



Kayunga Issue Paper

Enhancing good governance, accountability and transparency for improved health service delivery in Kayunga District.

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1. List of abbreviations

CARA	Community Awareness and Response on AIDS
GAPP	Governance Accountability Participation and Performance
HC	Health Centre
HETAFAs	Health Transformation and Accountability Facilitators
HWs	Health Workers
MoH	Ministry of Health
NMS	National Medical Stores
PWDs	People with Disabilities
USAID	United States Agency for International Development



CARA Background

Community Awareness and Response on AIDS (CARA) is a Registered Non-governmental Organization (NGO) established in 1995 by a group of people affected and concerned about HIV and AIDS, Human Rights Violations, Poverty, Food security and poor feeding. CARA was also established to promote hygiene and sanitation at community and household level, promote family planning and reproductive health and building the capacity of both CARA and communities to handle challenges affecting them. The organization is currently operating in the districts of Kayunga, Mukono, Mayuge and Buhweju. CARA has established head offices in Kayunga District, Kayunga Town Council.

CARA's **mission** is to promote and protect the rights of people affected by HIV and AIDS through prevention and control of AIDS, human rights violations and Poverty and her **Vision** is to have Ugandans free from HIV, AIDS and Poverty

CARA's objectives include;

2. To contribute to the national targets of Reduction of HIV infection in Uganda
3. To promote Care and support services for people affected by HIV/AIDS in Uganda
4. To advocate for the promotion and protection of rights and dignity of vulnerable groups in Uganda
5. To strengthen the institutional capacity of CARA to deliver quality services

Through her programs CARA target;

- ✓ Women
- ✓ Children
- ✓ People living with HIV and AIDS (PHAs)
- ✓ Youth
- ✓ Elderly
- ✓ People with disabilities
- ✓ The most -at -risk populations

CARA's areas of focus include;

- HIV prevention care and support
- Promotion of human rights
- Poverty reduction
- Promotion of reproductive health and family planning
- Promotion of food security
- Promotion of hygiene and sanitation and protection of water sources
- Community and institutional capacity building to deliver quality services and development of partnerships, collaboration and networking and creation of linkages for strengthened referral systems.

CARA's method of work

- ❖ Community mobilization and sensitization
- ❖ Use of existing structures

- ❖ Meaningful involvement and participation of beneficiaries
- ❖ Information sharing sessions and feedback meetings
- ❖ Community dialogue meetings
- ❖ Community Seminars
- ❖ Interactive sessions
- ❖ Partnership, collaboration and networking for creation of linkages among others
- ❖ Skills development through trainings

Brief about the project

Community Awareness and Response on AIDS (CARA) with funding from the GAPP program is implementing two years project entitled “**Enhancing good governance, accountability and transparency for improved health services in Kayunga district**”. The project is being implemented in four sub counties of Bbaale, Busaana, Galiraya and Kayonza. The project is addressing issues that hinder citizens’ participation in planning, implementation and accountability and monitoring of health sector performance in Kayunga district. The goal of the project is **to contribute to the increase in accountability, participation and governance for improved quality health services in Kayunga District** and the intended results of the project will be achieved through the following objectives

Objective1: To increase citizens’ awareness of their health rights, needs, entitlements and responsibilities by 30% in the targeted four sub counties of Kayunga district by 2017

Objective2: To create demand and inclusive utilization of health services by 30% among the less privileged groups of people (women, PWDs and children) in the targeted four sub counties of Kayunga district

The project aims at increasing citizens’ awareness of their health rights, needs, entitlements and responsibilities and also creating demand and inclusive utilization of health services in Kayunga district.

In order to achieve the intended results of the project, different strategies are employed they include but not limited to the following working with and through existing community structures and institutions like Village Health Teams, Community Development Offices, Health Units Management Committees, government health units especially, Bbaale HCIV, Busaana HCIII, Galiraya HCIII and Lugasa HCIII for project sustainability. Other strategies include; use of community barazas to raise public awareness on good governance and accountability in the health sector, use of Neighborhood Assemblies for advocacy, capacity building through trainings of community structures to work as agents of change in health accountability, participation and performance

Introduction

Proper provision and utilization of health services is crucial in ensuring that communities are disease free which allows them time to participate in developmental/poverty eradication projects and the governance of their communities. Development of communities is a great by-product of a good health system, and yet the exploitation of the health system by alleged profit-seeking and incompetent service providers represents a darker side to it.

Manipulation of the health system by alleged profit-seeking and incompetent service providers undermines the capacity of government to provide quality health services through the set structures, thereby reducing opportunities for expansion, causing physical disability and death, plus general wastage of government funds (taxpayer monies) and logistics.

Not all health consumers can afford to pay for services in private clinics/hospitals. Profit-seeking service providers in government aided health facilities take advantage of this and misuse logistics provided to them by government.

The general motivation for manipulation of the health system far exceeds the limited possibilities to gain wealth working legitimately. Manipulators offer services that are low cost but highly dangerous to the health and lives of those they serve. This has resulted in a rise in the death toll in recent years.

Under the GAPP funded project, CARA proposed to document, publish and publicize issues generate/obtained from the communities in a quarterly issue paper (Kayunga Issue Paper - KAIP). The oxford dictionary defines an issue paper as a short essay written about a specific topic. KAIP is intended to make public achievements and growth opportunities in health service provision especially in the areas of governance and accountability. Sections on the leadership code, key service standards and a service provider's inventory are included. CARA will continue to hold interface meetings with stakeholders to discuss and chart a way forward on issues raised in KAIP. This is intended to create an advocacy platform and inform policy planning and implementation at the District level

In this edition of KAIP, CARA has documented ten (10) issues raised during the quarterly facility based dialogue meetings, community barazas and Neighborhood Assemblies with health consumers from Galiraya HCIII, Bbaale HCIV, Busaana HCIII and Lugasa HCIII. The above targeted health consumers, Health Unit Management Committee members and sub-county secretaries of Health; Activities were intended to discuss issues that hinder health service delivery in the targeted sub-counties and also raise awareness on health sector accountability and performance for improved service delivery in the communities.

As CARA continued to implement the project, issues affecting the utilization and provision of health services were raised and documented they range from system/operational failure, personnel incompetence and consumer irresponsibility.

Summary of issues

Issues affecting health consumers

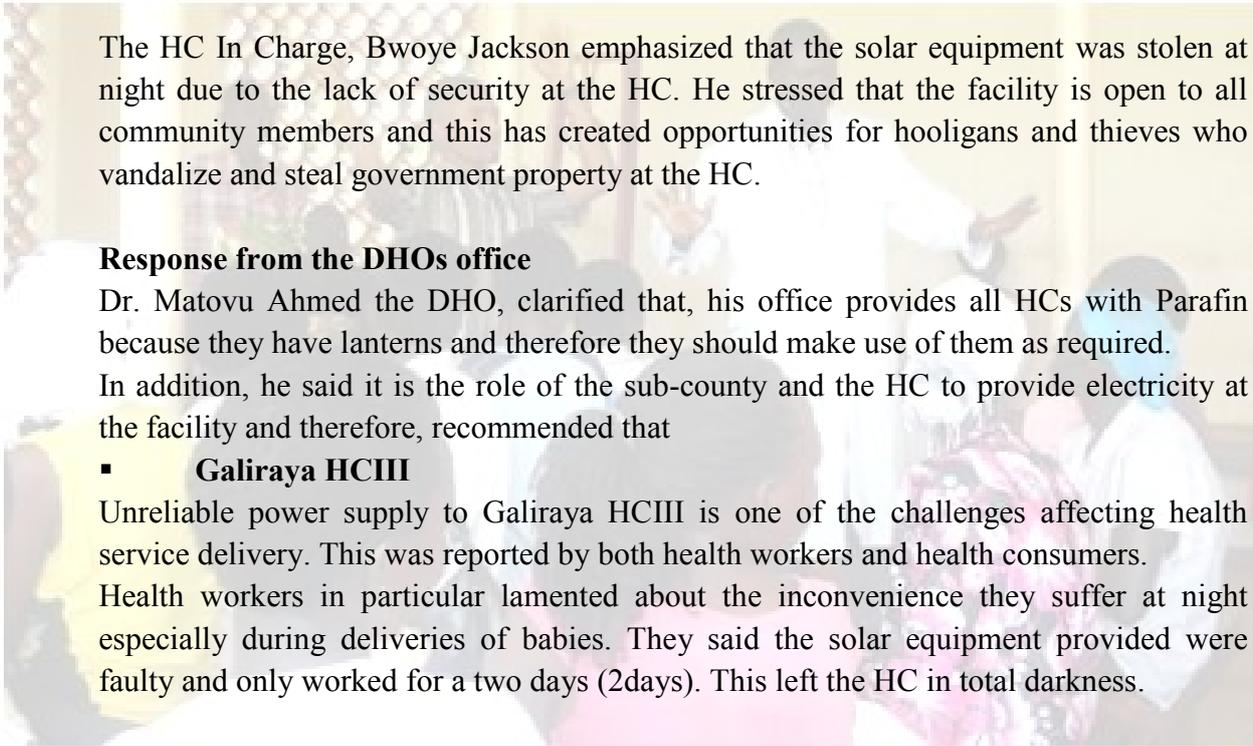
1. Electricity challenges

▪ Busaana HC III

Health Consumers engaged in Busaana sub-county alleged that Health workers sold off the solar equipment allocated to Busaana HCIII in bits. This left the HC in darkness and paved way for client extortion in the HC; consumers alleged that they are charged Ugx 5000= for fuel (kerosene) to be used for lighting in the night time.

Response from the HUMC Busaana HCIII;

The management of the HC, reported that, the solar equipment allocated to Busaana HCIII was stolen by thieves, not by health workers as it's claimed by the health consumers.



The HC In Charge, Bwoye Jackson emphasized that the solar equipment was stolen at night due to the lack of security at the HC. He stressed that the facility is open to all community members and this has created opportunities for hooligans and thieves who vandalize and steal government property at the HC.

Response from the DHOs office

Dr. Matovu Ahmed the DHO, clarified that, his office provides all HCs with Parafin because they have lanterns and therefore they should make use of them as required.

In addition, he said it is the role of the sub-county and the HC to provide electricity at the facility and therefore, recommended that

▪ Galiraya HCIII

Unreliable power supply to Galiraya HCIII is one of the challenges affecting health service delivery. This was reported by both health workers and health consumers.

Health workers in particular lamented about the inconvenience they suffer at night especially during deliveries of babies. They said the solar equipment provided were faulty and only worked for a two days (2days). This left the HC in total darkness.

Response from the DHOs Office;

The DHOs office through the District Drug Inspector – Phoebe N, advised health workers to follow protocol observed in reporting the challenges faced in power supply, such that all faults can be rectified.

2. Few beds at the HCs.

▪ Galiraya HC III

Health consumers complained that, there are few (6) beds at the HC which cannot accommodate the patients admitted to the HC. They further complained that, admissions at the HC are not segregated by gender i.e. men and women are admitted in the same ward without separators, which discourages some health consumers from seeking health services.

Response from the Health workers

Naigulu Deborah a health worker at Galiraya HCIII explained that Galiraya being a HCIII is only allocated few (6) beds that are especially for expectant mothers and those that are critically ill, before they are referred.

▪ **Lugasa HCIII**

Similarly health consumers engaged in Kayonza sub-county, complained that the HC has few beds that are not up to standard. They alleged that, the HC has three (3) beds and six benches that were paired to make beds for expectant mothers at the HC. They expressed fear that the makeshift beds may cause accidents for mothers.

Response from the Health workers

Basemera Prossy a health worker at Lugasa HCIII explained that the HC has limited space allocated for admissions and therefore it can only accommodate the beds that are there already.

3. Long waiting hours.

Participants engaged in all meetings and consultations, alleged that they take long to receive services at the HCs. This they attributed to late reporting to duty by the HWs reported that this is caused by the lack of accommodation at the HCs; they rent houses that are far from the HCs and this lead to delays in reporting.

Response from health workers

HWs in response highlighted that they lack accommodation at the HC premises i.e. they rent houses that are far from the HCs and this leads to delays in reporting.

Mr. Kyeswa – Health worker Bbaale HCIV said health workers have a lot of data to capture from clients and therefore more time is taken attending to one client leading to delays faced by other patients.

4. Absenteeism of health workers from the HCs.

Clients in all four HCs targeted by the project complained about the alleged chronic absenteeism of HWs saying standard times for seeking treatment have been locally established i.e. clients are only attended to between 10:00am and 2:00pm from Monday to Saturday, Sundays are generally ignored – no patients are attended to.

Response from the DHOs office

The DHOs office refuted claims by health consumers saying, health workers do attend to patients and those that are absent, are on study leave.

5. Poor handling of clients

Health consumers alleged that HWs are harsh and abusive especially in the maternity wards. Mothers interacted with complained about the poor reception and treatment they receive from midwives. They alleged that, they are verbally abused, slapped and ordered not to deliver (push) babies. This, they said is contributing to their shunning of government HCs in time of delivery even after attending all the antenatal classes at the health facilities.

Response from the DHOs office

The DHOs office through the District Drug Inspector, advised that all supervisors take lead in counseling harsh health workers and where they fail they should contact the DHOs office for support.

6. Charges Vs Government policy of free medical services

Clients engaged alleged that at the HCs they are charged for services offered i.e.

▪ Bbaale HCIV

Health consumers engaged in Bbaale sub-county, also claimed that a charge of Ugx 10,000= is levied upon all those that seek scan services at the HCIV.

Response from the HUMC

Byakika Paul - In charge Bbaale HCIV, explained to health consumers saying the HC has a scan, but no bio oils are delivered to facilitate health workers in offering scan services. Therefore a fee of Ugx 10,000 is charged to help procure the bio oils needed for the scan.

▪ Busaana HCIII

Mothers in Busaana HCIII alleged that mama kits provided by government are sold in bits yet mothers are meant to receive whole packs of the kit i.e. gloves, cotton wool, gauze and delivery bags are sold separately to mothers in the maternity ward.

Response from the HUMC

Wako Mohammed the Chairperson Busaana HUMC explained that Mama kits are not sold as it's claimed by the mothers. He said, the facility only receives 60 Mama kits every two (2) months yet the demand for them is high, therefore, as a HC, they do support only those that have few or no items required during delivery.

"Mama kits are opened and items required by a mother at that moment are given. Those that remain are spared for others in future."

This he said, is done to curb the projected shortages in the two (2) months period before another consignment is delivered to the HC.

Issues affecting health workers

7. No mortuary at Bbaale HCIV.

Health workers complained that Bbaale HC IV has no mortuary. Bbaale being a HCIV with a functional theatre registers deaths of patients but they have no designated places for storing the dead bodies.

They stressed that leaving dead bodies in the admission wards is traumatizing to other patients and may contribute to them shunning the HC in general.

Response from the DHOs office

Through the District drug inspector, reminded them that government nationwide constructed HCIVs without mortuaries, but plans are under way from government to construct one for every HCIV.

8. Faulty Water reservoirs at Bbaale HCIV.

Water is essential for maintaining proper hygiene and sanitation in a given community; however, Bbaale HCIV has no guarantee on this basic need.

Bbaale HCIV has three 3 water tanks two of which are non functional and one is leaky. This has left the HC with inadequate water supply for both Health workers and health consumers paving way for further infections.

9. Low level incinerator at Bbaale HCIV.

Bbaale being a HCIV, receives a lot of medical wastes that need to be disposed of immediately and correctly however, the incinerator at the HCIV of a lower level ie meshed wires were put together in a square form to make an incinerator that is next to the ART clinic.

This exposes health workers and consumers at risk of further infections from the medical wastes that are not properly disposed off.

10. Less/wrong deliveries of supplies

Health workers alleged that NMS delivers less or wrong deliveries of supplies i.e. more male and female condoms are delivered even if not requested for instead of drugs being requested for.

This they alleged that this creates room for suspicion making health consumers angry at HWs that they steal drugs and make them wait for long hours.

11. Poor motivation of health workers.

Motivating health workers is crucial in ensuring that there is quality service delivery and increased productivity; however health workers in all HCs visited in the targete sub-counties complained that they poorly motivated which undermines their capacity to serve clients satisfactorily.

Health workers lamented that they serve communities that don't appreciate and recognize the hardships that they endure to offer quality services to them.

12. Understaffing i.e. few health workers are attached to a unit.

Health workers complained that the health units are understaffed for example Galiraya HCIII has only 14 health workers who also work in shifts thereby leading to prolonged queues at the health unit. This they said stresses them physically and may jeopardize the quality of work being done in the communities.

Response from the DHOs office

More Health workers (08) are being recruited by MUWRP to support in different HC. They include; a clinical officer, nursing assistants, laboratory technicians and midwives.

Final comment:

Please point out any missing aspect you consider important for the future of CARA-GAPP project for improved accountability and transparency in health service delivery in Kayunga District”.