THE CHALLENGES FACED BY THE GOVERNMENT DURING THE DELIVERY OF HEALTH CARE SERVICES TO THE RURAL WOMEN IN APAC SUB-COUNTY, APAC DISTRICT

A CASE STUDY: APAC SUB – COUNTY

BY

KIA HARRIET

BSW/41768/91/DU

A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF ECONOMICS AND MANAGEMENT SCIENCE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR AWARD OF A BACHELORS DEGREE OF SOCIAL WORK AND SOCIAL ADMINISTRATION OF KAMPALA INTERNATIONAL UNIVERSITY

MAY, 2012

DECLARATION

I KIA HARRIET, do here declare that the research entitled "challenges faced by the government during the delivery of health care services to the rural women in Apac sub-county "and submitted here is my own, original and has never been presented to any Institution or University either partially or in total for any academic award and where else other people's work were used, appropriate quotations and references have been given.

Signed .....

KIA HARRIET

BSW/41768/91/DU

[STUDENT]

Date 01/JUNE/2012

APPROVAL

This is to satisfy that my approval has been given for this report to be submitted to the College of Applied Economics and Management Science as a requirement for the partial fulfillment for the award of degree in Social Work and Social Administration.

Signed Otanga Rusoke .....

DR. OTANGA RUSOKE

[SUPERVISOR]

Date May 31 2012. .....

DEDICATION

I KIA HARRIET here by heartily dedicate this piece of work to the following: my parents, Mr. Ongom and Mrs. Betty Ongom, my brothers and sisters to whom I hope and pray it becomes an inspiration for their future academic endeavors.

To my supervisor Dr. Otanga Rusoke, a lecturer at Kampala International University for the tireless physical and moral support he accorded to me without any reservation while in class and in the field.

To the Head of Department, Social Work and Social Administration, Kampala International University, for imparting all the academic teachings within the College.

Thank you once more for the best you have given me.
May we always keep in touch as the struggle continues
May God always bless your efforts, AMEN.

ACKNOWLEDGMENTS

I thank the Almighty God for the very precious gift of life He has blessed me, a life which enables me to study.

I am very grateful and truly feel indebted to Kampala International University in whose midst I believe I have learned a lot. I do acknowledge first and foremost my direct supervisor, Dr. Otanga Rusoke, whose technical, professional and also parental support helped me see through the research time both at the University and in the field experience. All that I have in this document would not have been possible without guidance.

I am not forgetting my great parents, Mr. Ponsiano Ongom and my mother Mrs. Betty Ongom are
Who have impacted a lot in my life through supported me both physically and spiritually that is making me come with such a document.

Lastly, I acknowledge the immeasurable contribution of department of Social Works and S social Administration of Kampala International University for the tireless inputs through the lectures which have played an important role in transforming me towards my achievements and for the greater future.

Thank you all for everything, "I LOVE YOU ALL"

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS

NGO:	Non-Governmental Organization
UNHCR:	United Nation High Commissioner for Refugees
IDP:	Internally Displaced Persons
HIV/AIDS:	Acquired Immune Deficiency Syndrome
VHTs:	Village Health Team
UNICEF:	United Nations Children Education Fund

CHAPTER ONE

THE NATURE OF THE CHALLENGES

1.0 Introduction

This section provided a brief background to the study, statement of the problem, general objective and specific objectives of the study, scope of the study, definition of some terms which the researcher has discussed below. It will guide the future reader to understand better what is contained in this section.

1.1 Background to the study

Women are those females of 18 years and above. According to the 2002 population census, in Apac there were 20771 women, in specific to Apac Sub-county, there were 4080 women.

Women faces series of problems such as poor health due to long distance, poverty, cultural rigidities, lack of opportunities among others and these made the women to have poor access to health services.

In the attempt to solve these problems, the government of Uganda and other stake holders have intervened to help reduce on those by; building of more health centers for example I, II, III, and IV and referral hospitals, opening up of roads that leads to these health centers, training and employing of more health workers, NGOs like UNICEF has also intervened by training of the Village Health Team, equipping them with drugs and giving them some small facilitation. All these are done to make sure that women do have easy access to the health care services.

The interest of this research was in the women reason being that they are the majority of the total population in the area and they are more vulnerable compared to the men and they do face serious problems compared to other groups in the community.

Therefore, it was against this background that the researcher was interested in investigating those challenges that were met in delivering quality health care services to the rural women in Apac sub-county, Apac district.

1.2 Problem statement

Women are the majority in Uganda that is according to population census 2002, women were found to be 62.4% of the total population. As such, the government of Uganda has taken broad strategies to provide them with quality health care services. Some of the strategies are; building of more health centers, opening up roads leading to those health centers, training and employing of qualified health workers, and training and deploying of the Village Health team. This is coupled by massive sensitization of the citizens using different media on the available health care services at the different health centers.

Despite the total struggles by the government and its partners, women still continue facing those challenges and about 60% of the women still do not have access to adequate health care services that was according to (Ministry of Health report 2010). One could wonders, what are the challenges that women do face in accessing and delivering of quality health care service to the rural women in Apac sub-county, Apac district. Therefore, this study was intended to examine those challenges.

1.3 Objectives of the Study

1.3.1 General objectives

The main purpose of this study was to find out the challenges of delivering quality health care services to the rural women.

1.3.1 Specific objectives

i) To identify the health care needs of the rural women
ii) To assess the current health care service delivery strategies
iii) To find out the challenges encountered in assessing and delivering of quality health care services

1.4 Research questions

i) What are the health care needs for the rural women?

ii) What are the current health care service delivery strategies?

iii) What are the challenges encountered in accessing and delivering of quality health care services?

1.5 Scope of the study

This research was carried to investigate the challenges delivering quality health services to rural women .It were conducted in Apac Sub-county, Apac District. The sub-county has seven (7) parishes and one (1) Health Center III. The study covered a period between: 2011-2012.

1.6 **Significance of the study**

This research was hoped to be of relevant to the government in developing appropriate policies that helps in delivering quality health care services to the people.

It was intended to help NGOs and other stakeholders in the area to appreciate the challenges hindering delivering of quality health care services to women in rural areas and find out ways of overcoming them.

It was also intended to be of great importance to any other persons who might read and use as a basis of new knowledge for further research.

1.7 **Definition of key concepts**

Challenges: This refers to the problems that test somebody's ability.

Health: This refers to the state of complete physical mental and social well-being and not merely the absence of diseases.

Pregnant women: This refers to expectant women.

Health care: This refers to the ways of providing medical services to maintain our body health.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This section on literature generated focus from different sources on issues related to the topic. It reviews major themes that were tackled by different scholars worldwide and address what has been found to be rural women's barriers especially those health care challenges. The literature outside Uganda helped researcher to gather more insight into situation of rural women. From Africa are cited but more focus are based on the Ugandan experience and findings. This was important because they reflected well to the situation in the rural.

The first section presented literature on the health care needs of rural women. The second section presented literature on the current health care service delivery strategies, the third section presented the challenges encountered in health care service delivery.

2.1 Health Care Needs of women in Rural Areas

WICCE Report (2006), Reported that there is need to provide reproductive health services to rural women in the communities. These services need to build in to the entire referral system serving these rural women.

WICCE Report (2006), also added that there is need to have health education campaigns targeting women in rural areas to increase their awareness on reproductive health issues and to increase access to these services.

IDP Policy (2004), Reported that assessments done by government agencies including UNCHCR, reveals that the living condition in the rural areas are very poor due to inadequate shelter, inadequate services, lack of drugs, shortages of human personnel and high instances of diseases due to poor sanitation, unprotected water source. Therefore there is need to provide the people in the rural with safe water sources, health care among others.

However, this was not specifically on rural women. Therefore the researcher intends to carry out specific study on health care needs of the rural women.

2.3 **The Current Health Care Services Delivery Strategies in Rural Areas.**

According to the Health Sector Strategic Plan (2005-2010), geographical accessibility of households to health facilities increased from 49% pre HSSP to 75% in 2004 as a result of construction of new Health Centers III to Health Centers IV respectively led to improved health care service delivery.

Gilbert and Specht (2002), in their book of Social Administration and implementation of social policy reported that they found out that service delivery should be comprehensive in order to provide a range of benefits in sufficient period to have an impact upon the human and social problems of concern to the local community. Clearly the two most important affecting comprehensive are community's financial and human resource based and willingness of local decision makers to conceive of social and human programs as having sufficiently high priority to divert resources from other community functions and need. However, Gilbert and Specht were not specific by carrying a study on current health care services delivery strategies.

Gilbert and Specht in that same book also tackled of service delivery network as being accessible if there is a general absence of barriers to the use of services facilities in relations to community's patterns acceptability affected perhaps in more important way by financial and individual motivational and cognitive barriers . Therefore, Gilbert and Specht were not specific on the current health care service delivery strategy but the researcher intends to be specific by carrying out a study on current health care service delivery strategy.

In that same book still, Gilbert and Specht also talked of the continuity of the service which refers to inter organizational accessibility relationship within the total set of programs and agencies comprising of the local service network. Discontinuity implies to inability of the network to respond sequent to an individual need. Its assessment thus our understanding the functioning of inter organizational relationship over time. Discontinuity may be a result of the service network, which occurs when there is

uncertainty about or gaps between programs within which services are available. The service network is accountable if it is responsible to the user often unique problem and needs and it also maintains some process or set of process. However, this was not specific, therefore the researcher intends to bridge the gap by carrying out the study on the current health care service delivery strategies.

2.4 **Challenges Encountered in Health Care Service Delivery strategies**.

The IDP Report (2001), suggested that insecurity in Northern Uganda and Eastern part for over the last twenty (20) years is the most important explanatory factor for high poverty incidence in the region. It has resulted in death, grossly undermining the productive sector and leading to poor service delivery due to shortage of qualified doctors and health care staff in rural areas is particularly acute and has put additional pressure on outreach services and over stretched health facilities. However, this report was not specific on rural women. Therefore, the researcher intends to conduct a specific study on challenges for rural women to access health care services.

The New Vision, Friday 11 2008, Reports that the current population is estimated at 28 million with the highest in the sub Saharan Africa of at least seven children for an average Ugandan women. The vast majority about 87% of people live in rural setting with children between zero and fourteen (14) years making the biggest percentage. Interestingly, the health sector budget remains inadequate shillings 380 billion including donor contributions, many health units especially in rural areas have been completed but remain non functional due to lack of equipment, workers and supplies drugs, like of the existing 155 Health Centers IVs, only 40 are fully functioning, while 108 are equipped but lacks staffs.

According to Prokfieva (2004), in the study about single mothers stated that lack of money is the major problem preventing many Ugandans from assessing health services. In the same book, another challenging factor to health care services are poor infrastructures and diagnostic equipment as well as shortage of trained health workers as a result of consistent under funding of health sector.

2.5 **Summary of the reviewed literature.**

Under this, there were health care needs of rural women. The current health care services delivery strategies and the challenges encountered in accessing health care services as discussed by different authors.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section dealt with the description of the study design, area of study, study population, sample size, sampling procedure, data collection methods, procedures to be followed, ethical consideration, data processing and analysis as well as anticipated limitations.

3.1 Study design

The researcher used the survey design. This was due to being comparatively less costly, time saving because it allows random sampling and group administration was possible due to indirect administration. It was both qualitative and quantitative methods to capture in depth information and presentation of percentages, graphs and figures.

3.2 Area of study

This study was conducted in Apac Sub-county, Apac district. It is one of the five sub-counties, located towards the southern part of Apac district and it surrounds Apac Town council. It is bordered by Chegere Sub-county in the north, Aduku sub-county in the east and Ibuje sub-county in the west. The office is located at Olili about 4kilometres along Apac -Lira road.

The size of the Sub-county is 393.72 square kilometres. Basing on the 2002 population and housing census, the total population was 34.131 with 7083 households. The birth rate is 7.7 percent and slightly over 28% of the populations are under five years of age. Apac sub-county has been chosen because of the challenges that it faces in accessing and delivering quality health care services.

3.3 Study population

The study was conducted among the different categories of people that were proportionately sampled. The study respondents were randomly selected. Two categories of persons composed the sample, women and key informants that included the health workers, and political leaders.

3.4 Sample size

The researcher intended to sample and interviewed fifty (50) respondents. The time to conduct this study was enough and the number of respondents was not limited. The selection of key informants was based on the knowledge, experience and positions of responsibility that they had.

3.5 Sampling procedure

The study employed simple random sampling and purposive sampling techniques to select the respondents. Simple random sampling was used to select the women to avoid bias. Purposive sampling was used to select key informants to save time, and select typical and useful cases only.

3.6 Data collection methods

The researcher used the questionnaires, interviews and observation as the main tools for collecting data. The questionnaire was used since the study was concerned mainly with variables that were not directly observed such as opinions, views and perceptions. This was based on the ground that information needed would be easily described in writing and will be administered to tap information from key informants such as the local leaders, and the health workers and it was time saving. The researcher used interviews to get information from the women. To collect many responses, both closed and open ended questions were used. This was to gather information that were not directly observed or difficult to put in writing. The interview was used because it gave freedom to the researcher to dig deep and provided chances for in-depth explanation, obtain historical information and validation of data from other sources. The observation was used hand in hand during personal interview of the women. This allowed the researcher to see for himself the problems and conditions that the rural women were facing, this allowed the researcher to gain first-hand information and experience, recode information as it occurred.

3.7 Procedure to be followed

On approval of the research proposal, the researcher requested for an introductory letter from the Head of department of College of Economics and applied science, Kampala International University for permission to go to the field to collect data. The researcher then introduced himself to authorities concerned in Apac Sub-county, Apac district which was the area of study. This was to seek for their permission to reach the respondents. Therefore, the researcher scheduled planned appointment with the respondents. The data was collected by the researcher because of limited resources.

Record books for respondents were used for easy follow up and the researcher was guided by the supervisor on how and when to start and end.

3.8 Ethical consideration

The researcher followed the accepted norms and regulations of the research discipline by getting permission and approval from the different levels of authorities. During data collection, the researcher obtained consent from the respondents to participate willingly. The researcher promised confidentiality and informed the respondents that the study poses no danger to them directly or indirectly. Respondents were protected by keeping the information given confidential. If confidentiality was promised, consent was sought for before, even where the respondents may not be concerned about confidentiality.

3.9Data processing and analysis

In the presentation of data upon completion of data collection, the researcher sorted out the data by tabulating, editing and recording of all the categories administered throughout the course of analysis. Edition was made through the responses given after the field to ensure that unnecessary information collected is removed. Qualitative data obtained through observation and key information is presented using content analysis. Coding was made for clarity and grouping data according to the objectives of the study. The researcher used both tables and figures to present the respondents and interpretation of raw data to percentages and direct questions of respondents to validate the study.

3.10 Anticipated limitations

The study was anticipated to be limited by demands for monetary incentives by the respondents. The researcher anticipated the respondents to think that he came from the government or NGOs and demands for assistance and this may lead to lack of corporation incase assistance is not offered. The researcher also anticipated financial problem. The researcher solved these anticipated problems by giving clear explanation of the objectives of the study as being pure academic and careful planning of the limited resources.

CHAPTER FOUR
PRESENTATION OF FINDINGS

4.0 Introduction

This section presents the results of the study. This study investigated the challenges faced during the delivery of health care services to the rural women in Apac Sub-county, Apac district. This section therefore presents the results obtained in the field according to established themes of the study as in section one respectively.

4.1 Background characteristics of Respondents

4.1.1 Age of Respondents.

The respondents were of varying ages as seen in table 1.

Table 1: Showing the Ages of the Respondents

Response	Number of Respondents	Percentage (%)
18-28	22	44
29-38	14	28
39-48	12	24
49+	02	04
TOTAL	**50**	**100**

(Source: Primary data 2012)

According to table 1, 44% of the total respondents interviewed repotted that they were in the age of 18-28, 28% said were in the age of 29-38, 24% said were in the age of 39-48 and 04% said were in the age of 49+. This is because majority of the people there are the youths who fall in the age group of 18-28.

4.1.2 **Sex of Respondents**

The sex of the respondents can be seen in table 2.

Table 2: Showing the Sex of the Respondents

Response	**Number of Respondents**	**Percentage (%)**
Male	16	32
Female	34	68
Total	**50**	**100**

(Source; Primary data 2012)

According to table 2, 68% of the total respondents interviewed repotted that they are female and this is because the research was interested mainly in women, and 32% said they were male and this is because these few men were part of the key informants.

4.1.3 **Marital Status**

Table 3: Showing the Marital status of the respondents

Response	**Number of Respondents**	**Percentage (%)**
Single	18	36
Married	29	58
Divorced	01	02
Separated	02	04
Total	**50**	**100**

(Source: Primary data 2012)

According to table 3, 58% of the total respondents interviewed repotted that they were married, 36% said single, 04% said separated and 02% said they were divorced. Most of the people In the area are married and some few divorced.

4.1.4 **Occupation of the Respondents**

The occupation of the respondents can be seen in table 4.

Table 4:Showing the Occupation of the Respondents

Response	**Number of Respondents**	**Percentage (%)**
Civil servants	19	38
Businesswomen/men	12	24
Peasant farmer	19	38
Total	**50**	**100**

(Source: Primary data 2012)

According to Table 4, 38% of the total respondents interviewed repotted that they were civil servants, 38% said peasant farmers and 24% said businesswomen/men. These civil servants comprised of teachers, political leaders, and health workers. There were also some businesswomen and men in the area.

4.1.5 **Educational level of Respondents**

The educational level of the respondents can be seen in table 5.

Table 5: Showing the Educational level of Respondents

Response	**Number of Respondents**	**Percentage (%)**
Primary	04	08
Secondary	12	24
Tertiary Institution	13	26
University	19	38
Never went to school	02	04
Total	**50**	**100**

(Source: Primary data 2012)

According to Table 5, 38% of the total respondents interviewed repotted that they were University students, 26% said Tertiary institution students, 24% said secondary students, 08% said primary pupil and 04% said never went to school. Therefore, majority of the respondents were University students compared to those who never to school and this shows that the area comprises more of the educated.

4.2 **Health Care Needs of Rural women**

This section presents the respondents views on the health care needs of the women in Apac Sub-county, Apac district.

4.2.1 **Health care needs of rural women**

The health care needs of the rural women can be seen in table 6.

Table 6:Showing the Health care needs of rural women

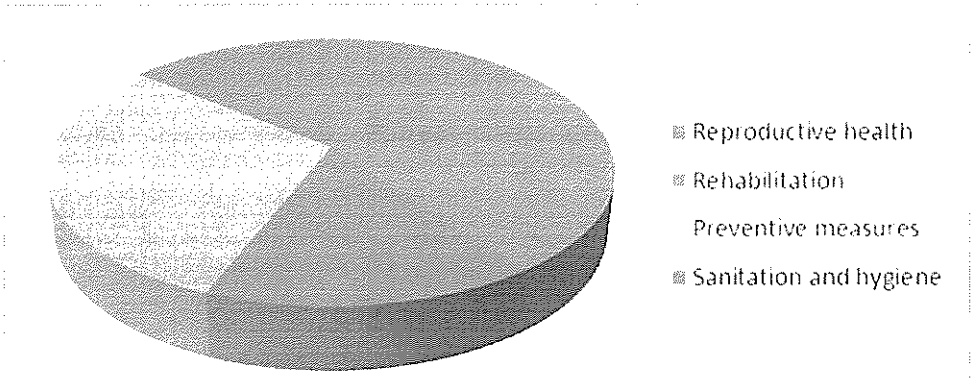
Response	**Number of Respondents**	**Percentage (%)**
Reproductive health	20	40
Rehabilitation	08	16
Preventive measures	15	30
Sanitation and Hygiene	07	14
Total	**50**	**100**

(Source: Primary data 2012)

According to table 6, 40% of the total respondents interviewed repotted that their health care need is reproductive health because of high infant rates and maternal mortality rates, 30% said preventive measures because of the high spread of sexually transmitted diseases such as HIV/AIDS among others, 16% said rehabilitation because of poor roads, health centers and so on and 14% said sanitation and hygiene because of poor garbage disposal, poor water facilities.

According to the total number of respondents interviewed repotted that the health care needs of the rural women included among many the followings; reproductive health, rehabilitation, preventive measures, and sanitation and hygiene.

Figure 1:Showing the Health care needs of the rural women



The above pie chart indicates that, the total number of respondents interviewed said that their health care needs are; reproductive health and this is represented by 40% of the respondents, 30% said preventive measures, 16% said rehabilitation and 14% said sanitation and hygiene.

4.2.3 **Health care needs to be addressed first**

The health care needs to be addressed first can be seen in table 7.

Table 7: Showing the Health care need to be addressed first

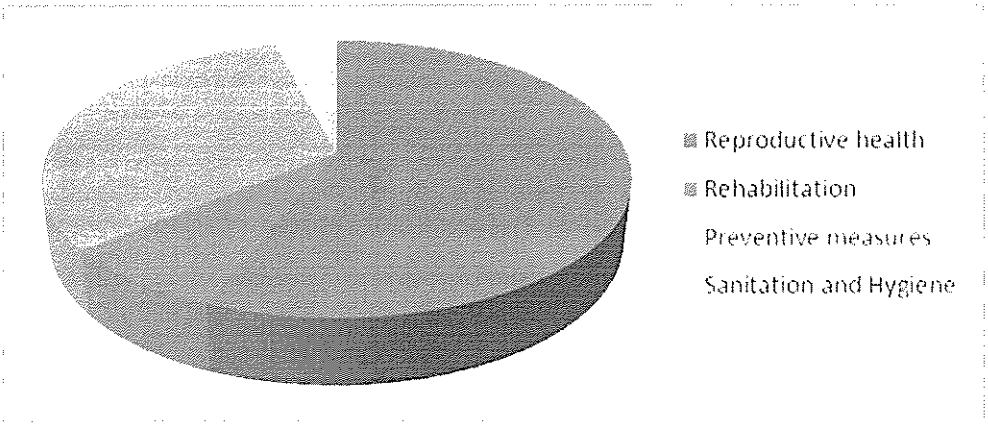
Response	**Number of Respondents**	**Percentage (%)**
Reproductive health	28	56
Rehabilitation	04	08
Preventive measures	16	32
Sanitation and Hygiene	02	04
Total	**50**	**100**

(Source: Primary data 2012)

According to table 7, 56% of the total respondents interviewed repotted that reproductive health be addressed first because of severe lost of lives in the area, 32% said preventive measures because there is need to prevent these diseases since prevention is better than c, 08% was rehabilitation and 04% was sanitation and Hygiene.

However, of the above health care needs, they agreed that reproductive health be addressed first, followed by preventive measures, rehabilitation and sanitation and hygiene.

Figure 2: Showing the Health care needs to be addressed first



The above pie chart indicates that, the total number of respondents interviewed said that the health care need to be addressed first is reproductive health and this is represented by 56% of the respondents, 32% said preventive measures, 8% said rehabilitation and 4% said sanitation and hygiene.

4.2.3 **What accounted for the health care needs of the rural women**

The factors that accounted for those health care needs can be seen in table 8.

Table 8: Showing the Health Care Needs of Women

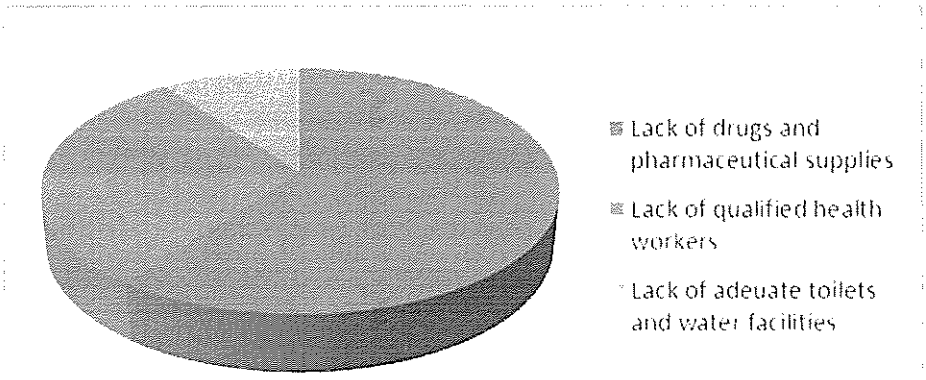
Response	Number of Respondents	Percentage (%)
Lack of qualified health workers	15	30
Lack of drugs and pharmaceutical supplies	30	60
Lack of adequate toilets and water facilities	05	10
Total	**50**	**100**

(Source: Primary data 2012)

According to table 8, 60% of the total respondents interviewed repotted that what accounted for these health care need is lack of drugs and pharmaceutical supplies, 30% said lack of qualified health workers and 10% said lack of adequate toilets and water facilities.

They further agreed that there are a number of factors that accounted for those needs and they are; lack of drugs and pharmaceutical supplies, lack of qualified health workers, and lack of adequate toilets and water facilities among others.

Figure 3: Showing the health care needs of Women



The above pie chart indicates that, the total number of respondents interviewed said that lack of drugs and pharmaceutical supplies and this is represented by 60% of the respondents, 30%

said lack of the qualified health workers and 10% said lack of adequate toilets and water facilities accounted for the health care needs.

4.2.4 **What they do to meet their health care needs.**

What they always do to meet their health care needs can be seen in table 9.

Table 9: Showing the health care needs of women

Response	**Number of Respondents**	**Percentage (%)**
Taking local herbs	02	04
Going to hospital for treatment	28	56
Keeping latrine clean	20	40
Total	**50**	**100**

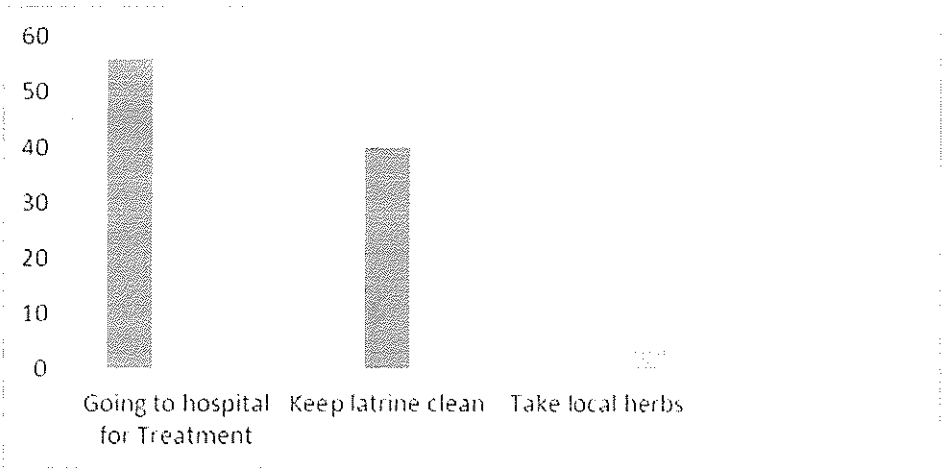
(Source: Primary data 2012)

According to table 9, 56% 0f the total respondents interviewed repotted that they go to hospital for treatment, 40% said they keep latrine clean and 04% said they take local herbs.

The reason to why they go to hospital for treatment is that it has got more qualified personnel compared to taking local herbs.

In order to meet their health care needs, they reported that they go to hospital for treatment, keep latrines clean, and take local herbs.

Figure 4: Showing what is done to meet the health care needs of Women



The above graph indicates that, the total number of respondents interviewed said that they meet their health care needs by going to hospital for treatment and this is represented by 56% of the respondents, 40% said they keep latrines clean and 4% of the total respondents said they take local herbs to meet their health care needs.

4.2.5 **Comments on the adequacy of interventions**

The comments on the interventions by the different sectors can be seen in Table 10.

Table 10:Showing the Comments on the interventions

Response	Comments	Number of Respondents	Percentage (%)
Government	Fair	30	60
	Good	20	40
	Very good	-	-
	Total	50	100
NGOs	Fair	20	40
	Good	26	52
	Very good	04	08
	Total	50	100
Private practitioners	Fair	10	20
	Good	27	54
	Very good	13	26
	Total	**50**	**100**

(Source: Primary data 2012)

According to table 10, 60% of the total respondents interviewed repotted that the government intervention is fair and this is because when they go there, they do not get the drugs and sometimes only one (1) staff, 40% said good and no one said very good.

Still on the same table, 52% of the total respondents interviewed repotted that the NGO intervention is good and this is because you cannot fail to get drugs and staffs, 40% said fair and 08% said very good.

On that same table still, 54% of the total respondents interviewed repotted that private practitioners intervention is good as that of NGO, 26% said very good and 20% said fair.

There were also some interventions put in place to help in delivering quality health services to the people and their comments on these interventions were as follow; government's intervention was recommended to be fair because of few or no drugs at

all, NGOs and private practitioners were recommended to be good because they serve people faster and have the necessary equipments.

4.3 Current health care service delivery strategies

This section presents the current health care service delivery strategies in Apac Sub-county, Apac district.

4.3.1 The current health care service delivery strategies can be seen in table 11.

Table 11: Showing the Current health care service delivery strategies

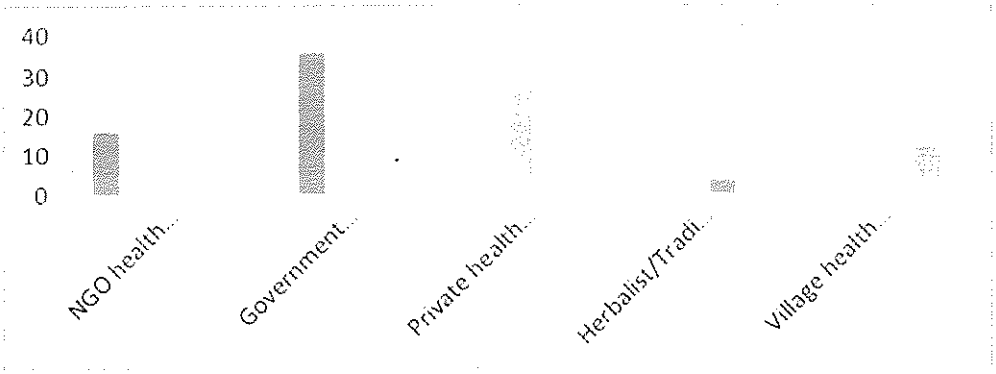
Response	**Number of Respondents**	**Percentage (%)**
NGO facilities	08	16
Government owned facilities	18	36
Private owned facilities	16	32
Herbalists/Traditional healers	02	04
Village health team	06	12
Total	**50**	**100**

(Source: Primary data 2012)

According to table 11, 36% of the total respondents interviewed asserted that the current health care delivery is government owned facilities, this means that government still remains the major service providers in as far as health is concerned, 32% said private owned facilities, 16% said NGO facilities, 12% said Village health team and 04% said traditional healers/herbalists.

Of the total number of respondents interviewed, they reported that there are strategies that are being used to deliver health care services to the people but those being used currently are; government owned facilities, private owned facilities, NGO facilities, Village health team, and Herbalists/traditional healers.

Figure 5: Showing the Current health care service delivery strategies



The above graph indicates that, the total number of respondents interviewed said that the current health care service delivery strategy is government health facilities and this is represented by 36% of the respondents, 32% said private health facilities, 16% said NGO health facilities, 12% said Village Health Team and 4% of the total respondents said herbalists as the health care service delivery strategies.

4.3.2 **Reasons that supported the current health care service delivery strategies**

This can be seen in table 12

Table 12: Presenting the Reasons that supported the current health care service delivery strategies

Response	Reasons	Number of Respondents	Percentage (%)
NGO facilities	Serves people faster	28	56
	Quality services	16	32
	Reliable	02	04
	Adequate facilities	04	08
	Total	**50**	**100**
Government facilities			
	Free services	30	60
	Quality services	05	10
	Reliable	09	18
	Cheaper	06	12
	Total	**50**	**100**
Private facilities			
	Serves people faster	22	44
	Adequate facilities	19	38
	Reliable	08	16
	Effective	01	02
	Total	**50**	**100**
Herbalists/Traditional healers			
	Traditional believes	19	38
	No money	11	22
	Easy access	05	10
	Persistent diseases	15	30
	Total	**50**	**100**

(Source: Primary data 2012)

According to table 12, 56% of the total respondents interviewed repotted that they go to NGO facilities because they serve people faster, 32% said because of quality services, 04% said because it is reliable and 08% said because of the adequate facilities they have.

In that same table, 60% 0f the total respondents interviewed repotted that they go to government facilities because of free services, 18% said because of its reliability, 12% said because it is cheaper and 10% said because of quality service that they do provide.

Still in that same table, 44% of the total respondents interviewed repotted they go to private facilities because they serve people faster, 38% said because of adequate facilities, 16% said because of its reliability and 02% said because it is effective.

Also in that table, 38% of the total respondents interviewed repotted that they go to herbalists because of traditional believes, 30% said because of persistent of some diseases, 22% said because of no money and 10% said because of easy access.

They further pointed out the reasons that supported the current health care delivery strategies such as serving people faster, quality services, reliable, and adequate facilities for NGO health facilities. Free services, quality services, reliable, and cheaper for government facilities, serving people faster, adequate facilities, reliable, and effective for private facilities, and traditional believes, no money, easy access and persistence of some diseases for traditional healers/herbalist.

4.3.3 How do they meet the cost of their health care needs

The way these people can meet the cost of their needs can be seen in table 13

Table 13: Showing how they meet the cost of their needs

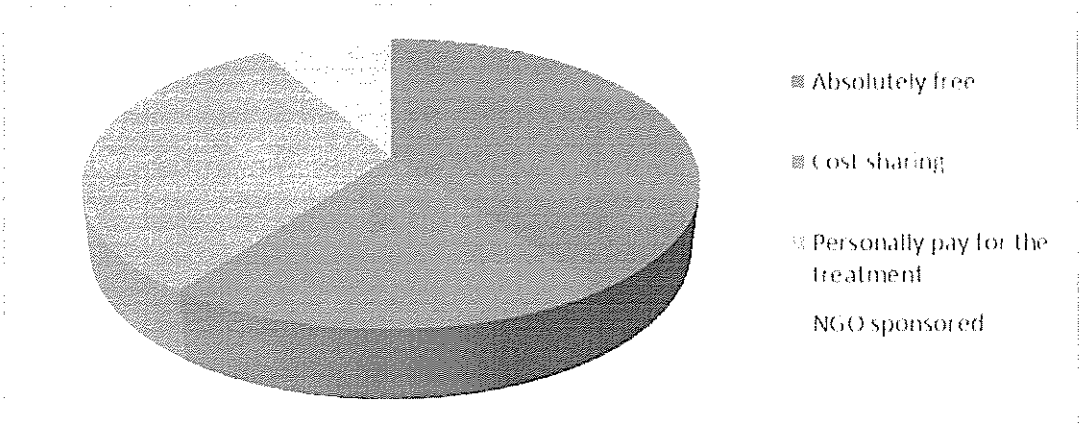
Response	**Number of Respondents**	**Percentage (%)**
Absolutely free	20	40
Cost sharing	10	20
Personally pay for the treatment	16	32
NGO sponsored	04	08
Total	**50**	**100**

(Source: Primary data 2012)

According to table 13, 40% of the total respondents interviewed repotted that their health care need is absolutely free, 32% said personally pay for the treatment, 20% said cost sharing and 08% said NGO sponsored.

These respondents that were interviewed further pointed out how they do meet the cost of their health care needs and these were; absolutely free mostly in government facilities, personally pay for the treatment which is common in all facilities, cost sharing mostly in NGO facilities, and sometimes they are sponsored by NGOs.

Figure 6:Showing how Women meet their cost



The above pie chart indicates that, the total number of respondents interviewed said that they meet their health care cost is free absolutely and this is represented by 40% of the respondents, 32% said they personally pay for the treatment, 20% said they share the cost and 8% are sponsored by NGOs.

4.3.4 **Challenges faced while accessing the health care services**

The challenges faced while accessing health services can be seen in table 14

Table 14: Showing the Challenges faced by women while accessing health care services

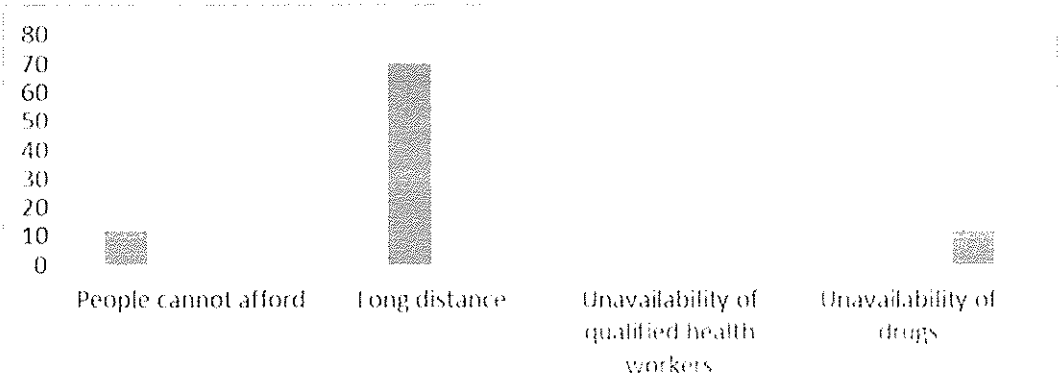
Response	Number of Respondents	Percentages (%)
People cannot afford	06	12
Long distances	35	70
Un availability of qualified health workers	03	06
Un availability of drugs	06	12
Total	**50**	**100**

(Source: Primary data 2012)

According to table 14, 70% of the total respondents interviewed repotted that their challenges in accessing health care services is long distance, 12% said cannot afford, 12% said unavailability of drugs and 06% said unavailability of qualified health workers

Of the total number of respondents that were interviewed repotted that there were some challenges that they encountered in their endeavors to access the health care services and these included among many the followings; long distances, people cannot afford, unavailability of drugs, and unavailability of qualified health workers. Hence it has hindered their access to the health services in Apac Sub-county, Apac district.

Figure 7: Showing the Challenges faced while accessing health care services in Apac Sub-county, Apac district.



The above graph indicates that, the total number of respondents interviewed said that they meet a challenge of long distance and this is represented by 70% of the respondents, 12% said people cannot afford, 12% said un availability of drugs and 6% said un availability of qualified health workers.

4.3.5 **Roles played by women in reducing the challenges**

The roles that women play in reducing the challenges can be seen in table 15

Table 15: Showing the Roles played by women in reducing the challenges

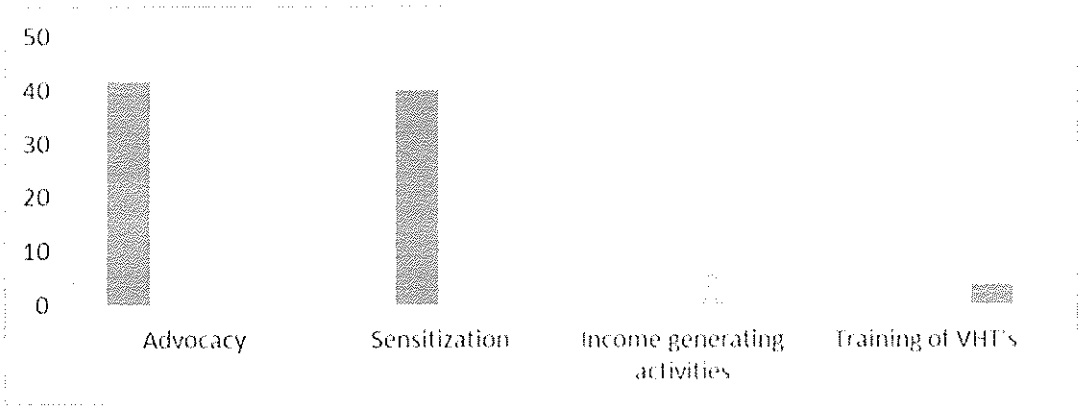
Response	**Number of Respondents**	**Percentage (%)**
Advocacy	21	42
Sensitization	20	40
Income Generating Activities	07	14
Training of VHTs	02	04
Total	**50**	**100**

(Source: Primary data 2012)

According to table 15, 42% of the total respondents interviewed repotted that their role is advocacy, 40% said sensitization, 14% said Income generating activities and 04% said training of the village health team.

They also pointed out some of the roles that women are playing in trying to reduce those challenges of accessing health care services. Those roles includes amidst others the following; advocacy that is for the construction of more health centers to reduce the challenge of long distance, sensitization of the women and other people about the available health centers and the services they provide to help reduce the challenge of ignorance, income generating activities to help the women and other people realize some money to get access to health care services and this reduces the problems of people not affording, and training of more villa health team and this is to extend the health services as near as possible to the people for easy access at any time of need.

Figure 8: Showing the Roles played by women in reducing the challenges



The above graph indicates that, the total number of respondents interviewed said that the women play a number of roles such as advocacy and this is represented by 42% of the respondents, 40% said sensitization, 14% said income generating activities and 4% said training of VHTs in order to reduce the challenges

4.4 **Challenges faced in health care service delivery.**

This section presents the respondents views on the challenges faced during the delivering of quality health care services.

4.4.1 **Challenges facing delivery of quality of health care services.**

These challenges can be seen in table 16.

Table 16: Showing the Challenges facing delivery of quality health care services to women

Response	Number of Respondents	Percentage (%)
Corruption	15	30
Ignorance	12	24
Negligence by health workers	07	14
Cultural rigidities	09	18
Few health centers	06	12
In adequate equipments	01	02
Total	**50**	**100**

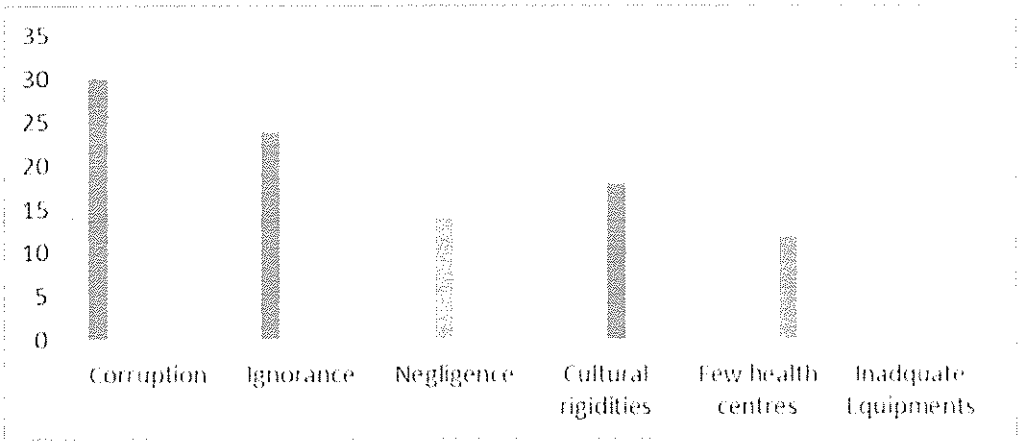
(Source: Primary data 2012)

According to table 16, 30% of the total respondents interviewed repotted that their challenge is corruption, 24% said ignorance, 18% said cultural rigidities, 14% said negligence by health workers, 12% said few health centers and 02% said inadequate equipments.

They further pointed out challenges that are facing delivery of quality health care services to the people to be the followings; corruption that is by the public officials, ignorance by the people, negligence by health workers, cultural rigidities, few health centers, inadequate equipments, inadequate water facilities, poor infrastructures and poor sanitation and hygiene.

They asserted that all those listed are the challenges encountered in delivering quality health care services to the rural women in Apac Sub-county, Apac district.

Figure 9: Showing the Challenges facing delivery of quality health care services in Apac Sub-county, Apac district.



The above graph indicates that, the total number of respondents interviewed said that the challenges facing the delivering of quality health care services are corruption and this is represented by 30% of the respondents, 24% said ignorance, 18% said cultural rigidities, 14% said negligence by health workers, 12% said few health centers and 2% said inadequate equipments.

4.4.2 The respondents were further asked if there were more challenges a part from those mentioned, 30 of the total number of respondents given the questionnaire said No and 20 said Yes.

Those who said yes are the ones whose ideas can be seen in table 17.

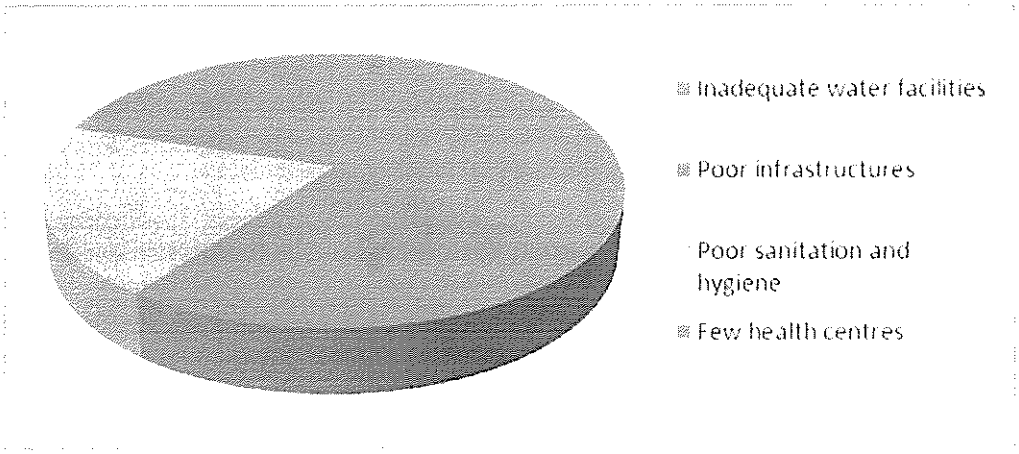
Table 17:Showing More challenges faced in delivering of quality health care services

Response	**Number of Respondents**	**Percentage (%)**
Inadequate water facilities	07	35
Poor infrastructures	05	25
Poor sanitation and hygiene	04	20
Few health centers	04	20
Total	**20**	**100**

(Source: Primary data 2012)

According to Table17, 35% of the total number respondent that were interviewed repotted that the challenges were inadequate water facilities, 25% said poor infrastructures, 20% said poor sanitation and hygiene and 20% said few health centers.

Figure 10:Showing More challenges faced in delivering of quality health care services



The pie chart above indicates that, the total number of respondents interviewed said further challenges in delivering quality health care services are; inadequate water facilities and this is represented by 35% of the respondents, 25% said poor infrastructures, 20% said poor sanitation and hygiene and 20% said few health centers.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Summary

This chapter deals with the research carried out; recommendations and how those challenges of delivering quality health care services to the rural women in Northern Uganda, Apac Sub-county, Apac district can be solved. As such; the recommendations was made depending on the identified hurdles to the effectiveness of those challenges faced in delivering quality health care services to the women.

5.1 Conclusions.

The research was conducted to find out the challenges of delivering quality health care services to the rural women in Apac Sub-county, Apac district. In regard to that research findings revealed that in deed there are some challenges. The research also found out that the government, NGOs, and private bodies helped the communities. The study also found out that, very many attempts were put forward to solve the challenges such as advocating for more health centers, sensitization of the local people about the available services, and acquiring loans from Micro finance institutions to help in income generating activities. Most of the women reported that they go to Hospital for treatment, keep latrine clean and take local herbs.

5.2 Recommendations.

Health, which is a serious human threat to the people in Uganda, has surly faced challenges in Northern Uganda just like any other part of the region would also experience. It is upon such a background that government of Uganda, NGOs and other stakeholders should do the following to solve the challenges facing health so that the people can live in good health.

a) Government.

The government of Uganda with it development partners should apportion more funds to help improve the lives of people affected by health and where possible lobby for more funds from friends, donors and other health loving countries should be done. There is also need for the government and other Microfinance institutions to provide loans to the people, so as to facilitate the income generating activities they intend to carry out this will improve their standard of living and eradicate poverty. In addition to that, the government should also put more hospitals if possible in all the sub-counties to help extend the services nearer the people.

b) NGOs

To all the NGOs operating in Apac district and especially Apac sub-county, they should make sure that comprehensive and holistic programs are made to help the plight of all the women in Apac sub-county.

c) Local communities

There is need for permanent solutions to health in Northern Uganda especially Apac Sub-county to be sought.

REFERENCES:

Abegunde, D.O. and A.E. Stanciole. (2008). The economic impact of chronic diseases: how do households respond to shocks? Evidence from Russia. *Social science & medicine.* 66(11):2296-307.

Abegunde, D.O., Mathers, C.D., Adam, T., Ortegon, M., & Strong, K. (2007). The Burden and costs of chronic diseases in low-income and middle-income countries. *Lancet*, 370, 1929-1938.

Adeyi, O., Smith, O., & Robles, S. (2007). *Public policy and the challenge of chronic non-communicable diseases.* Washington: World Bank.

De Alba Garcia, J. G., Rocha, A. L. S., Lopez, I., Baer, R. D., Dressler, W., & Weller, S. C. (2007). "Diabetes is my companion": Lifestyle and self-management among good and poor control Mexican diabetic patients. *Social Science & Medicine,* 64(11), 2223-2235.

De-Graft Aikins, A. (2005). Healer shopping in Africa: New evidence from rural-urban qualitative study of Ghanaian diabetes experiences. *BMJ*, 331-737.

Ensor, T., & Cooper , S. (2004). Overcoming barriers to health services access: Influencing the demand side. *Health Policy and Planning*, 19(2), 69-79

Gilbert and Specht (2002), Social Program Administration, Implementation of Social Policy

Harderman, W., Van Damme, W., Van Pelt, M., Ir, P., Heng, K., & Meessen, B. (2004). Access to care for all? User fee plus a health equity fund in Sotnikum, Cambodia. *Health Policy and Planning*, 19(1), 22-32.

Horton, R. (2007). Chronic diseases: the Case for urgent global action. *Lancet*, 370, 1881-1882.

Janssens, B., Van Damme, W., Raleigh, J., Khem, S., Soy, T.K., Vun, M.C., Ford, N., & Zachariah, R. (2007). Offering integrated care for HIV/AIDS, diabetes and hypertension within chronic disease clinics in Cambodia. *Bulletin of the World Health Organization*, 85(11), 880-885.

Khmer HIV/AIDS NGO Alliance (KHANA). (2001). *When you are ill you always hope: An exploration of the role of traditional healers in HIV/AIDS Care and prevention in Cambodia*. Phnom Penh, Cambodia.

King, H., Keuky, L., Seng, S., Khun, T., Roglic, G., Pinget ,M. (2005). Diabetes and associated disorders in Cambodia: Two epidemiology studies. *Lancet*, 366, 1633-39.

Lawton, J., Peel, E., Parry, O. & Araoz, G. (2005). Lay perceptions of type 2 diabetes in Scotland: Bring health services back in. *Social Science and Medicine*, 60:1423-1435

Miranda, J.J., Kinra, S., Casas, P., Davey, S.J., & Ebrahim, S. (2008). Non-communicable diseases in low- and middle-income countries: Contexts, determinants and health policy. *Tropical medicine and International Health*, 13(10), 1225-1234.

MOH (2006), The Health Sector Strategic Plan II, Ministry of Health, Kampala Uganda

Nishtar, S. (2007). Time for a global partnership on non-communicable disease. *Lancet*, 370, 1887-1888.

Posse, M., Mehus, F., van Asten, H., van der Ven, A., & baltussen, R. (2008). Barriers to access to antiretroviral treatment in developing countries: A review. *Tropical Medicine and International Health*, 23(7), 904-913.

The New Vision, Friday 11. 2008, Population Increase, Kampala

WHO.(2003). Adherence to long-term therapies: evidence for action. Geneva: World Health Organization.

WICCE (2006), Medical International Study of War Affected, Apac District

APPENDIX I

QUESTIONNAIRE FOR WOMEN

Dear Sir/Madam

I KIA HARRIET, a student of Kampala International University pursuing a bachelor's degree of Social Work and Social Administration. I am carrying out research on the challenges of delivering quality health care services to the rural women in Apac Sub-county. This questionnaire is aimed at collecting data from rural women in Apac Sub-county. I kindly therefore request you to read the following questions and answer them freely. Any information given is strictly confidential and for academic purpose.

Thank you in advance.

SECTION A: Background characteristics of the Respondents

1. Age: 18-28,

   29-38,

   39-48,

   49+

2. Sex; (a) Male. (b) Female:

3. Marital Status;

   (i) Single

   (ii) Married

(i) Divorced
(ii) Separated

4: Occupation: (tick only one)

   (i) Civil servants

   (ii) Businessman/woman

   (iii) Peasant farmer

5. Education level.

(i) Primary

(ii) Secondary

(iii) Tertiary Institution

(iv) University

(v) Never went to school

SECTION B: HEALTH CARE NEEDS OF THE RURAL WOMAN

6. What are your health care needs (Tick all that is true)

(a). Reproductive health

(b). Rehabilitation

©. Preventive measures

Others,(specify),.....

7. of these listed above, which one should be addressed first

.....

8. What do you think is accounting for your health care needs. (Tick True or False)

(i). The community lacks qualified health workers.

True

False

(ii), There are no drugs and other pharmaceutical supplies.

True

False

(iii), In the community, we lack adequate toilets and water facilities.

True

False

9. As a woman, what do you always do to meet your health care needs?

(circle all that apply)

(i), Taking local herbs

(ii), Going to hospital for treatment

(iii), Keeping latrine clean

10. Comment on the adequacy of interventions to meet your health care needs.

(i), Governments:

(ii), NGO:

(iii), Private Practitioners:

SECTION C: THE CURRENT HEALTH SERVICE DELIVERY STRATEGIES

11. Where do you go for health care services.(circle all that apply)

(a) NGO health facilities

(b) Government owned

(c) Private owned facilities

(d) Herbalists/ Traditional healers

(e) Any other. .....

12. Please, give reasons to support your choices above.

.....

13. How do you meet the cost of health care services.

(a) Absolutely free

(b) Costs sharing

(c) Personally pay for the services

(d) NGO sponsored

14. What challenges do you encounter when accessing health care services. (circle all that apply)

(a) People can not afford

(b) Long distances

(C) Unavailability of qualified health workers

(d) Unavailability of drugs

15. What are your roles as a woman to reduce challenges to access health care services.

.....

SECTION D: CHALLENGES FACED IN HEALTH CARE SERVICE DELIVERY

16. In your opinion, what do you think are the challenges facing delivery of quality health care services to women.

.....

17. Apart from the above mentioned, do you think there are other health challenges in your community. If yes, mentioned them. .....

Thank you for your participation

APPENDIX II

QUESTIONNAIRE FOR THE KEY INFORMANTS

Dear Sir/Madam

I KIA HARRIET, a student of Kampala International University pursuing a bachelor degree of Social Work and Social Administration.

I am carrying out research on the challenges of delivering quality health care services to the rural women in Apac Sub-county.

This questionnaire is aimed at collecting data from rural women in Apac Sub-county. I kindly therefore request you to read the following questions and answer them freely. Any information given is strictly confidential and for academic purpose.

Thank you in advance.

SECTION A: Background characteristics of the Respondents

2. Age: 18-28,

29-38,

39-48,

49+

2. Sex; (a) Male. (b) Female:

3. Marital Status;

(i) Single

(ii) Married

(iii) Divorced

(iv) Separated

4: Occupation: (Tick only one)

(i) Civil servants

(ii) Businessman/woman

(iii) Peasant farmer

5. Education level.

(i) Primary

(ii) Secondary

(iii) Tertiary Institution

(iv) University

(v) Never went to school

SECTION B: HEALTH CARE NEEDS OF THE RURAL WOMAN

6. What are the health care needs of women (Tick all that is true)

(a). Reproductive health

(b). Rehabilitation

(C) Preventive measures

Others,(specify), ...

7. Of these listed above, which one should be addressed first?

.....

8. What do you think is accounting for their health care needs. (Tick true or False)

(i). The community lacks qualified health workers.

True

False

(ii), There are no drugs and other pharmaceutical supplies.

True

False

(iii), In the community, we lack adequate toilets and water facilities.

True

False

9. As a health worker/community, what do you always do to meet your health care needs?

(circle all that apply)

(i), Taking local herbs

(ii), Going to hospital for treatment

(iii), Keeping latrine clean

10. Comment on the adequacy of interventions to meet your health care needs.

(i), Government:

(ii), NGO

(iii), Private Practitioners:

SECTION C: THE CURRENT HEALTH SERVICE DELIVERY STRATEGIES

11. Where do they go for health care services.(circle all that apply)

(a) NGO health facilities

(b) Government owned

(C) Private owned facilities

(d) Herbalists/ Traditional healers

(e) Any other. .....

12. Please, give reasons to support your choices above.

.....

13. How do they meet the cost of health care services.

(a) Absolutely free

(b) Costs sharing

(c) Personally pay for the services

(d) NGO sponsored

14. What challenges do they encounter when accessing health care services. (circle all that apply)

(a) People can not afford

(b) Long distances

(c) Unavailability of qualified health workers

(d) Unavailability of drugs

15. What roles do women play to reduce the challenges of accessing health care services.

.....

SECTION D: CHALLENGES FACED IN HEALTH CARE SERVICE DELIVERY

16. In your opinion, what do you think are the challenges facing delivery of quality health care services to women.

.....

.....

17. Apart from the above mentioned, do you think there are other health challenges in this community. If yes, mention them.

.....

.....

Thank you for your participation.