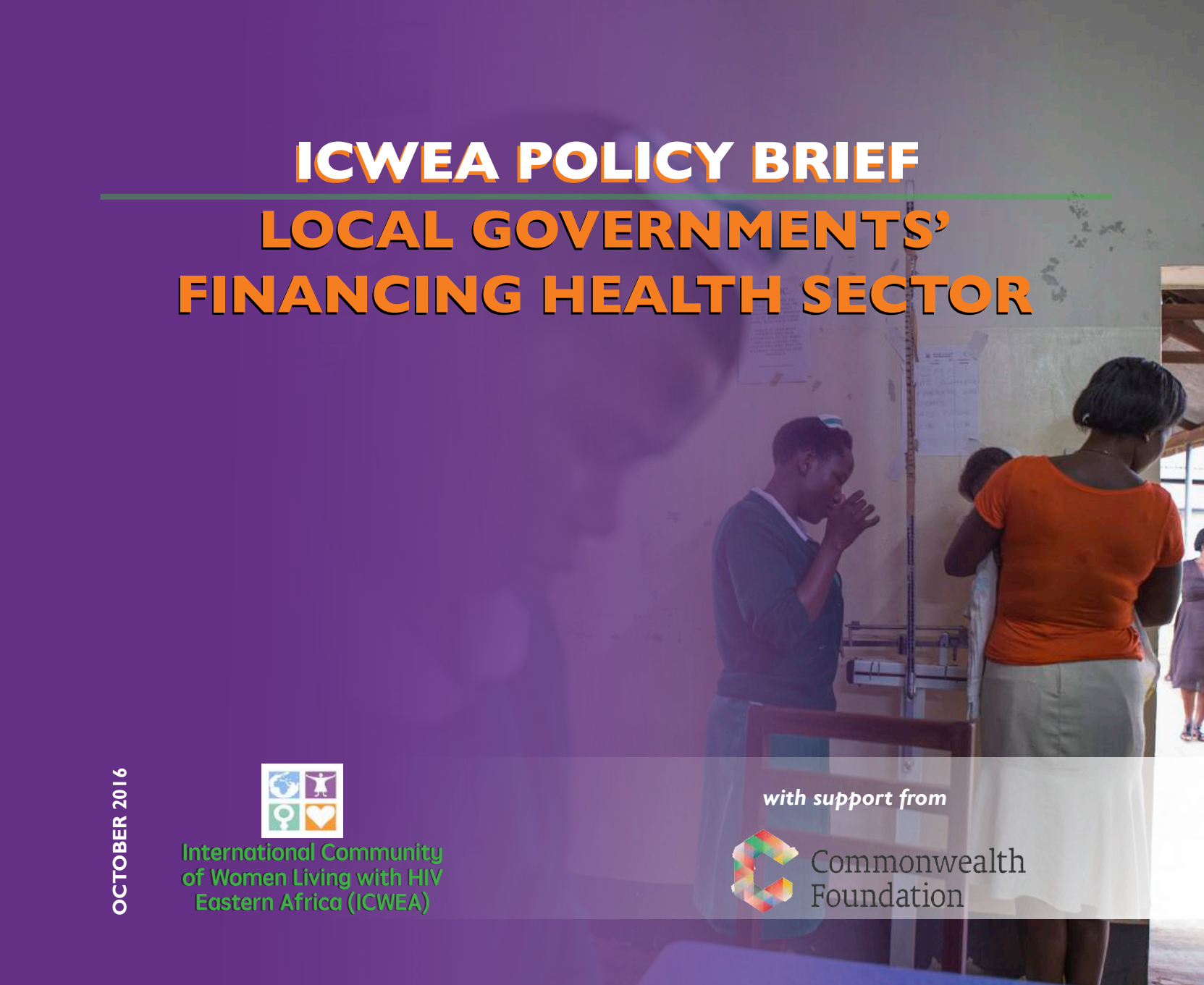
ICWEA POLICY BRIEF

LOCAL GOVERNMENTS' FINANCING HEALTH SECTOR



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1.0 Introduction

The government of Uganda was among the first countries to implement health sector reforms through a decentralized system of governance. Some of the reforms include the Primary Health Care (PHC) and the Minimum Health Care Package (MHCP) which contributed to achieving a number of health outcome indicators. The second National Health Policy (NHP II) which derives from the Health Sector Strategic Plan 2015/2016 – 2019/2020 covers a ten-year period (2010/11- 2019/20).

The goal of Uganda' National Health Sector is to accelerate movement towards Universal Health Coverage of essential health and related services necessary for promoting a healthy and productive life . However, health which is a basic human right and vital for sustainable development is far from reach by women living with HIV. Majority of women living with HIV are more vulnerable to poor nutrition, poverty, preventable diseases, stigma and discrimination, violence including intimate partner abuse, and disability.

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The quality of lives of women living with HIV is further impaired by unemployment. This is further exacerbated by low levels of education, lack of access and control over resources including information which constrain their access and utilization of services from the financial institutions, poor housing and sanitation, inaccessible health care services and lack of family and community support.

Gender and HIV mainstreaming are among the minimum conditions and performance measures in the local governments in delineating the planning powers of local governments and linking of plans to budgets . In addition, the National Gender Policy formulated in 2007 requires the central and local governments to promote gender mainstreaming including in the health sector to ensure equal access to health services, equal participation in health-related programmes and equal benefit from government resources. In this regard, this policy brief highlights the issues identified by women living with HIV, challenges experienced in the planning and budgeting processes at the local governments' level and recommendations from the perspective of women living with HIV.

2.0 Key issues and challenges in the health sector at the local goverment

2.1 Major source of funding

The major source of funding in most local governments is from the central government and the biggest percentage of the funding is conditional as shown in Table 1. This limits the local governments to address the real needs and priorities of their populace including women living with HIV who have unique needs and preferences for quality health outcomes.

Sources of Funding	2014/2015 Approved Budget	%	2015/2016 Approved Budget	%	2016/2017 Proposed Budget	%
Locally Raised Revenues	12,635,363	15.9	16,126,801	18.1	5,557,697	11.9
Discretionary Government Transfers	6,858,825	8.6	9,397,215	10.5	6,685,612	14.3
Conditional Government Transfers	46,593,383	58.6	53,382,661	61.1	31,796,007	68
Other Government Transfers	10,807,005	13.6	9,225,774	10.4	2,263,922	4.8
Local Development Grant	1,930,057	2.4	-	0.0	-	0.0
Donor Funding	599,377	0.8	571,776	0.6	400,000	0.8
Total	**79,424,010**	**100**	**88,704,227**	**100**	**46,703,238**	**100**

Table 1: Sources of Revenues for local governments (in UShs 000's): The Case for Wakiso District

Source: Wakiso Local Government Budget Framework Paper for the Financial Year 2014/2015, 2015/2016 and 2016/2017

Table 1 shows that the biggest percentages, 58.6% and 61.1% of the district budget for the approved budgets of the financial year 2014/2015 and 2015/2016, respectively were conditional transfers from the central government. Similarly, in the proposed budget for the financial year 2016/2017, 68% of the revenue was estimated to come from the central government in form of conditional transfers.

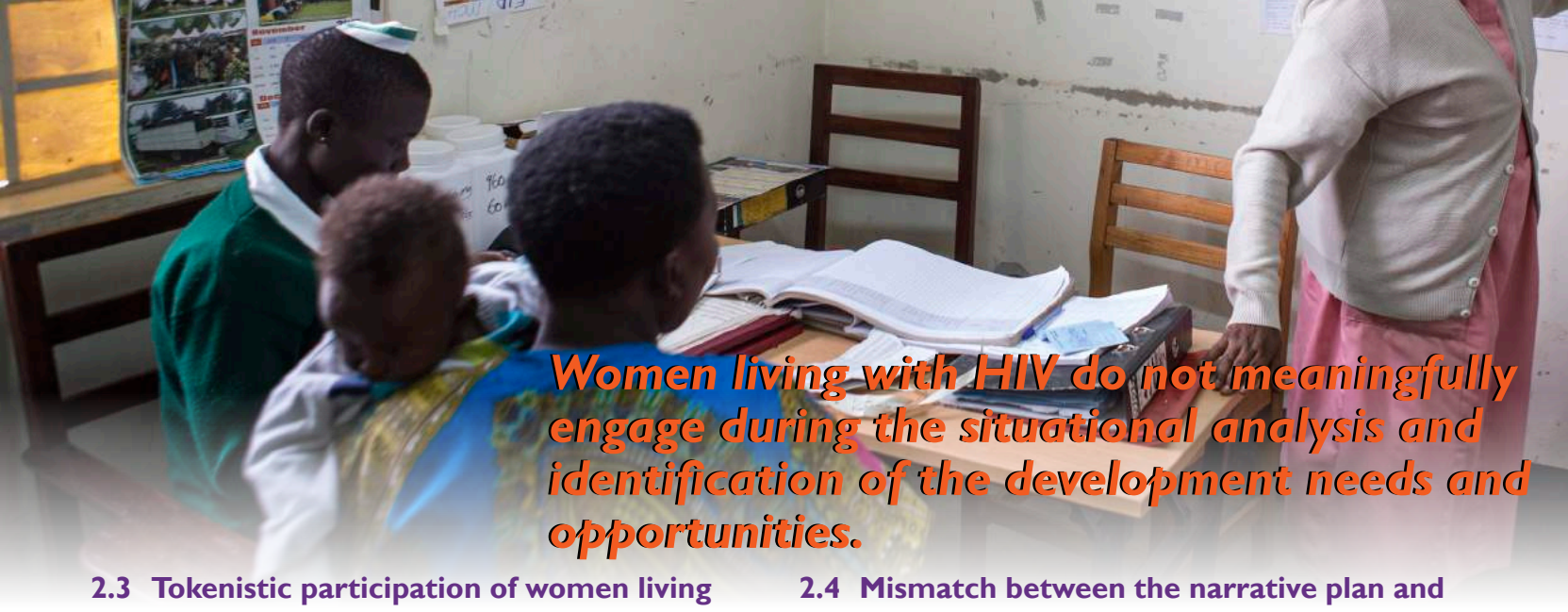
2.2 Health Sector budget allocation

In Table 2, the budget allocations for the health sector compared to others sectors in Wakiso district were 10.95% and 8.95% in the financial years 201/4/2015 and 2015/2016, respectively. The percentage of the proposed budget for the financial year 2016/2017 for the health sector is 11.4%. However, the biggest percentage is for recurrent expenditure which largely goes to salaries for the health workers. While allocating resources, the policy makers and technocrats mainly consider HIV treatment (ARVs) in the sector plan and budget; however, the needs and priorities of women living with HIV are beyond ARVs if quality health is to be realized.

Table 2: Budget Allocation (UShs 000's) according to the Sectors in the Local Government: The Case of Wakiso District

Sector Budget Allocation	2014/2015 Approved Budget	%	2015/2016 Approved Budget	%	2016/2017 Proposed Budget	%
Administration	4,489,529	5.65	4,390,677	4.94	3,997,316	8.55
Finance	5,316,514	6.69	7,505,845	8.46	2,124,972	4.54
Statutory Bodies	2,625,081	3.30	7,716,833	8.69	999,633	2.14
Production & Marketing	2,091,899	2.6	1,456,047	1.64	1,059,116	2.26
Health	8,701,768	10.95	7,943,666	8.95	5,369,888	11.49
Education	38,042,343	47.91	34,111,436	38.45	20,936,280	44.82
Roads & Engineering	8,691,547	10.94	19,094,473	21.52	7,076,640	15.15
Water	1,288,395	1.62	1,253,153	1.41	1,706,422	3.65
Natural Resources	1,143,656	1.44	1,663,305	1.87	712,497	1.52
Community Based Services	2,710,590	3.4	1,755,426	1.97	1,816,463	3.88
Planning	3,907,683	4.9	1,419,939	1.60	646,666	1.38
Internal Audit	393,005	0.49	393,426	0.44	257,346	0.55
Grand Total	**79,402,010**	**100**	**88,704,227**	**100**	**46,703,238**	**100**

Source: Wakiso Local Government Budget Framework Paper for the Financial Year 2014/2015, 2015/2016 and 2016/2017



Women living with HIV do not meaningfully engage during the situational analysis and identification of the development needs and opportunities.

2.3 Tokenistic participation of women living with HIV in the planning and budgeting processes

Women living with HIV do not meaningfully engage in the situational analysis and identification of the development needs and opportunities. In most cases, majority of women living with HIV never get information or know when the planning processes start so that they can meaningfully engage and influence these processes to ensure their needs and priorities are included. Furthermore, budgets are always pre-determined by what has been sent by the Central government with specific budget lines which often exclude the priorities of Women living with HIV. Therefore, the critical needs and priorities of Women living with HIV never get into the final policy documents and budget of the local governments.

2.4 Mismatch between the narrative plan and budget allocation in relation to gender and HIV & AIDS issues

The policy makers and technocrats in the local governments include socio-economic issues related with gender and HIV & AIDS in the background information and situation analysis of the sub-county or district development plans. However, they never translate that information in the budget by allocating adequate resources to respond to the priorities of Women living with HIV. The major activity that get considered under the concept of HIV mainstreaming is "World AIDS Day", which sometimes ends up being among unfunded actions: CSOs contribute to ensure that the event gets commemorated.

3.0 Policy recommendations

Consider the needs of women living with HIV beyond HIV treatment in the local governments' plans and budgets

Although, HIV and gender mainstreaming are among the local governments' minimum conditions and performance measures deriving from existing national laws and guidelines such as the Local Governments Act, the National Gender Policy, the HIV and AIDS Policy among others; the policy makers mainly include HIV treatment as the only need and preference of women living with HIV in their budgets and plans. The Health Sector and the local governments are therefore called upon to allocate resources that respond to additional needs and priorities of women living with HIV.

Integration of gender in Primary Health Care (PHC) and the Minimum Health Care Package (MHCP)

Although the Primary Health Care (PHC) and the Minimum Health Care Package (MHCP) have contributed to improving a number of health outcome indicators, local governments should be aware that gender issues play a critical role in determining the quality of health of women living with HIV and their vulnerability to diseases and infection, their ability to cope with the diseases, and access health care. Therefore, it is imperative that these issues are properly identified analyzed and integrated in all health programmes such as Antenatal Care (ANC), Elimination of Mother To Child Transmission (eMTCT), Reproductive Health (RH,) Family Planning (FP) and nutrition among others. The health sector and local governments are thus urged to allocate resources that will ensure that these services are accessed in a non-discriminatory and stigma-free environment and that the Sexual Reproductive Health and Rights of Women living with HIV are respected and promoted.

HIV responsive planning and budgeting

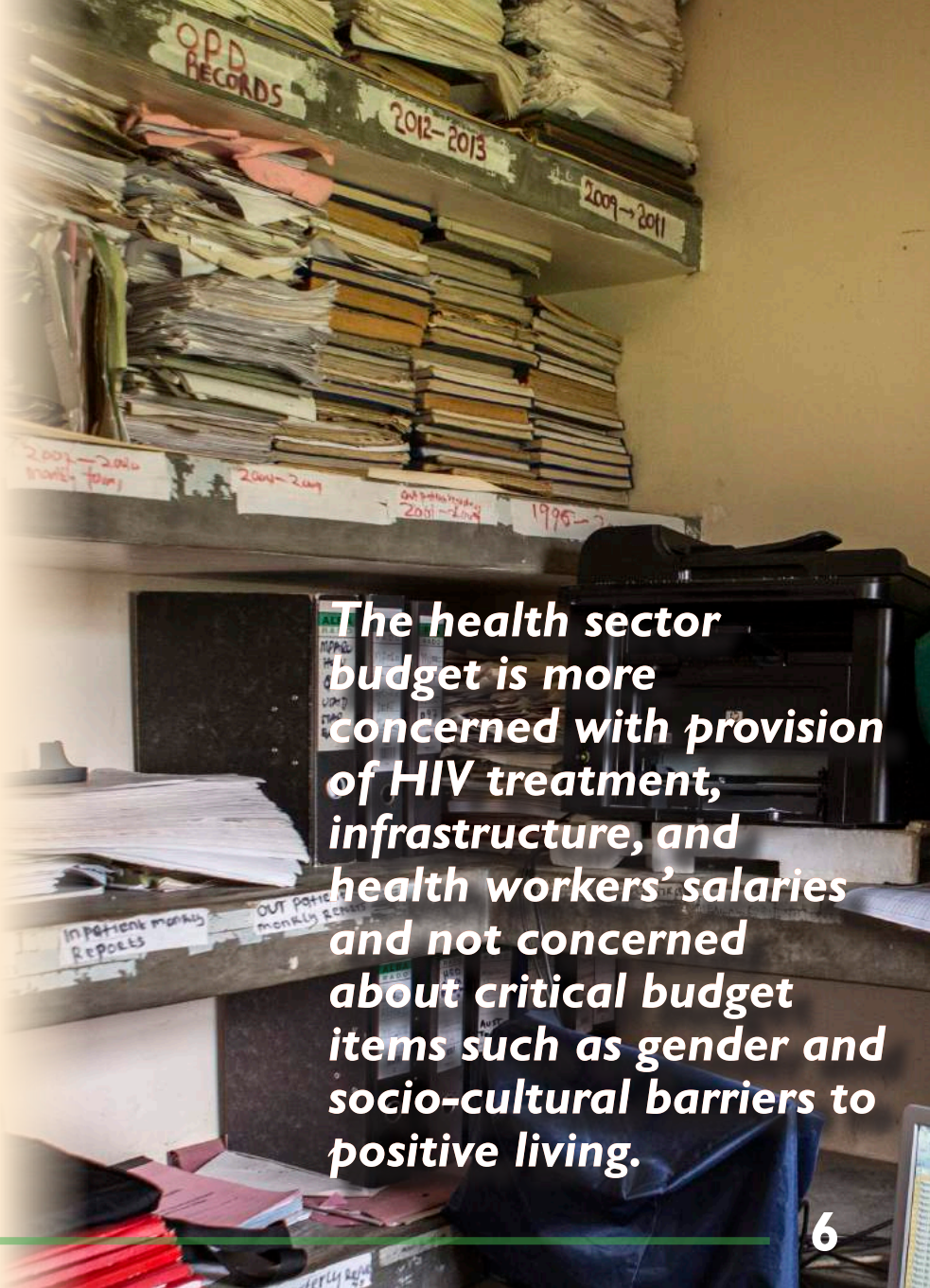
The health sector budget is more concerned with provision of HIV treatment, infrastructure, and health workers' salaries but not the critical budget items such as gender and socio-cultural barriers to positive living. If these software activities are allocated resources, they would improve the health outcomes of women living with HIV. In this regard, the health sector is called upon to allocate and increase specific budgets necessary for promoting the needs and priorities of women living with HIV.

Health Sector Social Audit

To comprehensively address all the above concerns, the health sector should commission a social audit of its service delivery system and its impact on health outcomes of women living with HIV. This will provide additional evidence on the gender, socio-cultural and economic constraints and other issues affecting women living with HIV. This audit would provide information on why women living with HIV on treatment are lost to follow up, yet it is known that treatment is prevention, and why mothers especially those living with HIV do not complete the four recommended ANC visits, etc.

Allocate resources to facilitate meaningful participation of women living with HIV in the planning and budgeting processes

Local governments should come up with strategies that deliberately include women living with HIV in the planning and budgeting processes. This effort would help build confidence in women living with HIV and ensure that their needs and priorities are taken into consideration and allocated adequate resources.



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Physical Address: Plot 1106 Ssenge Road - Wakiso District
Postal Address: P.O.Box 32252 Kampala, Uganda
Tel: +256 414 531 913
Fax: +256 414 533 341
admin@icwea.org
www.icwea.org
@ICWEastAfrica
ICW Eastern Africa

International Community of Women Living with HIV Eastern Africa (ICWEA)