Integration of the

Human Rights Based Approach

into healthcare delivery in selected health facilities in Uganda

CEHURD
social justice in health

Newly renovated Kasanda Health Center IV in Mubende district, with a solar power back-up system

contents

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Abbreviations

AAAQ	Availability, Accessibility, Acceptability and Quality
CEHURD	Center for Health, Human Rights and Development
CESCR	Committee on Economic, Social and Cultural Rights
CSO	Civil society organization
HC	Health center
HRBA	Human Rights Based Approach
HUMC	Health Unit Management Committee
ICESCRs	International Covenant on Economic Social and Cultural Rights
KIOS	The Finnish NGO Foundation for Human Rights
PFP	Private-for-profit
PNFP	Private-Not-for-Profit
SDGs	Sustainable Development Goals
SRH	Sexual and reproductive health
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

Background

Introduction

The Center for Health, Human Rights and Development (CEHURD), partnered with the Uganda National Commission for UNESCO to undertake an assessment on the application of the HRBA principles in the delivery of health care in 40 selected public and private not for profit facilities in central and northern Uganda.

The purpose of the assessment was to provide a baseline and an understanding of the current situation of health care delivery through the lens of HRBA principles.

This study interrogated existing literature on International, Regional and National Human Rights standards for a HBRA for health care delivery; service delivery standards to identify their levels of compliance with the Human Rights Based Principles ; document any case studies as evidence of use of the HBRA to health care delivery and recommend some model approaches for integrating the HBRA in health service delivery.

According to the findings of the study, legal and policy review shows that several International and regional human rights instruments provide guidance for the integration of Human Rights Based approaches to health care delivery.

The instruments have informed Uganda's legal and health policy frameworks such as the Patient Charter developed by the Ministry of Health to guide health care delivery. However, gaps in the implementation of HRBA were noted in the sampled health facilities.

The study also inter alia documented challenges relating to accessibility . Over 92.5% (37 out of the 40 facilities) lacked ramps to ease access for people with physical impairment. Ambulance services are still a major challenge in many facilities while underlying determinants of health are also a challenge in some facilities. Specifically, 40% lacked clean water and 22.5% (9 out of the 40 facilities) lacked alternative sources of power.

In a few facilities, patients had to pay to use to the toilets. Economic access is also a problem as 52.6% of health facility clients who were asked to pay, expressed hardship to meet the costs.

Over 50% of the clients spend over 30 minutes before they reach the facility. Some facilities have un-used equipment because there are no skilled personnel to operate them or they are not repaired. Recommendation were made for national, district, facility and provider levels in respect to the identified gaps.

Although the study assessed all components of the Human Rights Based Approach, the visual illustration is limited the "AAAQ" framework, which identifies availability, accessibility, acceptability and quality of health-care facilities, goods and services as essential components of the right to health.

Since the illustration is based on the finding of the study, a few components of elements in the framework were considered. This visual illustration also highlights not only the gaps but also best practices in selected health facilities.

Normative framework of the right to health

Health has increasingly been recognized as a fundamental right indispensable for the realization of other human rights in their national legislations (Articles 27(1) a and 43(1)a of the South African and Kenyan Constitutions respectively). Globally, health is seen as a key driver for sustainable development. Specifically, Goal 3 of the Sustainable Development Goals (SDGs) is meant to ensure healthy lives and promote well-being for all at all ages.

In its definition of health, World Health Organization (WHO) notes that health encompasses physical, mental, and social aspects. This approach on health was adopted in the International Covenant on Economic Social and Cultural Rights (ICESCRs), which provides that "States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (Article 12).

The right to health means the right to facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health". It is closely related to and dependent upon the realization of the rights to food, education, human dignity, life, non-discrimination, privacy, access to information among others. These and other rights and freedoms provided for in other instruments are integral components of the right to health.

As part of monitoring compliance with rights in the ICESCRs, the UN established the Committee on Economic, Social and Cultural Rights (CESCR). This Committee issued a general comment on the right to health – General Comment 14.2 – defining and explaining what the right to health is (the normative content), States Parties' obligations, and recommendations for national implementation of the right to health.

CESCR General Comment 14 explains that the "right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health. CESCR explains that the underlying determinants of health include, but are not limited to: adequate supply of safe food and nutrition; housing; access to safe water and adequate sanitation; safe and healthy working, occupational and environmental conditions; access to health-related education and information including on sexual and reproductive health (SRH).

While taking steps towards the realization of the right to health, and its underlying determinants, states are obliged to ensure that health goods and services are available, accessible, acceptable and of quality (AAAQ framework). Availability requires that public health and health care facilities, goods, services and programs are available in sufficient quality including; underlying determinants of health including drinking water and sanitation facilities; hospitals and clinics or other health related building and sanitation facilities, trained medical and professional personnel and essential drugs.

Accessibility on the other hand obliges states to ensure that health facilities, goods and services are accessible to all, within safe physical reach for all sections of the populations and affordable to all and not disproportionately burdensome for the poor. Acceptability requires states to ensure that health facilities, goods and services are respectful of medical ethic and culturally appropriate. Finally, quality necessitates states to ensure that health facilities, goods and services are scientifically and medically appropriate and of good quality.

Approach

Uganda being a party to the ICESCR, it is obliged to adhere to three levels of obligations imposed by the right to health which include;

1) Respect : States must refrain from interfering with the enjoyment of the right to health
2) Protect: States must take measures to prevent third parties from interfering with the enjoyment of the right to health
3) Fulfill: States must adopt legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right to health

Although the right to health like other socio economic rights has to be realized progressively, states like Uganda have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realization of article 12 (Paragraph 31 of the General Comment no.14).

According to Guideline 8 of the Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, progressive realization of the right to health does not alter the nature of the legal obligation of States which requires that certain steps be taken immediately and others as soon as possible. A state cannot use the "progressive realization" provisions in article 2 of the Covenant as a pretext for non-compliance.

Therefore, where a state party to the Covenant progressively takes steps such as putting in place public health facilities fully equipped with basic essential services such as adequate safe water, adequate sanitation among others, then it is hailed for taking steps towards the realization of the right to health. However , where the government fails to maintain sanitation and hygiene in already established health facilities, it will be undertaking retrogressive measures which eventually results into the violation of the right to health.

The study was conducted in eight districts in the northern and central regions and 40 facilities were assessed. These facilities included public facilities at referral and lower levels; Private-Not-for-Profit (PNFP) facilities; and private
-for-profit (PFP) facilities.

The surey team visited:

- **Amuru district**: Lacor HC III, Atiak HC IV, PabboLacor HC III, Pawell HC III, and OT YAT Medical Center
- **gulu district**: Gulu RRH, St Mary's Hospital Lacor, Awach HCIV, Laroo HC III, Mola Clinic Gulu
- **▮ira district**: Lira RRH, PAG HC IV, Ogur HC IV, Ongica HC III, and Gift Life Care Clinic.
- **Apac district:** Apac Hospital, Aduku HC IV, Abongomola HC III, Abedober HC III, and Apac Medical Center.
- **Mubende district**: Mubende RR Hospital, Kassanda HC IV, Madudu St. Joseph HC III, Kitenga HC III, True Vine hospital
- **Mityana district:** Mityana Hospital, Mwera HC IV, Magala HC III, Mityana HC III, Santa Maria Medicare.
- **Nakaseke district:** Nakaseke Hospital, Kiwoko Hospital, Kapeka HC III, Ngoma HC IV, and St. Cyprian Ngoma.
- **Butambala district:** Gombe Hospital, Kyabadaza HC III, Bulo HC III, Assumpta HC III, Kawonawo Domiciliary Clinic

This booklet highlights photo-visuals of the findings of this process.

AVAILABILITY

On availability, our interest was to find out whether health facilities had the minimum infrastructure and equipment recommended for their level, and their state. We found all health facilities with out-patient waiting areas, but they were of different capacities and in widely varying state. We found that in a few facilities, X-ray machines, dental chairs and accessories and other equipment were not functional.

Patient waiting areas

LACOR HOSPITAL, Private-Not-for-Profit, Gulu District: spacious, neat out-patient department (opd) waiting area in good state.

AWACH HC IV, public, Gulu district: temporary structure serves as opd waiting area, with a lot of inside/outside space, but in poor state.

Mityana Hosipital: Fairly spacious opd waiting area, but poorly lit and poorly ventilated. What is a dog doing in opd?

ApAC HospItAl, public, Apac district: opd waiting area has limited space for out-patients.

Laroo HC III, Gulu district: patients wait on the veranda for services

Magala HC III, Mityana district: Waiting area is well ventilated

Patient treatment rooms

Laroo HC III, public, Gulu district: the facility does not have a treatment room. One of the beds in the ward is used as a table for dispensing medicines.

ongica HC III, public, Lira District:
Well-spaced and open place

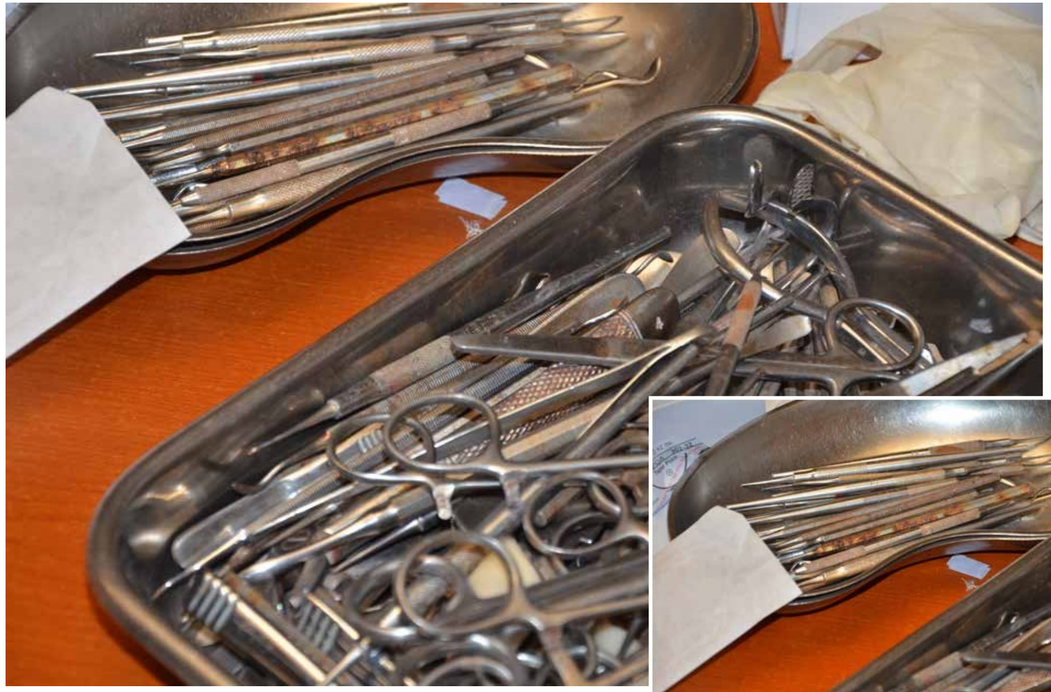
Equipment

Apac Hospital, public, Apac district: New beds are not utilized

Apac Hospital: disused beds

Kasanda HC IV, public, Mubende district: grounded ambulance

Apac Hospital: Maintenance of equipment was found wanting



Apac Hospital, public, Apac district: rusty dental equipment still in use.

Accessibility

Water sources

Although accessibility has physical, economic and information access as components, this booklet only highlights physical access of determinants of health. Study findings indicate that determinants such as safe water and adequate sanitation facilities, are within safe physical reach. However, the state of sanitation was wanting in many of the assessed facilities.

Amuru HC in Amuru district:
Borehole and tap area was found poorly maintained and the environment messy

Above - **Aduku HC IV, public, Apac district: tap water is avail- able but the environment in which it is, is filthy and possibly makes the water unsafe for patients.**

Rights - **Ogur HC IV, public, Lira District: tap water available onsite and in a fairly cleaner environment.**

Awach HC IV, public, gulu district: Clean water source but surrounded by bush, and slab is poorly maintained.

Aduku HC IV, public, Apac district: Harvest water but the tank is rusty and dirty

Mubende rrH, Mubende district: Clean and accessible water harvest facility

Sanitation facilities

santa Maria Medicare, private, Mityana district: this facility was found on the verge of collapse, but was still in use

Apac Hospital, public, Apac district: this facility was found in the female ward, and was in use despite its terrible state

Apac Hospital: toilet in male ward found too dirty for use

Mityana Hospital: toilet clean and well-maintained

true Vine Hospital, private, Mubende: old but clean latrine

Apac Hospital: pit latrine very dirty and not fit for use

Apac Hospital, public, Apac district: **Was found with several pit latrines and toilets, but each of them was poorly cleaned and maintained.**

Acceptability

Waiting hours

All HCIIIs visited were not open at the weekends and during the week, some open up to 1:00pm. Further, patients complained about having to wait long hours to receive care. Some actually end up going back without receiving care. In some facilities, pigs were moving around the health facility which may send a signal of compromised cleaniliness and may not go down well with members of some religious denominations.

ongica HC III, public, ▮ira district: **patients wait for hours in long queues**

Opening and closing hours

Aduku HC IV, public, Apac district: this facility is at referral level and is meant to be open 24 hours, but we found it closed in the middle of the day.

Facility cleanliness and hygiene

ogur HC IV, public, ira district: pigs were found freely wandering in the compound, undisturbed and unattended.

State of birth rooms

Awach HC IV, public, gulu district: Clean birthroom with disinfectant.

Apac Hospital: Birthrooms in female ward (up) and male ward (down).

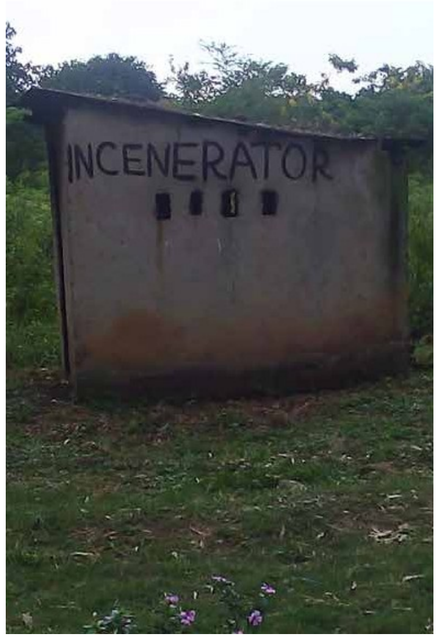
Quality

The study findings indicated that Incinerators were the most common sanitary facilities found in the districts with 97.5%coverage. These facilities were also found to have placenta pits and 77.5% use safety boxes to dispose of sharps and solid medical waste. 65% of the facilities had bathrooms for patients. Access to safe portable water is a challenge in many facilities. Of the 40 health facilities studied 60% had a source of clean water. In some facilities, equipment used for dental services had rusted.

Placenta pits and incinerators

Kitenga HC III, public, Mubende district: Very old placenta pit, and it does not have a cover

Gift life Care Clinic, private, Lira District: A well-built placenta pit and clean.



Abedober HC III, public, Apac district: old placenta pit and rudimentary incinerator, but both well-protected and in usable state.

Laboratory facilities

Apac Hospital, public, Apac district: spacious and well-organized laboratory in the same facility as another with a dirty and repulsive sink (inset)

Management of medical waste

Ongica HC III, public, Lira district: Medical waste is put in waste bins (above) and a pit (right).

Gulu rrH, public, Gulu district: **Medical waste is dumped under a shade, but it can be easily be blown away or scattered by wind and scaveng- ing birds and animals.**

Apac Hospital, public, Apac district: **Medical waste is scattered allover the compound, which is not safe.**

Recommendations

National Level

- Ministry of Health to undertake a national level visual assessment of the implementation of Human Rights Based Approach since the booklet is limited to a few components and few health facilities.
- Government to allocate more resources towards improving sanitation and water supply.
- Ministry of Health to undertake a comprehensive assessment of the state of sanitation in Uganda's public health facilities.

Local Governments

- Prioritize regular monitoring and supervision at public health facilities within their jurisdiction.
- Need to document good practices on the application of Human Rights Based Approach from private or public health facilities and use them as benchmarks for improvement in their respective districts.
- Need to undertake mass sensitization on sanitation in health facilities.
- Need to empower Health Unit Management Committees (HUMCs) to undertake support supervision at public health facilities.
- Need to establish a committee to oversee sanitation in health facilities.

Development partners

- Need to strengthen accountability mechanisms for resources released to government to address gaps in public health facilities.
- Need to adopt a holistic approach to health system strengthening.

CSOs

- Need to undertake extensive advocacy and research on the application of the Human Rights Based Approaches in the delivery of health care.

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CEHURD

CENTER FOR HEALTH, HUMAN RIGHTS & DEVELOPMENT

Plot 4008, Justice Road - Gayaza
P.O. Box 16617 Wandegeya,
Kampala Tel: +256 414 532283

Toll free – 0800 313 131.
Email: info@cehurd.org
Web: www.cehurd.org
twitter: @cehurduganda
facebook: @facebook.com/cehurduganda