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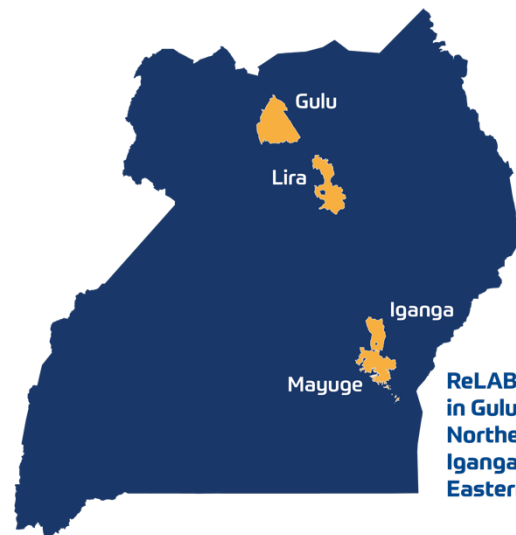
Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS) – Uganda

Our goal is to support the strengthening of health systems that are responsive to the growing needs for rehabilitation across the lifespan.

The unmet need for rehabilitation and assistive technology (AT) services is urgent and growing, particularly for persons in vulnerable situations in low- and middle-income countries and countries affected by conflict. Funded by the United States Agency for International Development (USAID), Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS) is a five-year global activity that supports the strengthening of health systems that are responsive to the growing needs for rehabilitation within populations. Uganda is one of two countries where ReLAB-HS is working to implement context-appropriate, innovative, comprehensive, and cost-effective interventions that strengthen health systems to provide quality rehabilitation and AT services, emphasizing the integration of services across all levels of care within health systems.

Context

The need for accessible rehabilitation and AT services in Uganda is clear, as demonstrated by newly available data.



ReLAB-HS is working in Gulu and Lira in Northern Uganda, and Iganga and Mayuge in Eastern Uganda.

Rehabilitation is an essential health service along with prevention, promotion, treatment, and palliation. Rehabilitation focuses on the functioning of an individual and not the condition.



A community health extension worker (CHEW) meeting with an assistive product user to identify her needs and connect her to appropriate services. Photo courtesy of ReLAB-HS

One in six people in Uganda have a health condition that could benefit from rehabilitation—this translates to 6.8 million people, with low back pain alone accounting for 1.5 million individuals in need of rehabilitation services.¹ Similarly, according to the 2023 *rapid Assistive Technology Assessment (rATA)* for Uganda, 21 percent of Ugandans (12.4 million people) need one or more assistive products to support their functioning; yet, only 4 percent have access to the assistive products they need.²

This growing need is attributed to unmanaged conditions resulting from infectious diseases, the epidemiological transition from infectious diseases to noncommunicable diseases and chronic conditions, the increased prevalence of injuries due to rapid urbanization and motorization, and increased life expectancy. However, the country's health system is under-resourced to adequately address this growing challenge, as rehabilitation and AT services are largely limited to tertiary levels of care (national referral hospitals, regional referral hospitals, and faith-based hospitals) and heavily dependent on development partners and the private sector. Furthermore, rehabilitation and AT services are often separated from the “mainstream”

¹ “Uganda key findings, 2019,” *WHO Rehabilitation Need Estimator*, Institute for Health and Metrics Evaluation, available from <http://ihmeuw.org/62x9>

health care system and inaccessible to many communities and individuals. Assistive products, when available, are often expensive, limited in variety, and of low quality. In addition, assistive products are not always provided with accompanying services, including appropriate fitting and training in use, repair, and maintenance, undermining the usefulness of the products.³

Uganda's Ministry of Health has notably taken important steps to improve the accessibility and availability of rehabilitation and AT services. It is working to implement World Health Organization (WHO) recommendations for establishing rehabilitation and AT as essential components of quality health services within the framework of universal health coverage, including increasing the number of rehabilitation professionals at the national, regional, and district levels. However, gaps remain in integrating rehabilitation and AT services into the health system to ensure they are accessible and affordable to all individuals when and where they need them.

Approach

ReLAB-HS is working with local actors to implement context-appropriate, innovative, and cost-effective service delivery models at the primary care level. Leveraging the use of technology and investing in local structures and human resources, ReLAB-HS is demonstrating scalable models for expanding access to quality rehabilitation and AT services across the lifespan. ReLAB-HS has engaged with service users, including persons with functional limitations and civilian victims of conflict, various cadres of providers, and health system leaders and managers at all levels to co-design practical, feasible solutions.

² Ministry of Health of Uganda, *2023 rapid Assistive Technology Assessment (rATA)*, forthcoming.

³ *2023 rapid Assistive Technology Assessment (rATA)*.

ReLAB-HS is supporting the transformation of health systems in Uganda to integrate rehabilitation and AT, adapt to new challenges, share learnings, and support scale-up. Engaging stakeholders through the [Global Rehabilitation Leadership Institute](#), ReLAB-HS is inspiring a new generation of rehabilitation leaders to strengthen strategic planning and effective governance within health systems. Gender equality and social inclusion serves as a cross-cutting theme to address marginalization and discrimination fueled by overlapping factors, such as gender, ethnicity, race, wealth, disability, age, and education. ReLAB-HS is engaging groups in vulnerable situations, including women and girls, in the design and delivery of local solutions. Through this inclusive approach, ReLAB-HS is playing an important role in promoting equal rights, opportunities, and respect for all.

Geographic Focus and Activities

In Uganda, ReLAB-HS is working closely with development partners such as the WHO to support the Ministry of Health to develop and implement plans to streamline the rehabilitation agenda at the national level. At regional and district levels, ReLAB-HS is focusing its efforts in the districts of Gulu and Lira in Northern Uganda, and Iganga and Mayuge in Eastern Uganda. Since its inception, ReLAB-HS has consciously engaged with relevant stakeholders at district, regional, national, and global levels to develop the foundation for collaboration and strengthen Uganda's capacity to support the integration of rehabilitation and AT.

In close partnership with key stakeholders, ReLAB-HS has worked to achieve the following:

- Established four Networks of Care—district-level “networks” of public and private service providers collaborating to support the integration of rehabilitation services and improve the coordination of care between different health system levels
- With local health and rehabilitation stakeholders in Gulu, Lira, Iganga, and Mayuge, co-designed



A primary health care worker in Mayuge providing basic rehabilitation services. *Photo courtesy of ReLAB-HS*

- a rehabilitation and AT service delivery model, inclusive of a clear referral mechanism, to support the integration of quality rehabilitation services into local health systems
- Supported local stakeholders to achieve measurable progress toward identified priority goals for improving the quality and integration of rehabilitation and AT services at the district level
- Integrated rehabilitation and AT services at district-level facilities using the WHO's Basic Rehabilitation Package Clinical Resource (BRP-CR) and the Training in Assistive Products (TAP), expanding the skill sets of primary health care providers to deliver basic rehabilitation and AT services and make referrals as needed
- Rolled out the RehabConnect mobile application, digitizing the BRP-CR for primary care providers and rehabilitation professionals to assess, manage, and refer clients, enabling the delivery of efficient, well-coordinated, and quality rehabilitation services
- Demonstrated the feasibility of providing assistive products through the local health system by partnering with the Lira District Health Officer to establish an AT “hub” to store, manage, and distribute assistive products, enabling access to simple assistive

- products at the primary care level
- Supported the adoption of the [International Rehabilitation and Education Training Toolkit](#) by rehabilitation professional associations and training institutions to strengthen professional regulation, academic and training programs, and continuing professional development, aligning workforce development with international standards
 - Using a blended learning approach of online courses and mentoring and in-person training, delivered interprofessional clinical skills training programs to rehabilitation professionals to enhance their management of a range of health conditions
 - Strengthened the capacity of community health care workers to identify needs for rehabilitation and AT services and refer clients to primary care providers for detailed assessment, bridging the gap between communities and the primary care level
 - Expanded the skills of rehabilitation professionals to conduct comprehensive wheelchair assessments; prescribe appropriate wheelchairs; and conduct fitting, user training, and follow-up for maintenance, growing the number of qualified wheelchair service providers to deliver safe and quality services
 - Using WHO guidance on assistive product specifications and procurement, developed the capacity of district-level essential medicines and supplies stakeholders to strengthen the local supply chain of quality assistive products
 - Collaborated with the WHO to support the Ministry of Health to conduct the [Systematic Assessment of Rehabilitation Situation \(STARS\)](#) and the rapid Assistive Technology Assessment (rATA), identifying service gaps and informing strategic health policy

- Supported the Ministry of Health to develop the first-ever National Rehabilitation and AT Strategic Plan, which will guide and reinforce efforts to enhance access to quality rehabilitation and AT services
- In collaboration with Makerere University, generated evidence on rehabilitation policy and prioritization by assessing the policy environment for rehabilitation, and on the feasibility of integrating rehabilitation at the community and primary care level
- In collaboration with the WHO, assisted the Ministry of Health to integrate rehabilitation and AT-specific indicators in the national health management information system, enabling the collection of critical data to measure health care workers' and health system performance, clients' health outcomes, and access to and use of rehabilitation services
- Collaborated with district-led technical working groups to advocate for the investment of local resources, which led to three districts allocating funds and resources to enhance rehabilitation and AT services in the local health system

In Numbers

As a result of ReLAB-HS's contributions to date:

- Over **13,597** more people have improved access to rehabilitation and AT services.
- Over **7,630*** trainings on rehabilitation and AT have been completed.
- **58** rehabilitation and AT quality and integration processes have been strengthened in four local networks.
- **11** organizations have adopted the International Rehabilitation Education and Training Toolkit.

*Reflects the number of course completions, as trainees may have completed one or more courses

Implementing Partners

ReLAB-HS is led by the Johns Hopkins International Injury Research Unit at the Johns Hopkins Bloomberg School of Public Health. Other global partners include Humanity & Inclusion, Momentum Wheels for Humanity, the Nossal Institute for Global Health at the University of Melbourne, and Physiopedia. The consortium is working in close partnership with national, regional, and district actors to catalyze and strengthen the national agenda for rehabilitation in the health system.

ReLAB-HS Uganda Contact Details

relabhsconsortium@gmail.com

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Our partners

