

HEALTH *BARAZA* REPORT

BBAALE SUB COUNTY, KAYUNGA DISTRICT



A. INTRODUCTION

On 24th June 2016, the Initiative for Social and Economic Rights (ISER) in collaboration with the Kayunga District Health Office convened the third quarter Health *Baraza* (community dialogue) at St Andrews Church of Uganda Primary school playground, Bbaale Sub County in Kayunga District. Health *Barazas* are funded under an ISER project: “Promoting Social and Economic Rights in Uganda” and are implemented on a quarterly basis to facilitate community engagement with duty bearers at the local government level.

This health Baraza was attended by officials from the district including Mr. Charles Musisi , LC V Vice chairperson who also represented the District Chairperson; Mr. Mubanda Senoga, District Health Educator (DHE); Mr. Simon Kanku, Assisitant Chief Administrative Officer, (ACAO); Mr. Mutesasira Yasin Kitezaala, ACAO; Ms. Zaina Nabukenya, ACAO in charge of health; Mr. Richard Sentongo, District Youth Councilor and Ms. Immaculate Galimukka, District Information Officer (DIO). Sub-County officials included: Mr. Godfrey Kitasimbwa, the Chairperson LCIII; Ms. Jalia Namaganda, Vice Chairperson LC III; Ms. Lydia Nakiirya, Community Development Officer (CDO); Ms. Sarah Nakirya Saudha, sub-county Chief, Bbaale; Mr. Willy Owino Obbo, Secretary for Education and Health, Bbaale; Mr. Christopher Kiyemba, the In-Charge Bbaale Health Centre IV. It was also attended by health workers, Village Health Teams (VHTs), area councilors and the community at large. ISER staff that attended this baraza included: Ms. Allana Kembabazi, Right to Health Program Officer; Ms. Margaret Nabasiirye, Community Outreach Officer; and Mr. Joshua Kisawuzi, Community Outreach Officer.

The main objective of the Health Baraza was to enable the people in Bbaale Sub County in Kayunga District to raise the health issues affecting them with their duty bearers. It was a comprehensive discussion of the challenges of health service delivery in Bbaale Sub County.

B. DISCUSSION

This report highlights what was discussed. Part I provides an overview of the education on the right to health provided at the *Baraza*. Part II discusses issues raised by the community. Part III discusses the responses by Kayunga District officials and the sub-county officials. Part IV concludes by making recommendations on how improve health service delivery specifically for the community in Bbaale sub-county and generally for the people in Kayunga District.

I. HEALTH EDUCATION.

The Health department of Kayunga District requested to ISER include a session for the district health educator to educate the community on the right to health during the *Barazas*. During this *Baraza*, the health educator, Mr. Mubanda Senoga, educated the participants about Primary Health Care (PHC), and the need for political commitment, community commitment, multi sectorial collaboration and appropriate technology. He also discussed the Kayunga District road map of the health sector for the year 2016. The road map which focuses on preventative interventions will ensure that Kayunga District has proper sanitation, nutrition and health education. The lack of these interventions have exposed communities to both communicable and non-communicable diseases. The health department believes that if this is done, 75% of these diseases will be prevented. He informed the community about services provided at the different health centres.

II. ISSUES RAISED BY COMMUNITY.

- a. The community thanked the government and the district for establishing Bbaale Health Centre IV to improve health service delivery in Bbaale Sub-County. However, the community raised the fact that Bbaale Sub-County has only one health center, which is overwhelmed by the large numbers of people who access services from it. It also serves people from other districts like Kamuli and Nakasongola because it is nearer to them compared to other health facilities.
- b. As a result of the lack of lower level health facilities in Bbaale, communities have to travel long distances to access services, particularly mothers who need maternity services. This has resulted in pregnant women resorting to the use of traditional birth attendants, which puts the children born at risk, particularly if the mother has HIV/ AIDS.
- c. The community noted that Bbaale Health Centre IV does not open over the weekend and in most cases it is very difficult to access doctors from 2.00pm and at night. This greatly hinders access to health services.
- d. The community also noted that while Bbaale Health Centre IV has a theater with all necessary requirements, it lacks blood. Mothers have lost their lives since they are referred elsewhere for blood transfusions incase need arises.
- e. Participants complained about health workers asking for money from patients to access some services like laboratory yet they are meant to be free.

- f. A number of community members raised the issue of persistent drug stock outs. There is consistent inadequate supply of drugs especially for commonly reported disease like malaria, diarrhea, and typhoid. In most cases, people are diagnosed and then referred to private drug shops to buy drugs. Yet in most cases, community members cannot afford to buy the drugs from private health facilities. One community member noted that while he was referred to a private facility to buy drugs, he was then told to report back to the health facility where it was recorded as if he had received drugs from that facility.
- g. A member of the community noted Bbaale Health Centre IV lacked a mortuary. As a result, dead bodies are left in the wards until their relatives organize for transport. He noted this failed to meet the standard of a health centre IV.
- h. The community also pointed out that Bbaale Health Centre IV lacked an ambulance since it had broken down. They noted that even before the ambulance broke down, one could only access the ambulance after buying fuel, which some members of the community could not afford.
- i. The community complained that Bbaale Health Centre IV lacked a water source, which raised serious concerns about sanitation.

III. RESPONSES BY THE DISTRICT/SUB-COUNTY OFFICIALS.

- a. Bbaale Health Centre IV has the challenge of accessing water because of nature. Drilling boreholes was challenging and as a result, there is no water source at the health centre.
- b. Regarding persistent drug stock outs, the DHO's office noted that drug stock outs are as a result of a limited health budget, which cannot cater to the number of people who report to the health facilities. The DHO's representative noted the growing population does not match the budget for health sector from the government hence constraining health service delivery. In most cases, patients are only diagnosed but do not receive medicines. The In Charge agreed with the participants and he informed the community that the drugs they receive run out of stock very first. He noted that for example only ninety doses of coartem are received yet the facility receives over sixty cases of malaria per day. The health centres also need more drugs. The CAO echoed the need for increasing the drugs provided as soon as possible, and attributed the absenteeism of the health workers to persistent stock – outs .

- c. The health educator urged the community to engage and participate in health programs especially health education and take preventive measures to avoid the diseases that are commonly reported at the health units. He noted that the community currently does not actively participate in the health education provided. He also noted that while most communities blame the government for not stocking drugs in hospitals and health workers who miss work, communities do not play their role in improving health outcomes. These include things they should be doing like having proper latrines and good hygiene, having a clean environment around their homes, sleeping under mosquito nets, having proper food and nutrition, practicing family planning and getting their children immunized. He said this would reduce on the number of patients who visit the health centers and reduce government health budgets.
- d. The CAO requested the community to report all kinds of behavior by health workers that violates the community's right to health. He introduced to the community the In Charge, Health Management Committees, Chairperson LCIII, Councilors, DHO. The CAO shared her phone number at the *Baraza* such that people can reach her incase of challenges with the health service delivery.
- e. The community was urged to advocate for an ambulance especially from their members of parliament.
- f. The CAO emphasised that the people of Kayunga ought to know what each health centre handles to avoid going to the wrong places. She called upon the people in attendance to take serious note of the ability, capacity and endowment of the various health centres as discussed above.
- g. The representative of the CAO further emphasised that people intending to appreciate medical officers should do so in the presence of the witnesses to avoid the appearance of a bribe and the likelihood of falsely incriminating the medical personnel for accepting a bribe.
- h. Citizens were urged to be vigilant when monitoring whether drugs were sold by medical personnel, noting that all drugs that are free have an inscription " Government of Uganda, Not For Sale." Thus citizens should reject buying such medicine to frustrate medical workers who sell government drugs.
- i. Stakeholders noted that the community should not only focus on the negative and should appreciate having a health centre IV. Health centre IVs have a doctor unlike the other health centres and also have theatres to carry out operations. They also conduct health promotion and out-patient services. In general, they carry out everything ably performed by health centres III and also indulge in minor surgeries unlike the other centres.

- j. Bbaale Health Center IV has also constructed a placenta pit. It has received three new nurses, one doctor and mass immunizations are being carried out. The vaccination program was also spelt out in detail, elaborating on the vaccines are being administered. These included vaccines for diphtheria, Measles, Tuberculosis.

IV. RECOMMENDATIONS.

- a. The community will take preventative measures seriously.
- b. Related to the above, the community was urged to ensure that pit-latrines were constructed at every homestead to improve sanitation and avoid contracting sickness as a result of poor hygiene.
- c. The community will report incidences of improper behaviour by health workers to the CAO and other relevant duty bearers.
- d. The district will do its best to have a blood bank at the facility and to support the functionality of the theater.
- e. The district will continue to raise the issue of drug stock outs with the government.
- f. ISER will follow up with the DHO's office on the recommendations made.

C. CONCLUSION.

The Vice Chairperson LC V thanked all the participants and expressed the district's gratitude to ISER for having arranged this meeting. He hoped that ISER would continue to arrange *barazas*. He asked three people to express in a nut-shell what each had learned from the Baraza meeting and encouraged those that attended to go inform others of what they had learned.

Despite the short notice given to the community, the *Baraza* was well attended by the community and the district and sub-county officials and leadership were well represented.