

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 in Western countries that goes back at least 1839 to Cook (2003). Non-governmental organizations (NGOs) have been active at the international level since the 18th century. A national issue organization focused on the abolition of the slave trade and the peace movement. At the beginning of the 20th century, there were NGOs promoting identities and agendas at national and international levels (Kabonesa et.al.2003).

Since the late 1980s, NGOs have taken on a much larger role in development. Since 1986, many NGOs have pledged to support Uganda's development policies in health and other areas. Several NGOs have been active in Uganda for several years and have a steady presence in several districts such as Busheni. They work closely with civil society, local governments and institutions to promote and implement development and humanitarian action.

3.0 Services and Activities that Empower Women in Health

Non-governmental organizations (NGOs), regardless of their origin, are viewed as key players in the health system, legitimators of system processes, key administrators of health system policy and infrastructure, and key non-governmental collaborators. It is done. Developing national health systems to improve health outcomes (Sparrow, 2001). Health participation includes health access, resource management and ownership, and empowerment.

Referring to Lipton's (1976) his Community Health Finance (CHF) programme, he conducts a number of activities such as: system administration, risk monitoring and control, and advocating for his CHF incorporation into the proposed National Health Insurance Scheme (NHIS).

The Health Service Delivery Program helps schemes and providers reach contractual agreements, sensitizes consumers to patient rights, opens channels of communication between schemes and health care providers (HCPs), We have engaged local health authorities to help monitor the facility. The organizational development program worked on strategic planning. Improving team competencies, establishing websites, monitoring and evaluation frameworks (Leonard, 2003). Although medical services are expensive to

provide by the private sector, services tend to be provided efficiently and effectively by the wealthy. Poor people cannot afford the costs of accessing private health care and rely mostly on inadequate public health services. There is a tendency to confuse NGOs with various bilateral organizations and donor funded projects (DFPs). In some cases, we tend to refer to these NGOs as purely foreign in an abstract form, noting that most countries in the world also have local NGOs (LNGOs) that work in partnership with international NGOs. Forget (Cotlea, 2001).

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This prevented people's property, especially that of women, from being confiscated to pay hospital bills. But to be pro-poor, co-payments must be locally withheld, linked to performance, and must contribute to the provider's income rather than supplementing inadequate public funding (Chawla 2000).

These are the many risks a borrower faces in taking credit. However, unfamiliar investments put borrowers at a disadvantage and can lead to payment defaults. The organization provides women with small loans that can be repaid on time without significant risk. Loans should be granted only for activities that increase net income and create repayment capacity, so the principle of granting should be based on flexible terms. Borrowers should be allowed to identify productive investment opportunities open to them, rather than being imposed development packages (Timberg and Aiyar, 1980).

According to Filmer et al. (2000) are his five identified building blocks of the healthcare system. In practice, therefore, the role of NGOs depends on their mandate, which is closely related to the overall program of the health systems in which they operate.

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

Women face many challenges in accessing and using health-enhancing services. These include:

Reproductive health is a human right, a building block of human capital and a core aspect of gender equality. It is essential to the well-being of a woman and her family. Poor women need it most, and research shows that there is much to be gained from improving the reproductive health of them, their families, and society at large. Poor women, who usually have the least access to contraception, may find it difficult to determine the number and spacing of their children. This limits prospects for good health and stable employment, as well as better economic opportunities that can raise living standards (Kisembo, 2001).

Without access to a cash economy, funds to repay investment project loans are also very limited, limiting the size of projects to those supported by local savings. Marginal farmers may be at a disadvantage compared to large farmers if markets are already available. The latter can often be purchased at a discounted price as the advance service can be purchased in bulk. They may have the power to influence decisions about pricing and marketing systems, and can afford to stockpile their produce to avoid immediate post-harvest pain and low selling prices (Harris, 1995).

5.0 Relationship between NGOs and Women's' Health Empowerment

Moderate out-of-pocket costs can also give the poor the ticket to clinical services by reducing the use of supposedly free services by wealthy groups. The role of non-governmental organizations (NGOs) has been shown to improve service access for the poor after co-payments have increased provider transparency and accountability to poor customers. But to be pro-poor, co-payments must be locally withheld, linked to performance, and must contribute to the provider's income rather than supplementing inadequate public funding (Chawla 2000).

Borrowers are allowed to identify productive investment opportunities open to them rather than forcing development packages (Timberg and Aiyar, 1980). This will improve women's health. Recognizing that sexism begins at the earliest stages of life, expanding girls' equality in health, nutrition and education will help women reach their full potential and be equal partners in development. It confirms that it is the first step to ensure that you have. The draft program calls for leaders to strongly oppose sexism and strive to promote fair treatment of girls and boys in relation to nutrition, health care, inheritance rights, education and social, economic and political life. (Sandah, 2001).

Involvement of stakeholders as closely as possible in the design and implementation of credit-based development contributes to the fact that these are non-governmental organizations (NGOs) and not women's empowerment by other interest groups. Whatever the program's plan, it is rarely a disadvantage to those responsible for its implementation (Young, 1983).

Efficient management is essential for all savings and credit systems. This means at least an accurate record of payments and receipts. The more beneficiaries understand and participate in management, the less likely they are to be held accountable (Harris, 1985). So non-governmental organizations (NGOs) are playing this role by empowering women's health.

Reproductive health programs that address gender relations and economic empowerment have greater potential benefits than programs that ignore the context in which reproductive decisions are made. Poverty reduction programs should be implemented (Davey, 2000).

With this in mind, non-governmental organizations (NGOs) are working hard to complement the government by increasing women's income through various income-generating projects, and BRAC has been successful in doing so.

Reproductive health services provide a strategic venue for supporting women who suffer violence. Combating violence against women in the field of reproductive health is cost-effective. This is the cause of recurrent health problems and prevents women from protecting themselves from unwanted pregnancies and sexually transmitted infections. (McParke et al., 2000).

Following Nahar and Costello (1998), they argued that more was known about which relationships were most important in preventing maternal death and injury. There is family planning to reduce unwanted pregnancies, skilled attendance at all births, and appropriate and timely emergency obstetric care for women who develop complications. Weak health systems, lack of qualified health workers and limited access to contraceptives are among the biggest challenges.

Self-care is a particularly important form of service co-production, dependent on rich and poor alike, and more prevalent than professional services in developed countries (Harrison, 2000). Supporting families and communities helps poor communities reduce malnutrition. East Asia requires links to service structures, often village windows for primary care. Customers One of the most powerful means of empowering is information, a key tool for changing self-care behaviors. This was achieved through loans and other financial support from non-governmental organizations (NGOs).

According to McParke (2000), non-governmental organizations (NGOs) are expanding service outreach and arguing that they are testing new approaches to service delivery to support self-care and private services. On purpose or not, most of the time it doesn't. Appropriate. The for-profit private provider is very efficient in providing information and distributing goods, proving the success of his social marketing. For information and social organizations, small private providers and community-based organizations often do a better job than rigid public services like information.

6.0 Conclusion

The information presented above by various scholars shows that NGOs, especially in many countries, including Uganda, are inadequate in terms of the activities and services they provide to people, and their power to improve women's health. As such, they face many challenges in service delivery, particularly in relation to women's health.

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