Are primary health care systems ready to integrate rehabilitation and assistive technology services in Uganda?

Background

Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS) focuses on integrating rehabilitation services into primary health care (PHC). Despite the global commitment to achieve Universal Health Coverage, there is an unmet need for rehabilitation and assistive technology (AT) services. The World Health Organization (WHO) emphasizes the integration of rehabilitation into health systems to address this unmet need. In Uganda, PHC is overstretched due to staffing shortages, limited resources, and training, and most rehabilitation services are provided by secondary- and tertiary-level facilities located in urban areas. In the districts of Gulu and Lira, these facilities are situated at least 30 km away from most PHC facilities, referred to as health centers (HCs), and in Iganga and Mayuge, at least 40 km away (Figures 1 and 2).

To guide program implementation in Uganda, ReLAB-HS and its collaborators aimed to identify strategies for integrating rehabilitation into PHC facilities, address access issues and leverage community resources in target districts – Gulu, Lira, Iganga, and Mayuge.

ReLAB-HS explored PHC workers' perspectives on their workloads and capacity to integrate rehabilitation and AT services through a mixed-methods research study. A total of 143 PHC facilities and 15 rehabilitation facilities were surveyed, and in-depth interviews with 21 PHC workers were performed.

Figure 1. Distances between PHC facilities and regional referral hospitals in Gulu and Lira districts

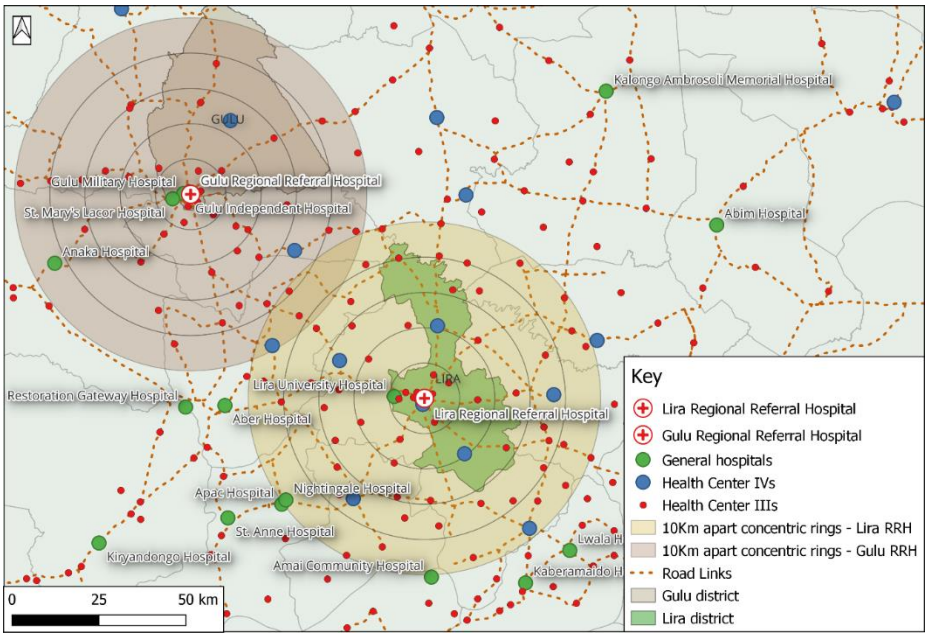
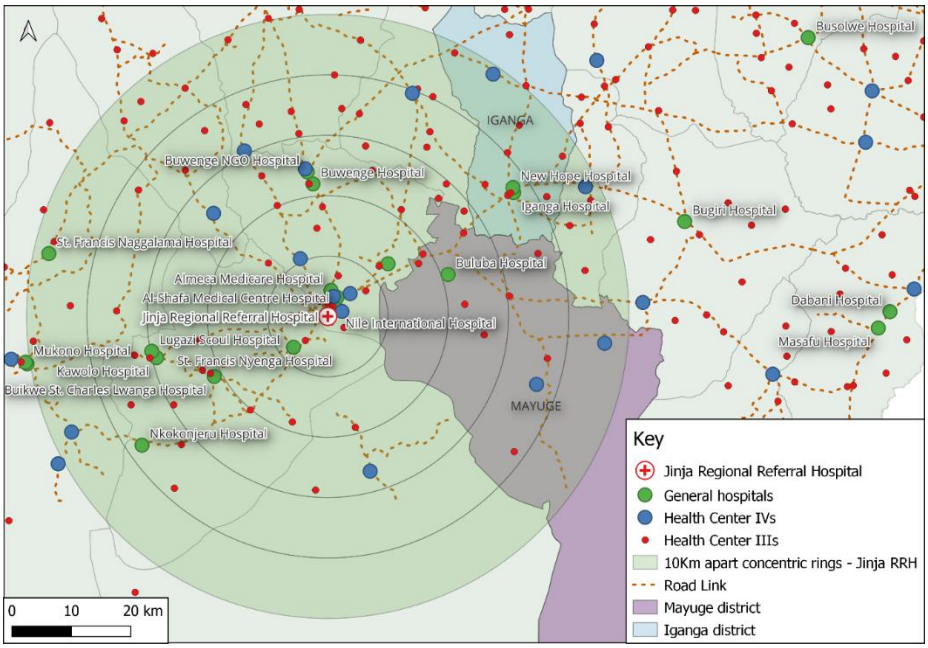


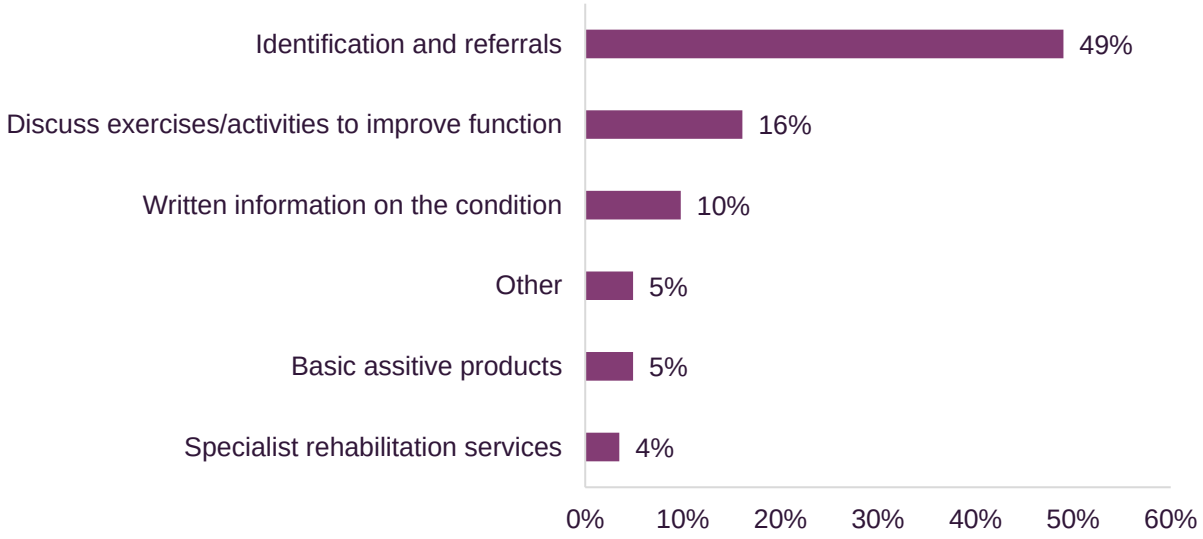
Figure 2. Distances between PHC facilities and the regional referral hospital in Iganga and Mayuge districts



Current capacity

Nearly half of the PHC facilities reported providing basic rehabilitation and AT services related to identifying individuals who require care and making appropriate referrals, and prescribing basic assistive products, such as glasses and crutches (Figure 3). All respondents acknowledged the presence of clients who required rehabilitation and AT services, underscoring the need for these services in PHC.

Figure 3. Rehabilitation and AT services currently provided at PHC facilities



Most PHC facilities reported their staff faced unmanageable workloads due to shortages of workers, equipment, and other resources. Participants often reported juggling multiple roles and staff burnout.

"The actual job description we are given is not really what we are doing. We are not supposed to see patients, but you find yourself seeing patients. You are being overwhelmed again…but if there was a clinical officer, they would see patients and you can carry out [usual duties]." (HCII-2, Gulu District)

"When I'm at the facility, the workload becomes too much that I'm unable to do all the work as one person. If there was a clinical officer here, they would attend to them." (HCIII-2, Iganga District)

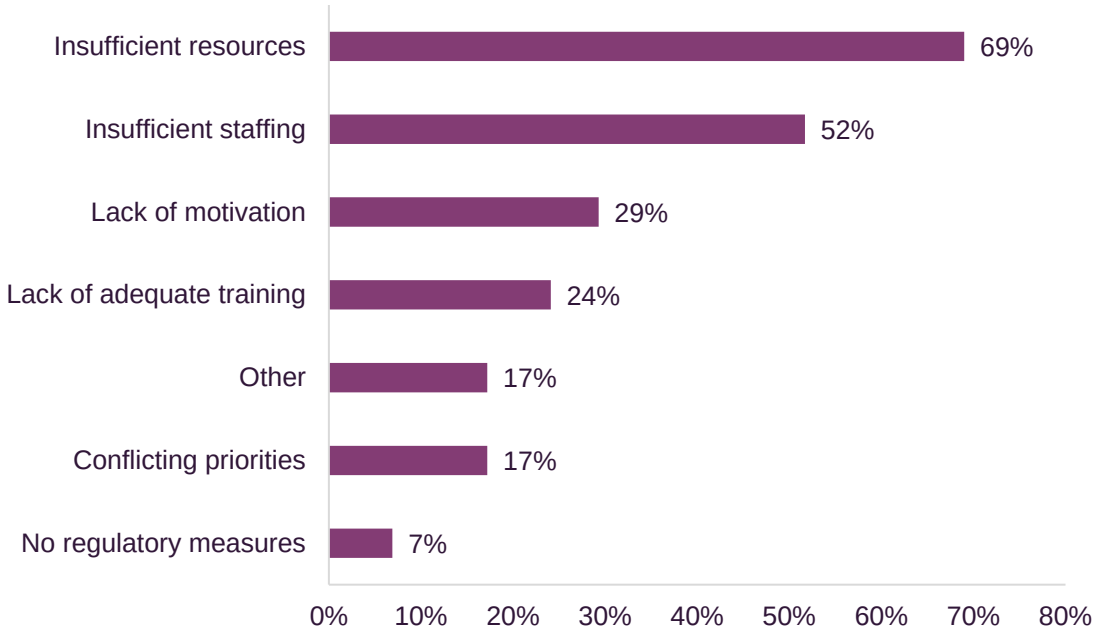
Lessons learned from recently introduced services

Among the facilities surveyed, new services of various types were introduced in 73 (51%) facilities in the last two to five years. Participants discussed the benefits of introducing new services in terms of workers' training and skills, which in turn has improved service delivery in PHC. They appreciated how the introduction of new services provided opportunities for upskilling the workers, reduced the need for referrals to higher-level facilities, and improved health outcomes in the community.

"The distance that these mothers have to…travel, or [that] these patients have to…go to get services has reduced and therefore…they can also have time to do other things." (HCIII-8, Gulu District)

Participants also shared several challenges that emerged with the introduction of new services, particularly concerning funding, resource allocation, and workloads. These challenges contributed to the reduced motivation of the PHC workers, particularly for the Village Health Teams (VHTs), Uganda's community health workers, who work voluntarily.

Figure 4. Challenges when new services are introduced into PHC facilities



> “As new services come, we know that there are more tasks. Because we are few, there is a serious workload. Being few, we have to take up more than one – sometimes up to three roles.” (HCII-1, Lira District)

The lack of medical supplies and equipment was another key challenge identified by participants from PHC facilities. Some noted that they are not able to practice and apply the skills they learn because equipment is unavailable, which affects their confidence.

Opportunities for integrating rehabilitation and AT services into PHC facilities

Almost all (135, 95%) facilities responded that they did have clients who needed physical rehabilitation. Participants generally demonstrated highly positive attitudes and willingness to include rehabilitation and AT services at the PHC level. They highlighted the benefits of integrating rehabilitation for the community, noting that it would reduce distance-related barriers and improve cost-effectiveness by reducing transportation costs. They also recognized that integrating rehabilitation and AT services into PHC facilities would free up the caseload at regional referral centers.

> “Services cannot be given well at the regional referral hospital when staff there are overworked. It means that only the complicated and sophisticated cases that we get at the lower settings should be the ones to go there.” (HCIII-1, Lira District)

Participants described long-established linkages and referral pathways across all levels of care—between VHTs, health centers, private rehabilitation centers, and regional referral hospitals—that could be leveraged to facilitate rehabilitation referrals. However, participants noted challenges with coordination between different levels of care due to a lack of additional mechanisms needed to support clients. Further, barriers that discouraged or prevented clients from completing referrals were highlighted, including a lack of awareness of rehabilitation and financial constraints related to travel.

Addressing anticipated challenges

Recent experiences of introducing new services provide insights into likely challenges and factors that need to be addressed to effectively integrate rehabilitation and AT services into PHC. Participants highlighted policy- and system-level changes needed for sustainable rehabilitation and AT service delivery at all levels of care. Key recommendations were:

- Revise the policy on health care staffing structure to facilitate recruitment of rehabilitation workers at higher-level PHC facilities.
- Develop a package of rehabilitation and AT services guidelines for different levels of health care facilities and enhance workforce capacity and coordination guidelines.
- Streamline referral processes and strengthen coordination between lower- and higher-level health care facilities to offer a continuum of coordinated care.
- Address workloads and resource challenges by providing additional funding and resources to PHC facilities.
- Strengthen inter-sectoral collaboration between disability, education, and transport for the comprehensive management of needs.
- Promote community-based rehabilitation as a potential strategy to address rehabilitation needs at the community level.

Conclusions

In Uganda, integrating rehabilitation and AT services can be feasible by addressing existing policy- and system-level constraints to health care delivery. Strengthening the capacity of PHC facilities by allocating required resources and equipment is necessary, in addition to recruiting rehabilitation workers. Context-specific packages on rehabilitation and AT service guidelines for different levels of health care can be developed by adopting existing resources from the WHO. Guided by these and other formative findings, ReLAB-HS has implemented localized strategies to support the integration of rehabilitation and AT services into local health systems. These findings may be relevant to other low-resource settings where efforts to integrate rehabilitation and AT into PHC are planned or underway.

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