

Gender, women and health in Uganda – transforming rhetoric into action

“When a country asks us for support, we cannot afford to disappoint them”, says Dr Adepeju Olukoya, Medical Officer at the Department of Gender, Women and Health (GWH) at the World Health Organization (WHO), glancing at the ‘Inbox Full’ message flashing on her computer screen. Gender-responsive health sector planning and policies in Uganda are evidence of what can be achieved when this collaborative spirit is embraced by WHO and put into action on the ground.



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Grace Murengezi, Gender
Focal Point in the Ugandan
Ministry of Health.

In 2004, the Ministry of Health asked WHO to help them integrate gender into health sector policies and programmes. At the time, the Government of Uganda had already set a number of actions in motion. For instance, it had created the Health Sector Gender Team, whose members come from different ministries and development partners, to guide the process. Ms Grace Murengezi, the government's focal point for gender in the planning division of the Ministry of Health, had commissioned an assessment of how well gender actions were being integrated into government policies and programmes. The report concluded that the Health Sector Strategic Plan I (2000-2005) did not adequately address gender considerations while a dearth of personnel had enough knowledge to do so.

Based on the report's findings, GWH, the WHO Regional Office for Africa (AFRO) and the WHO country office for Uganda proposed a 4-pronged strategy consisting of policy assessment, capacity building, advocacy and strengthening the gender focal point system. The government decided to implement the strategy in the two districts of Mukono and Soroti, using (guidance) tools developed by GWH and US\$16 000 of seed money.

Among the actions taken, GWH:

- reviewed the National Health Sector Plan II (2005-2010) and helped integrate gender analysis and actions into Plan III (2010-2015);
- trained programme managers, district health officers and heads of related departments on how gender issues affect health and what can concretely be done to address the issues in their respective context;
- improved the collection of sex-disaggregated data in the government's HIV/AIDS programme; and
- developed manuals on gender-based violence as well as indicators for measuring progress of the gender mainstreaming activities.



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Mothers in northern Uganda receive counseling from a health worker.

Outputs and outcomes, for example, included:



Newsletter "Gender and Health"

- the Health Sector Gender Team succeeded in making it a requirement for government to engender workplans before they could access funding;
- the Team also produced a quarterly newsletter on Gender and Health to report on its progress;
- the Ministry of Health piloted the WHO *Gender mainstreaming manual for health managers: a practical approach* and developed an Ugandan version.

Moreover, WHO empowered the gender focal point Grace Murengezi to engage decision-makers from beyond the health sector while maintaining a catalytic role in the process. Hence, she strengthened linkages between the Uganda Bureau of Statistics, the Ministry of Health and the Ministry of Gender, Labor and Social Development. As a result, the Bureau of Statistics, for example, included a specific gender module in the *2006 Demographic and Health Survey* which Swedish and American development agencies funded.

Focusing action at the two districts of Mukono and Soroti also helped to take advantage of mechanisms already in place at that level and funded by other line ministries. For example, the Ministry of Gender, Labor and Social Development had staff at that level who had capacity to work on gender issues, who had been working with other sectors such as the agriculture sector and who were also willing to strengthen their work with the health sector.

The ongoing partnership created in 2004 between Uganda and WHO demonstrates once again that gender mainstreaming is a long-term process, which requires the collaboration of many and that across sectors. The progress that this country has made thus far is commendable, although much more needs to be done. Requests, ideas and actions on such projects will surely keep streaming into Dr Olukoya's inboxes for a long time yet.



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Gender and malaria issues are increasingly being incorporated into malaria control strategies.

To partner with GWH, please contact: World Health Organization, Department of Gender, Women and Health, genderandhealth@who.int