

This study was to assess the existing capacity of health facilities in rural Uganda to meet the health needs of older persons. It specifically assessed the health interventions, the physical and environment design and equipment supportive to older persons, the specialised human resource and factors influencing the existing capacity. The descriptive cross-sectional study involved 18 government aided health facilities in Kamuli and Buyende districts, on which data was collected using observation checklist and key informants interviews. Results revealed that there were no specific health interventions targeting older persons, the specialised geriatric human resources like geriatric nurses were not part of the existing work force while the general staff lacked formal training in geriatrics. The physical and environmental design plus the equipments were not supportive to the older persons health needs and worse still all the health facilities lacked a toilet facility on every ward. Limited health sector financing, lack of political will, lack of staff training in geriatrics, high costs of older persons healthcare services, long distances from health facilities and unavailability of guidelines on geriatric management were the reasons for the poor existing capacity. Increase and sustainable healthcare financing, integration of geriatrics in all healthcare services, health infrastructure improvements and improvements in policy and planning plus staff training in geriatrics would help improve the capacity of the health facilities and hence safety of older persons visiting the rural health facilities in Uganda.

BACKGROUND: World Health Organization (WHO) defined “the elderly” as a person aged 60years and over (Sammast, 2000), it also categorized the person aged 60-74 years as ‘theelderly’, 75-90 years as ‘the old’, and 90 years and over as ‘the very old’ (Phukorn, 1995). In recent years, there has been a sharp increase in the number of older persons worldwide and more old people are alive nowadays than at any time in history and there has been an increasing international awareness of health issues relating to aging populations. Traditional perceptions of old age have been challenged during the past few years and it is important that elderly people are not taken as a burden on society, but rather an asset. The health problems of the elderly are complicated by social, economic and psychological interactions and these problems are usually multiple and are often masked by sensory and cognitive impairments so that special skills are required to detect them.

Globally the population of older persons is estimated at 700 million and this is growing at a rate of 2.6 per cent per year, considerably faster than the population as a whole which is increasing at 1.2 per cent annually according to the WPA report of 2009. United Nations (UN) statistics shows that the percentage of people who are 65 years and above was 8% in 2010 and was expected to be 16% by the year 2050 and in Africa it is expected that there will be between 204 and 210 million older persons by the year 2050 (African Union Policy Framework and Plan of Action on Ageing 2002).

In Uganda the population of older persons by the year 1991 was 686,260 (4.1%) according to UPHC (1991), it increased to 1,101,039 (4.6%) as documented in the UPHC (2002), and it was estimated in 2005/06 at 1,200,000 older persons of which 53% were female while 47% were male according to the UNHSR (2005/06) and today the proportion of older persons in Uganda is estimated at 6.5% of the total population.

PROBLEM STATEMENT: It is estimated that in Uganda 85% of older persons live in rural areas. As the population of older persons increase, the percentage of older persons with complications also increase due to high chances of developing chronic health problems among this age group leading to an increase in numbers of hospitalized older persons with disabilities.

In Uganda, 40% of older persons have a complication and as a group they are among those most affected by poverty, malaria, HIV/AIDS, poor housing, malnutrition, and poor access to health care and water (study of health needs of older persons 2002). Also 32.4% of men and 52% of women aged between 60 to 90 years in rural areas are malnourished (Joyce K, Kikafunda, 2005).

Although the GOU through the MLGCD developed the National Policy for Older Persons 2009 recommends provision of specific health intervention and improvements in the health facilities physical environmental design which would greatly increase accessibility and safety of older persons, the extent to which our health facilities are providing these interventions to the increasing number of older persons with chronic complication is not known. It is therefore the basis of this research to assess the existing capacity of health facilities in rural Uganda to meet the health needs of older persons, and the way forward which is an important aspect in creating safe health facilities for hospitalized older persons and strengthening the core value of equity in health service delivery.

OBJECTIVES: the specific objectives of the study were to: assess the health interventions targeting older persons at health facilities; assess the physical environmental design supportive to the health needs of older persons at health facilities; determine the human resource capacity of the health facilities to meet the health needs of the elderly and identify the factors influencing the current capacity status of health facilities in relation to older person's health needs.

METHODOLOGY: The study carried out on 18 government aided health facilities, it employed a descriptive cross-sectional quantitative study design using triangulation of quantitative

approaches to establish the capacity of health facilities in Kamuli and Buyende districts. Simple random sampling was used to sample the geographic areas in which the study was done. Systematic sampling was used to sample the health facilities to be used in the study. Data collection methods included semi-structured interviews with key informants and observation method of health facilities. The tools were the semi-structured questionnaire and observation checklist.

RESULTS: Apparent health interventions included assistive equipments such as wheelchairs and stretchers, routine checkup for HBP, Sugar levels, assisted toilet services, nutritional supplements e.g. vitamin D supplements for old persons, special counseling and guidance for older persons, special drugs for older persons e.g. calcium lactate and geriatric assessment for vulnerable old patients, special outreach programmes with 11 (61.1%), 8 (44.4%), 6 (33.3%), 2 (11.1%), 4 (22.2%), 3 (16.7%), 7 (38.9%) and 6 (33.3%) proportions respectively.

Staffing was low for personnel such as Public Health Dental Assistants 4 (22.2%), Diabetes focal persons 8 (44.4%) , Counselors 18 (100.0%) and Social workers 1(5.6%), while geriatric personnel like Geriatric nurse, Physiotherapist, Risk assessment / injury control officer, and Occupational therapist were not part of the facilities work force. Majority of the facilities lacked a toilet facility on every ward and the existing toilets did not have enough space for two assistive devices (150cm and more). Factors influencing the low capacities of the health facilities included government policy, limited health sector financing, unavailability of guidelines / protocol on geriatric patients ,un supportive physical environment of health facilities, high costs / expense of older person health services, unavailability of assistive devices, lack of staff training in geriatrics and limited knowledge in geriatrics among health workers.

CONCLUSION: Health facilities in rural Uganda have low capacity to meet the health needs of the elderly given there were few existing geriatric health interventions at health facilities targeting older persons, inadequate supportive physical environmental and equipment to support older people, and inadequate or specialised staffing in the areas of geriatrics.

RECOMMENDATION: Therefore it is a call for policy makers to prioritize the elderly as people who need special health care just like the children and pregnant mothers.

The health services for older persons should be integrated into the general healthcare system.

Geriatrics should be integrated in the training curriculum for health personnel.

Government should endeavor to equip the health facilities with supportive equipments, train existing staff in geriatrics care, provide nutritional supplements, special geriatric clinics and outreach programmes for the elderly among others.

To the academia, the study recommends further research to assess the impact of operationalizing the National Policy of Older Persons. More research is also recommended on the quality and safety of health facilities and its implication on hospital related injuries to older persons.