

# HEALTH BARAZA REPORT

KANGULUMIRA SUB COUNTY

KAYUNGA DISTRICT

SEPTEMBER 2016



*A participant asks a question at the baraza*

## A. INTRODUCTION

On 7<sup>th</sup> September 2016, the Initiative for Social and Economic Rights (ISER) in collaboration with the Kayunga District Health Office convened the fourth quarter health *baraza* at Nakirubi Trading centre, Kangulumira Sub County, Kayunga District. Health *barazas* are implemented on a quarterly basis as a mechanism of facilitating community engagement with duty bearers at the local government level. The location for the *baraza* is chosen by the sub country leadership to ensure that different areas are given a chance to engage in community dialogues, particularly sub counties that might not always have the chance to participate in such dialogues. Health *barazas* are funded under ISER's project "Promoting Social and Economic Rights in Uganda."

This *baraza* was attended by officials from the district including: Mr. Were Yahaya, the deputy Resident District Commissioner (RDC); Mr. Charles Musisi, LC V Vice Chairperson who also, represented Chairperson LC V Kayunga district; Mr. Mubanda Senoga, District Health Educator (DHE); Mr. James Patrick Osilon, District Health Inspector; Ms. Zaina Nabukenya, Assistant Chief Administrative Officer in charge of health (ACAO); Mr. Edward Kalema, Minister for Finance/LCV Male Councilor, Kangulumira Sub-County; Ms. Immaculate Galimukka, District Information Officer (DIO); Mr. Joseph Kasadha, the District Internal Security Officer; Ms. Joy Bahati, assistant District Internal Security Officer.

Officials from the sub-county included: Mr. George William Batte, chairperson LCIII; Ms. Roseline Aguttu, Community Development Officer (CDO); Ms. Farida Kulabako, sub-county chief; Mr. Vector Kikomeko, Secretary for Health; Mr. Emmanuel Mukwadhanga, the In-charge Kangulumira health centre IV; Mr. Jimmy Tumwine; Assistant Superintendent of Police Kangulumira; Ms. Jose Namusisi, chairperson LC I; Mr. Ausi Nkugwa, chairperson Health Unit Management Committee (HUMC).

ISER was represented by: Ms. Allana Kembabazi, Right to Health Program Officer; Ms. Margaret Nabasirye, Community Outreach Officer; Mr. Joshua Kisawuzi, Community Outreach Officer; Charles Ebunyu, Coordinator Social Accountability. Volunteer community health advocates who monitor the realization of the right to health in their communities in Kayunga and collaborate with ISER to address these issues also attended the *baraza*. These included: Ms. Harriet Nakku from Kayonza sub county; Mr. Kidde Mugalu, Kayonza Sub-County; Mr. Swamadu Allege, Busana sub-county; and Ms. Esther Nakato, Bbaale sub-county. Village Health Teams (VHTs), area councillors, and the community at large also attended the *baraza*.

The main objective of the health *baraza* was to enable the community to engage with their leaders and duty bearers on right to health issues affecting the people of Kangulumira sub county, Kayunga district. It was a comprehensive discussion of the challenges faced realizing the right to health in Kangulumira 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 Kangulumira sub-county and generally for the people in Kayunga District.

### **I. Health Education.**

The District Educator discussed the importance of community participation in achieving the right to health and encouraged the community to attend meetings whenever they were called. He underscored that community dialogues bring together communities and leaders so as to hold leaders accountable for better service delivery. He noted this *baraza* has enabled the community to dialogue with their leaders on issues that detrimentally affect their enjoyment of the right to health.

Mr. Emmanuel Mukwadha, the In charge at Kangulumira health centre IV, provided an overview of the health services provided in Kangulumira Sub county, discussing which facilities provide certain services and the staff that should be available at each facility. He read the sub county budget and discussed the challenges faced at the facility. These included inadequate drugs, the lack of adequate staff and a non-functional theatre and mortuary.

## **II. ISSUES RAISED BY COMMUNITY.**

During the *baraza*, the community raised the issues discussed below:

- a. The community noted that they lacked public toilets in Kangulumira town. This puts the entire community at risk of acquiring diseases related to poor sanitation.
- b. Kangulumira health centre IV has no mortuary yet this should be provided at health centre IV. As a result, dead bodies are left in the ward until arrangements are made to transport them to their families.
- c. The community complained that the police are using the facility ambulance for policing and patrol and it is parked at the police station. As a result, it is not available when community members need it. This is a misuse of resources, which affects the delivery of health services at Kangulumira health centre IV.

- d. The community noted that drugs are only available at Kangulumira health centre IV when leaders or technical persons visit. Other times they face persistent drug stock outs. A number of members of the community raised concerns about the inadequate supply of drugs especially malaria drugs and underscored that patients get disappointed when they spend long hours in the queue waiting for drugs and at the end of the end of the day have to go without or go buy them at private health facilities. Yet expired drugs continue to be disposed of. They felt it was a waste of their time to go to health facilities and be told they lack drugs.
- e. The community complained that health officials are bribed 10,000 UGX to inspect and approve building sites with no plans. This has led to poorly planned trading centres, which could be hazardous.
- f. The community noted that they lacked access to adequate water and sanitation. Kangulumira trading centre has no public latrines, putting the area at a greater risk of acquiring preventable diseases. They noted that Namakandwa village has a water source, which has stinky and smelly water as a result of the poor quality of water pipes that were used. Thus typhoid is common in Kangulumira sub county.
- g. Kangulumira health centre IV lacks a functional theatre yet it is a newly constructed health centre IV and the community hoped its construction would result in them being able to access theatre services. Theatre services are currently only accessed at the general hospital, which is not always accessible during emergencies since it is far away.
- h. The participants raised a concern of typhoid being very common in the area. This is because of limited access to clean safe water, poor sanitation and hygiene. The community called upon the leadership to do something about the lack of clean water and poor sanitation.
- i. At Kangulumira health centre IV most services are accessed at a cost and some of the services provided at a cost include using the CT scan machine at 5000 UGX, a mama kit for 15000 UGX and for using the ambulance (the cost for this varies depending on where the patient is transferred to since they have to buy fuel).
- j. The fees paid at medical institution for their children to do medical courses are expensive. Most parents can't afford these fees, which limit their children's access to these courses. Yet it is important to have medical personnel who come from sub counties like Kangulumira. Doing so would likely result in less health worker absenteeism since currently most medical workers are brought from other regions to work there.

- k. The community complained that health workers at Kangulumira health centre IV were rude and provided certain services depending on their mood.
- l. There is limited access of dental services at Kangulumira Health Centre. The dentist is only available once a week.

### **OTHER ISSUES NOT DIRECTLY RELATED TO THE RIGHT TO HEALTH**

- m. Kangulumira health centre IV lacks land titles, which discourages most development partners from developing these facilities. They also noted the lack of security at Kangulumira health centre IV since it is not fenced putting its security and property at risk.
- n. A number of community members were concerned that they do not always benefit from government programs, for example the livelihood program. They were curious about the procedures and criteria they have to meet to get into these programs.
- o. Community members urged their leaders to regulate over speeding, particularly heavy vehicles that carry sugarcane. Many have lost their loved ones through road accidents.
- p. A number of elderly people do not benefit from the elderly grant programme.
- q. Kangulumira youth centre has no privacy making the environment uncomfortable for the youths to come to the centre to share and open up.

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

- a. The District Health Educator, Mr. Mubanda Senoga and the ACAO in charge of Health, Ms Zaina Nabukenya agreed that the government is responsible for ensuring people realise their right to health but noted that the people also have a role to play. They urged the community to play their role, especially in undertaking preventive measures. This will reduce government spending on preventable diseases.
- b. The District Health Educator, Mr. Mubanda Senoga and the in charge Kangulumira Health Centre, Mr. Emmanuel Mukwadhanga admitted drug stock outs exist. This is because the health budget provided is too small to meet the demand for drugs. Kangulumira health centre IV receives a greater numbers of patients than the budget allotment can cater to, particularly for drugs. For example the current budget provided to the officials estimates 308,902 people will seek services from the centre, yet the centre

treats 509,773 people. The situation is exacerbated by the fact that Kangulumira health centre IV is the only facility in the Sub-County since Kangulumira lacks lower level health facilities.

- c. The RDC noted the government is trying to reduce drug stock outs and the budget is likely to be increased next year.
- d. The Health Educator admitted that they were aware the theatre is not functional since it lacks a blood bank and a theatre can't operate without blood in stock. They are working to ensure the theatre is operational.
- e. Regarding the ambulance, the leaders admitted the police used the ambulance and it is parked at police station. The RDC acknowledged it should not be parked at the police station and police should stop using it.
- f. In response to the community's concern about having to pay for services that should be free, the ACAO in charge of health, Ms. Zaina Nabukenya, and the Health Educator, Mr. Mubanda Senoga told the participants that all services at government facilities are free and encouraged them to report such incidences to the officials. The ACAO pointed out the Health Unit Management Committee member who was present and asked to him to stand for the people to know him. She urged the community to work with him and their chosen leaders to report incidences when they are charged for what should be free services. She noted the officials can't be everywhere to adequately monitor and underscored that it was important for the community to continue to monitor and report whether they are being charged for drugs or services that should be free.
- g. The DISO noted that more research should be done on the quality of mosquito nets and all people concerned should advocate for better quality nets to prevent malaria.
- h. The DISO pledged to extend such dialogues to the parish level to ensure community participation.

### **Responses to other issues**

- i. The district is planning for all government facilities in Kayunga district to have land titles and they will be fenced for security purposes.
- j. Crime prevention is to be worked upon by the officer in charge of Kangulumira police post and the Resident District Commissioner. They promised to have a bi law to ensure

greater security, local drinking bars regulated and to prohibit cinemas from being opened early in the day.

- k. Elderly persons who were not included in the program for social assistance grants will be registered through the office of the Sub County.

### **Positive Developments.**

District officials pointed out the following positive developments in realizing the community's right to health.

- a. There is improved community participation in community dialogues and meetings and the officials were impressed by how participants were freely raising their issues. They noted this participation improves accountability and they thanked the community for actively participating.
- b. There is also increased participation of both the technical and political leadership, which makes dialogues more fruitful, enabling the community to receive immediate feedback on the issues they raise.
- c. The chairperson of the Health Unit Management Committee is always present to acknowledge receipt of drugs received at Kangulumira H/C IV, which improves accountability.
- d. Kangulumira Health Centre IV received 42 mattresses, which will enable it to admit more patients at the facility. It was previously unable to do so since it was constrained by the limited number of mattresses.
- e. Kangulumira health centre IV is one of the health centres that have an ambulance, which has been maintained.
- f. DISO encouraged the community to make use of the district leaders' offices in case they face any challenges. He read out the phone numbers of the some of the leaders present to the community including the ACAO, DISO, RDC, Chairperson of HUMC, Sub-county chief, Chairperson LCIII.
- g. Kangulumira health centre IV has improved its performance. In the year 2013-2014 it was ranked 70 out of 166 health centre IVs and in 2014-2015 it was ranked 35<sup>th</sup>.

#### **IV. RECOMMENDATION.**

The dialogue was able to underscore the following recommendations.

- a. The Vice Chairperson LC V requested all officials supposed to acknowledge receipt of drugs at facilities to do so. These included the Sub County Chief, Resident District Commissioner and District Internal Security Officer.
- b. The community was encouraged to be responsible and pay their taxes to improve tax revenue, which would also improve service delivery.
- c. The DISO, Mr. Joseph Kasadha, pledged to advocate to extend *barazas* to parishes to enable community participation at the village level. He also encouraged communities to actively participate in government programs and to undertake preventative measures like having latrines for each home for better hygiene and sleeping under nets. This would reduce the number of incidences of preventable diseases.
- d. The officials pledged to enforce measures to improve hygiene especially garbage collection and sanitation.
- e. The district promised to advocate for lower health facilities to reduce the overwhelming number of patients seen at Kangulumira health centre IV.
- f. The In charge, Mr. Emmanuel Mukwadhaga, called on the community members present at the *baraza* to advocate for increased budget for drugs so as to address drug stock outs.
- g. The duty bearers noted that the police and the RDC's office will deal with the issue of crime preventers carrying out unlawful acts.
- h. The ambulance will no longer be parked at the police station.
- i. ISER recommended that the district and the community take part in the consultations for the upcoming 2017/18 budget to raise their concerns about the limited budget provided and the fact that it cannot cater to the population's health needs, resulting in drug stock outs. The officials present agreed to do so.
- j. ISER pledged to also carry out advocacy regarding drug stock outs at national and international levels since this issue seems to be occurring nationally.

- k. ISER also encouraged the community to continue to raise the issues affecting their right to health to the duty bearers present and promised to share the report from the *baraza* with the District Health Officer so it is shared with the district relevant stakeholders.

### **C. CONCLUSION.**

The *baraza* was well attended by both the community and duty bearers including both technical and political leaders, which made the dialogue more productive. The officials present thanked ISER for organizing the *baraza* and for helping the government to implement its programs. The district chairperson acknowledged learning a lot from these dialogues and promised to address them.

ISER appreciated both the community, district and sub country officials for enthusiastically participating in the *baraza* and for the constructive dialogue that took place.