NON GOVERNMENTAL ORGANISATIONS AND WOMEN'S HEALTH EMPOWERMENT IN UGANDA: A REVIEW

1.0 Abstract

Background: East Africa experienced its NGOs boom a decade later, starting in the 1990s. Kenya, for example, experienced a rapid increase in registered NGOs, from 400 in 1990 to over 6,000 in 2008. Likewise, in Tanzania, the 41 registered NGOs in 1990 had increased to more than 10,000 by 2000. In some countries, such as Uganda, the NGO sector is viewed with mixed feelings, including rampant suspicion that the public good is not the primary motivation fuelling NGOs. Political influences have been suggested as a strong influence on NGOs in Africa, with NGOs joining the patronage networks of political leaders. In Uganda NGOs have a common platform under the NGO Forum that overlooks and champions their plights. This forum helps in registration, monitoring and streamlining linkages to avoid and increase success.

Methods: This paper reviewed the non-governmental organisations and women empowerment in Uganda. Different search engines such as web of science, scopus, pubmed central, scimago, snip, seminatics, google scholar, researchgate, academia edu and many others were utilized to get information on this topic to update the society on the impact of non-governmental organisations on women in Uganda.

Results: The above information presented by different scholars indicates that NGOs are inadequate in terms of activities and services they give to the people, more especially in empowering women to improve on their health in many countries including Uganda.

Conclusion: The women are bound to meet a number of challenges in implementing their services more especially on women health issues.

Keywords*: non-governmental organisations, Health Clinics, Women Health, Uganda, Challenges of women*

2.0 Introduction

International non-governmental organizations have a history dating back to at least 1839 Cook (2003) in Western countries. Non- governmental organizations (NGOs) have been active at the international level since the eighteenth century. When national level issue-based organizations focused on the abolition of the slave trade and movements for peace. By the start of the twentieth century, there were NGOs associations promoting their identities and agendas at national and international levels (Kabonesa *et.al*.2003).

From the late 1980s, NGOs assumed a far greater role in development than previously. From 1986 onward, a number of NGOs committed themselves to supporting Uganda's development policy in health and other sectors. Several NGOs have been working in Uganda for number of years and have a stable presence in number of districts such as Bushenyi. They work closely with civil society, local authorities and institutions to promote and implement development and humanitarian activities.

3.0 Services and Activities that Empower Women in Health

Non-Governmental Organizations (NGOs) irrespective of their origin are viewed as having the vital role as primary participants in the health system, legitimizes of the system processes, and key watchdogs of health system policy and infrastructure, as well as key non-state collaborators in national health system development for better health outcomes (Sparrow, 2001). Participation in health includes having access to health, control and ownership of resources and empowerment.

In reference to Lipton (1976) Community Health Finance (CHF) program carry out many activities like promoting health micro-prepayment schemes (HMPS), creating new schemes, enrolling schemes members, supporting running schemes to contract service providers, capacity building for self-management of the schemes, risk monitoring and management, and advocating for the inclusion of CHF in the proposed National Health Insurance Scheme (NHIS). From the above Lipton(1976) On the health program non-governmental organizations (NGOs) were identified like BRAC which operates in the

field of income generating activities(IGA) so as to empower women to have projects and be able to use it and improve their health .

On the healthcare service delivery program, schemes and healthcare providers were supported to enter into contractual arrangements, sensitized consumers on patient rights and opened communication channels between schemes and healthcare providers (HCP), and engaged local health authorities to support supervise the healthcare facilities. On the Institutional development program, the strategic plan was worked on; the capacities of the team, setting up a website, and improving on the monitoring and evaluation framework (Leonard, 2003).

Whereas the provision of health services through the private sector is expensive, service delivery tends to be efficient and effective by the rich. The poor cannot afford the expenses in accessing private health and therefore resort to public health facilities, which are in most cases inadequate. There is a tendency towards mixing up various bilateral bodies and Donor-Funded Projects (DFPs) with NGOs. In some cases, some people tend to discuss these NGOs in abstracted reference as purely foreign, thereby forgetting that there are also local NGOs (LNGOs) in most countries of the world working alongside the international NGOs (Cotlear, 2001).

Modest copayment can also provide an entry ticket to clinical services for poor people by reducing capture of supposedly free services by richer groups. Controlled studies in several countries find improvements in the use of services among poor people after copayments increased the transparency and accountability of providers to poor clients. This has saved people's property more especially women from being confiscated to clear the hospital bills. But to be pro-poor copayments need to be retained locally and tied to performance, and they need to contribute to the income of providers rather than compensate for inadequate public funds (Chawla, 2000).

These are a number of risks for which borrowers face when they are given loans. However, unfamiliar investments put the borrower at a disadvantage, which sometimes result into defaulting. Organizations provide small loans to women for which they able to repay in time without great risks. Since credit should only be given for activities, which raise net

income and generate repayment capacity, the principle on which it is granted should be flexible conditionality. Borrowers should be allowed to identify productive investment opportunities open to them, rather having development packages, thrust upon them (Timberg and Aiyar ,1980).

According to Filmer et al. (2000) there are five identified building blocks of the health system; as such, the role of NGOs is actually dependent on their mandate, which is in tandem with the overall programmes of the health system within which they operate. In line with these blocks, some NGOs are summarized as, ensuring that the Health services are efficient, effective, and accessible, working within the health system to ensure that the number of well-trained staff is available through capacity building or advocacy to government, ensuring that the Health information systems is able to generate useful data on health determinants and health system performance and also avoid creating parallel systems and working with all stakeholders to ensure that there is access to medicines, vaccines, medical technologies in an equitable fashion, strengthening Health financing systems by exploring funding sources and advocating to stakeholders to raise adequate funds for health, ensuring that people can access affordable services and strengthening the system by ensuring that the Leadership must guarantee effective oversight, regulation, and accountability.

4.0 Challenges Faced by Women in Accessing and Utilization of Services to Improve on their Health

Women face many challenges in accessing and utilization services that aim at improving their health and these include the following.

Reproductive health is a human right, a building block of human capital and a core aspect of gender equality. It is integral to the wellbeing of women and their families. Poor women have the greatest need, and as research shows, they, their families and society as a whole have much to gain from improvements in their reproductive health. Impoverished women, who typically have the least access to contraception, may find it difficult to determine the number and spacing of their children. This limits their prospects for good health and stable

employment and for pursuing better economic opportunities that can raise living standards (Kisembo, 2001).

Conflict of interest and the capacity of services to do serious harm also justify government involvement in service provision. Patients find it difficult to attribute their health status to a specific course of action. This makes them imperfect judges of health providers. Although responsiveness to patients' needs is often better in the private sector, the technical quality of private services varies broadly from very good to very bad (Gotlear, 2000).

It appears, by and large, that existing formal institutions do not serve the rural poor effectively, partly because they fail to identify the real needs, because their structures and objectives prevent them from making a flexible response to these needs. Without access to the cash economy, the means of repaying a loan for a capital project are also rather limited, restricting the size of projects to those, which can be supported by local savings. Where there is already access to markets, marginal farmers may be placed at a disadvantaged compared to large farmer. The latter can often buy inputs in bulk and therefore at discount prices. They may have the power to influence decisions on pricing and marketing systems and they can afford to store their produce to avoid distress, sales at low prices immediately after harvesting (Harris, 1995).

5.0 Relationship between NGOs and Women's' Health Empowerment

Modest copayment can also provide an entry ticket to clinical services for poor people by reducing capture of supposedly free services by richer groups. Controlled studies in several countries find improvements in the use of services among poor people due to non-governmental organizations (NGOs) roles after copayments increased the transparency and accountability of providers to poor clients. However, to be pro-poor copayments need to be retained locally and tied to performance, and they need to contribute to the income of providers rather than compensate for inadequate public funds (Chawla, 2000).

Non-governmental organizations (NGOs) provide small loans to women for which they are able to repay in time without great risks. Since credit should only be given for activities, which raise net income and generate repayment capacity, the principle on which is granted

is flexible conditionality. Borrowers are allowed to identify productive investment opportunities open to them, rather having development packages, thrust upon them (Timberg and Aiyar, 1980). This leads to improved health conditions among women.

Recognizing that discrimination on the basis of gender starts at the earliest stages in life, this asserts that greater equality for girls in regard to health, nutrition and education is the first step in ensuring that women realize their full potential and become equal partners in development. The draft Programme encourages leaders to speak out forcefully against gender discrimination, and undertake efforts to promote equitable treatment of girls and boys with respect to nutrition, health care, inheritance rights, education, and social, economic in addition, political activity (Sandah, 2001).

Involving the people concerned as closely as possible in design, as well as implementation, of credit based development helps ensure that it is non-governmental organizations (NGOs) and no other stakeholders' women empowerment. Whatever the plan of the programme, it rarely turns out to the disadvantage of those with responsibility for implementation it. If it relies on existing local leaders it will probably serve their best interests, among whom greater economic independence and a better standards of living for the poorest may not necessary feature prominently, and the programme effects may turn out to be the opposite of what the original planners envisaged (Young, 1983).

Efficient administration is vital for all savings and credit schemes. This means at the very least an accurate record of payments and receipts. This more beneficiaries understand administration and participate in it, the less the likelihood of errors of accountability (Harris, 1985). In this, therefore non-government organizations (NGOs) have helped to play this role by empowering women's health.

Reproductive health programmes that address gender relation and economic empowerment offer greater potential benefits than those that ignore the context in which reproductive decisions are made. Need to be made in programmes aimed at poverty alleviation (Davey, 2000). From this background, non-governmental organizations (NGOs) work very hard to

supplement the government by increasing women's incomes through different income generating projects and this has been successful by BRAC.

Reproductive health services offer a strategic venue for offering support to women who have suffered violence. Addressing violence against women in reproductive health setting is cost effective. This is a cause of recurring health problems and prevents women from protecting themselves from unwanted pregnancies and sexual transmitted infections. There is ample evidence of the multiplier effects of investing in gender equality and women's empowerment. More than 1.7 billion women worldwide are in their productive and reproductive years between the ages of 15 and 49 (Mc Parke et.al, 2000). In reference to (Mc Parke et.al, 2000) non-governmental organizations (NGOs) have helped to empower women by offering guidance and counseling services to women.

According to Nahar and Costello (1998) argued that more is known about which relationship is most important in preventing maternal death and injury. They are family planning to reduce unintended pregnancies, skilled attendance at all births, and appropriate and timely emergency obstetric care for all women who develop complications. Weak health systems, shortage of skilled health providers, and the limited availability of contraceptives are among the major challenge.

Self-care is a particularly important type of service co-production, relied on by poor and rich alike, and more common in industrial countries than the professional services (Harrison, 2000). Support to families and communities helps poor communities reduce malnutrition, as East Asia where links to service delivery structures, often villages outlets for primary health care are needed. One of the strongest levers for strengthening client power is information, a critical instrument for changing self-care behaviors. This has been achieved through provision of loans and other financial support by non-governmental organizations (NGOs).

According to McParke (2000) who argues that non-governmental organizations (NGOs) extends service outreach and test new approaches to service delivery, to support self-care and private service whether for profit or not profit often are not in most cases appropriate. Private for profit providers can be very efficient in providing information and distributing

commodities, witness the success of social marketing. For information and social organizations, small private providers, and community based organizations often do the job better than rigid public services such as information.

6.0 Conclusion

The above information presented by different scholars indicates that NGOs are inadequate in terms of activities and services they give to the people, more especially in empowering women to improve on their health in many countries including Uganda. And thus they are bound to meet a number of challenges in implementing their services more especially on women health issues.

REFERENCES

Chawla M. (2000). *An Examination and out of pocket expenditure on health*. World Bank Washington D.C.

Cotlear D (2000). *Reforming Health Care for the Poor*. World Bank Washington D.C.

Cook T. J. (2003), *Linking Funding and Results*: A development associate occasional Paper in democracy and development.

Davey S (2000). *Health a key to Prosperity.* Geneva WHO.

Filmer D, Jeffrey S. H and Lant P (2000). *Weak links in Chain*. A diagnosis of Health policy in poor countries. World Bank Research Observer.

Gorter et.al. (1999). *Improved Health Care World Bank Technical report*. Washington D.C.

Harison K (2000). *Implementing Health Sector Reforms in Africa* UNICEF Paris.

Harris B. (1985). *Money and commodities, monopoly and competition, in Borrowers and lenders.* Howell, ODI.

Kabonesa Consolata and Margaret Happy (2003), *the Gender Gap in Water Source Management in the Nile Bason Countries. The Case for Rural Women in Uganda Paper presented at "Role of NGOs and Media in the Nile Basin Initiative*, Japan

Kisembo, A. (2001). *Accessibility and utilization of reproductive health services and information by people with disabilities in Mbarara District*. MA Dissertation, Makerere University.

Leonard, K. (2002). *A symmetric information and the role of NGO in African Health Care*. International Review of Law and Economics.

Lipton M. (1976). *Agricultural finance and rural credit in poor countries.* World Development.

McParker ,B .(1996). *Public Autonomous Hospitals in SubSaharan Africa.* Health Policy

McParke B. et.al. (2000). *Providing Health Care under Adverse conditions* Antwerp Belgium.

Nahar ,S .and Costello ,A. (1998). *The hidden cost of free maternity care in Dakar Bangladesh*. Health Policy and Planning Review.

Sandah E.M, Pradhan and Sparrow ,R. (2001). *The effectiveness of the Health Card to Ensure Medical care for the poor*. World Bank. Washington

Stromquist, Nelly (1993), *Theoretical and practical foundations for empowerment*. Nord

Blanchard, Kenneth H., John P. Carlos, and Alan Randolph (1996) .*Empowerment Takes More than a Minute*. San Francisco

Timberg and Aiyar, (1980). *Informal credit markets in India'*, Economic and Political

Uganda Bureau of Statistics (2002/2003). *National Household Survey Report*.

Vyadhani V.A. (1979). *Rural retrogression and institutional finance'*. Economic and Political Weekly.

Young L. (1983), A *report on the use of agricultural credit for poor disaster victims in India*',