



## **CIVIL SOCIETY LAUNCHES REPORT REVEALING GOVERNMENT IS FAILING TO ENSURE MARGINALIZED COMMUNITIES IN KARAMOJA EQUITABLY ACCESS HEALTH CARE**

09 August 2018, AMUDAT DISTRICT, UGANDA– Today, the Initiative for Social and Economic Rights (ISER) launched its report entitled *“For Us We Are Like Forgotten People!” Assessment of Health Services in Amudat District*. The report which spotlights gaps in realizing universal health coverage for marginalized communities, particularly in Amudat district, Karamoja region, calls on government to fully meet its Constitutional obligations to safeguard the right to health. ISER urges the government to: ensure access to emergency health services including ambulances; to construct more health facilities and upgrade Health centre III facilities to Health Centre IV facilities and Health Centre II facilities to Health Centre III facilities, and to regulate private providers of healthcare.

“Despite the country’s focus on universal health coverage, ISER’s research found insufficient attention has been given to hard to reach areas such as Amudat District in Karamoja region as a whole; despite unique challenges including severe poverty, poor road networks, poor healthcare infrastructure and the nomadic nature of the community.” said ISER Executive Director, Ms. Salima Namusoby

ISER’s research monitoring the right to health for marginalized areas and for vulnerable groups found that for communities living in Amudat district, located in Karamoja region, access to basic healthcare remains unrealized. Consistently ranked the worst performing district in health, for residents of Amudat district, journeying to access even the most basic of healthcare services is a harrowing ordeal marked by exorbitant travel costs, repeated referrals between the few existing under-resourced facilities, and the real danger of injury or death while attempting to reach a health facility. The district lacks a health centre IV, relying on a public private partnership facility for referral services, which residents complained charges exorbitant fees and holds them hostage when they cannot pay. In the few existing public health facilities, critical staffing shortages have affected the quality of healthcare. The district lacks a District Health Officer, none of the health centres have the requisite staff with a number of Health Centre IIs having only one or two out of nine staff.

“The cost of these shortages in services and these gaps in infrastructure is not merely statistical – it is the sum of children and mothers lost, deaths that provision of health facilities, ambulances, medical equipment or other basic resources should have made avoidable,” said ISER’s Right to Health Program Manager, Ms. Allana Kembabazi. “If the government is truly committed to realizing universal health coverage, it should invest in ensuring equitable access to health. Equity demands prioritizing marginalized communities like these.”

The report also calls on the government to regulate private actors in health having found residents increasingly resort to them as the only available alternative yet they operate in ways that undermine the right to health. “It is important to regulate the private sector as part of the State’s duty to protect the right to health, particularly given the burgeoning role of the private sector in the delivery of health care. ISER’s research found gaps in the legal framework regulating private actors in health and gaps in implementation of the piecemeal legal protection,” said ISER Executive Director, Ms. Salima Namusoby.

ISER’s research found these gaps disproportionately affect women and vulnerable groups. Residents echoed this.

“When a child falls sick, the health centre is far. Even for mere malaria, you have to look for a bodaboda that will cost you up to fifty thousand just to get to the Health Centre. If you cannot get bodaboda, you have to foot until the Health Centre. There are people who rape people along the way, especially at night. You start pondering about what to do when a child gets sick, when they have a fever. It disturbs you psychologically. You wonder whether to risk walking at night or wait until morning. You keep pouring water on the child to bring the fever down, praying for God to help you and for the child to survive the night.”

“I gave birth in January 2016. The child died in the process. I wanted to go home and bury my child. The doctors at the private hospital, Amudat hospital said I could not unless I paid the hospital the money. The child was dead. Why would they not let me bury him.”

ISER found the challenges highlighted above stem from inadequate health financing and ISER’s budget analysis reveals ameliorating this has not been a priority. The national health budget remains underfunded and has ranged between between 5-8% the last five years, far short of the 15% Abuja declaration target Uganda committed to. Despite being the worst performing district, Amudat is among the districts that receives the lowest financing for health. Amudat was allocated UGX. 951,421,000 in 2018/19 and in FY 2017/19 received 654,877,000UGX to serve a population of 105,769.<sup>1</sup>

Amudat District is located in the North Eastern region of Uganda, bordered by Moroto in the north, Nakapiripirit in the west, Bukwo and Kween in the south, and Kenya in the east. With a total area of 1,615 Sq. Km and density 73.42 Km, Amudat was carved out of Nakapiripirit district and established as a district by an Act of Parliament on 1<sup>st</sup> July, 2010. The district is comprised of 1 county, Pokot; 3 sub-counties: Loro, Karita and Amudat; 9 parishes: Abiliyep, Loro, Achorichor, Karita, Losidok, Lokales, Amudat, Katabok and Loburin. According to the National Population and Housing Census (2014), the total population of Amudat was estimated to be 105,769 and growing at a fast rate—growing at 5.4%, higher than the national growth rate of 3.2 %.<sup>2</sup> Poverty levels are high both in Amudat and in Karamoja region, which is the least developed region in the country. At 60.8, Karamoja is the region with the highest incidence of poverty.<sup>3</sup> Karamoja has the highest percentage of children experiencing multiple child poverty (68 percent).<sup>4</sup>

Since its creation in 2010, Amudat has been the worst performing district in health. According to the Ministry of Health District League Table (DLT), which is the aggregate result of key health indicators, Amudat scored last in healthcare service delivery in the FY 2016/17. Amudat scored 46.8% in sharp contrast to the national average (66.2%) and the best performing district, Adjumani (80.9%).<sup>5</sup>

This report is the second of a series of research done by ISER to highlight assess the country’s progress in realizing universal health coverage for the marginalized. The first report entitled “[Here When You Are Poor, You Die!](#)” focused on Sigulu islands in Namayingo district.

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<sup>1</sup> Ministry of Finance, Planning and Economic Development (2018), “Draft Budget Estimates of Revenue and

<sup>2</sup> Uganda Bureau of Statistics 2017/07/01. National Population and Housing Census, Area specific profile, 2017. <http://www.ubos.org/onlinefiles/uploads/ubos/2014CensusProfiles/AMUDAT.pdf>

<sup>3</sup> Uganda Bureau of Statistics, Uganda National Household Survey 2016/17, available

<sup>4</sup> NDP II

<sup>5</sup> Annual Health Sector Performance Report, 2016/17 page 39



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