, and that they are assumed they fall within the context of ‘all people’; and ‘weak’ policies make no mention of people with disabilities to health or that they are only listed as one of a number of vulnerable groups.

Context was also considered and the major policies were analysed with consideration of three major elements: context, actors involved and the policy development process. In this regard the context constituted a description of the national and international political, economic and cultural factors that could have had an impact on the development of the policy. The process also included analysis of whether DPOs were included in the writing or implementation of the policy.

The policy analysis was supplemented by secondary data analysis of key existing national surveys and censuses, including the Uganda Housing Survey, 2013; the Uganda Demographic Health Survey, 2013; and Census 2014, all of which contained the Washington Group Set of Six Questions allowing disaggregation of disability data by socio-economic criteria.

The results presented here form part of a larger research project: Bridging the Gap: examining disability and development in four African countries (Sierra Leone, Kenya, Uganda and Zambia). The research programme is based at the Leonard Cheshire Disability and Inclusive Development Centre, UCL, UK, and is funded by the Economic and Social Science Research Council and the UK Department for International Development.

**Results**

Based on the policy analysis and secondary data analysis, four critical issues emerge that are of importance to policy makers, practitioners and advocates:

**Key message 1**
The lack of a consistent definition of disability in national health policies and related legislation and policies is a significant concern. For instance, there are limited specifics and no definition of disability in the Second National Health Policy, despite this being a relatively policy, having been adopted in 2010 – long after the UN Convention on the Rights of Persons with Disabilities had been passed and ratified by the Ugandan government (2008). The lack of definition means that it is difficult for meaningful inclusion of disability issues in many policies and related programmes.

**Key message 2**

There is no specific mention of inclusion of people with disabilities as actors or in the process of formulating the health policies. Though most of health policies state that persons with disabilities should be included as actors participating in the process of policy development, there are no formal mechanisms to ensure their involvement, either as individuals or through their representative organisations, in the development, implementation or monitoring or evaluation of health policies. For example, in the National HIV Prevention Strategy, the lack of specific mention of inclusion of people with disabilities is of concern and reflects assumptions that people with disabilities are not at risk for HIV/AIDS and that they do not have specific needs in terms of accessing HIV/AIDS information and services. Consultation with people with disabilities in development of the Prevention Strategy would have been an important contribution to ensure the overall effectiveness of the policy.

**Key message 3**

Comparative content analysis with the policies in the domains of education, labour markets and social protection revealed that the health policies had the lowest scores in terms of disability inclusiveness. This is an important gap that should be drawn to the attention of the policy makers.

**Key message 4**

This analysis of existing national datasets used proxy measures such as access to Antenatal Care (ANC), place of delivery and family planning services among women in reproductive age group (15-49) to study the association between disability and access to health care. Differences between disabled and non-disabled populations is striking and shows a complicated pattern of potential points for intervention. For example, using the Uganda Demographic Health Survey (2011) data, results show that fewer (37%) women with disabilities report delivery in a health facility compared to 49% among the non-disabled women. Interestingly however, more women with disabilities attended ANC compared to non-disabled women. Using the UDHS (2011) data, the results also show that a significantly higher percentage of women with disabilities (77%) were not using any family planning method compared to 69% among the non-disabled women. Modern contraceptive use among married women with disabilities was only 17% compared to 27% among the non-disabled women. With regards to rehabilitation, using the 2005/6 UNHS data, the findings indicate that nearly 6 in every 10 people with disabilities had not received any kind of rehabilitation.
**Recommendations**

In view of the results presented above in relation to disability and health, we can make the following recommendations:

- As a matter of priority, health policies should be revised to address the inconsistencies in the definition of disability across health policies. New policies which include disability should include consistent definitions of disability. The definition of disability as provided in the UN Convention on the Rights of Persons with Disabilities could be used as a starting point.

- There is need to address the gaps in service delivery. This can be achieved by dealing with the numerous barriers to accessing healthcare that are encountered by people with disabilities. There is need to provide health services which are accessible to with disabilities, and that provide effective healthcare that meets their needs. This can be accomplished by ensuring that disability-focused policy and practice are mainstreamed into all health programmes and initiatives.

- An important area of concern is the lack of inclusion of women with disabilities in many services and programmes intended to address women’s reproductive health needs. Programmes such as ANC and those promoting access to modern contraceptives should ensure that women with disabilities are effectively included. In addition to mainstreaming disability across policies and programmes, this may also require specifically targeting women with disabilities to ensure that they are able to benefit from these initiatives.

**Further reading**

For more information on this research, visit the project website: [gap.leonardcheshire.org](http://gap.leonardcheshire.org)

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