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WORD FROM THE EDITOR

Kadabara Boniface
EDITOR

A government accountable to its citizens is one of the cornerstones of an open society—helping to ensure fairness, economic equality, and civic participation. High standards of public sector governance and accountability are essential to healthy democracies at both a national and local level. They enable the effective and efficient use of public resources in the wide range of entities that make up our public sector.

Good governance and accountability need and support each other and, if done well, enhance the public's trust in our system of government. Good governance encourages and can result in good accountability. In turn, accountability is a vital element of good governance.

Most public entities exercise the powers of the state and/or use public resources. If people are to continue to support the democratic process, they must trust the institutions of the state.

Developing and maintaining citizens' trust in government is vital to maintaining a healthy democracy. It requires credible and reliable information about the performance of public institutions and their future intentions. Public trust depends on, among other things, good governance and accountability and they can be a catalyst for it

In my opinion, the quality of governance in the public sector can be improved. It is not working as well as it should in some entities and problems have occurred and will continue to do so, unless the standard is raised.

One matter for improvement is the clarity of role definition between the responsibilities of governance and management at both an organizational and project level. This newsletter identifies examples of good and poor practice in this regard as experienced and witnessed during the implementation of the project activities in the areas of intervention.

ORGANISATION PROFILE

District stakeholders pose for a photo after the project inception meeting at Hotel Delambience Koboko

Partner in Community Transformation (PICOT) is a non-profit making local Non-Governmental Organization registered with National NGO Board (registration number 10147) on the 20th day of September 2013.

PICOT was formerly known as Koboko Youth in Development (KOYID) established on 25th May 2005 as a Community Based Organization registered with Ministry of Gender, Labour and Social Development in Koboko District.

It was brought into being in existence in 2005 by a group of progressive youth who felt concerned about the development needs and challenges affecting the youth, women and the wider community of Koboko district. Among the challenges noted with concern to be addressed include but not limited to, Health challenges majorly HIV/AIDS, poverty, low education attainment, poor governance, youth unemployment and environmental degradation.

Since then PICOT strives at creating meaningful platforms for youth, women, people leaving with disability and entire community to participate in community affairs. In all its undertakings, PICOT works in close cooperation with Local Governments and development partners in supporting community driven development initiatives.

PICOT has core program areas including Holistic Health promotion, Community Economic Empowerment,Environmental conservation, Holistic Community Education Promotion, Community governance and Organizational Capacity Development.

VISION

PICOT envisions Holistically Transformed communities.

MISSION

Working with communities and development partners to identify,mobilize and utilize the available resources for holistic development.

MOTTO

Inspiring communities to transform lives

CORE VALUES

Voluntarism,Team work, Gender inclusiveness, Accountability, Community participation, Transparency and Partnership.

PROJECT BRIEF

Governance & Accountability

"Enhancing community participation in governance and accountability in health service delivery in Koboko and Maracha districts of west Nile Uganda (ECOPAGA)" is a 18month project implemented by partners in community transformation (PICOT) with funding from independent development fund (IDF) in the districts of Koboko (Iobule, Dranya and Midia sub-counties) and Maracha (Oleba and Yivu sub-county)

The Desired Change or goal at the end of the project period is improved delivery of quality health services in the five sub counties of Koboko and Maracha districts with the primary Project purpose of increased capacity of citizens to demand for the delivery of quality health services from duty bearers in Koboko and Maracha districts.

The Desired Change of Improved delivery of quality health services in the five sub counties of Koboko and Maracha districts will be mirrored by the medium term results of increased vigilance by citizens in influencing delivery of health services, strengthened structures that monitor the performance and delivery of quality health services at local level and Enhanced capacity of PICOT to implement, monitor and document project results and outcomes

The Executive Director PICOT receiving the copy of the signed Memorandum of Understanding (MOU) from the RDC's representative

MESSAGE FROM THE EXECUTIVE DIRECTOR

ROPANI SAUDA
EXECUTIVE DIRECTOR

It is with honor that I present to you the quarterly newsletter for PICOT entailing the activities implemented under our project of Enhancing Community Participation in Governance and Accountability in health service delivery in West Nile.
This project started in July 2016 and will end in December 2017 with funding from the Independent development Fund (IDF).

Partners in community Transformation has continued to focus on the purpose of its existence of: "Working with the communities and partners to identify, mobilize and utilize the available resources for holistic development

We extend our deepest and most sincere appreciation to our partner and donor the independent Development Fund (IDF) for the support accorded to us. We would not be the organization we are today without your financial, technical and logistical support as well as innovative ideas, encouragement and advice.

I would like to thank the district local governments of Maracha and Koboko both the technical and political leadership for the support extended to us in the implementation of the project in the 5 sub- counties of Oleba and Yivu in Maracha district and Lobule, Midia and Dranya in Koboko district.

PICOT is very grateful to the community that we are working with, for the active participation in the project activities for better health service delivery in Koboko and Maracha District.

The PICOT Board of Directors (BOD) and Staff looks forward to continued partnership with our donor the independent development Fund (IDF), Local Government and the community we serve so as to take PICOT to greater heights.

MESSAGE FROM THE PROGRAMME MANAGER

ACOLE MOSES
PROGRAMME MANAGER

In the decentralized system communities are expected to effectively participate in decision making on matters related to their health and management of health services. In this regard communities must be organized into committees in order to facilitate their effective participation in health service delivery effectively through their structures.

However a major part of the problem is the inability of citizens to make their voices heard in the governance process, particularly in rural communities. Many Ugandans do not have a reliable way to make government Officials aware of urgent needs or lingering problems, and many local governments have no established system to get reliable information from their citizens based on the fact our communities have been oriented to handouts during election cycle and their critical health issues have been submersed.

PICOT through this ECOPAGA project looks forward to see increased vigilance by citizens in influencing delivery of health services and strengthen structures that monitor the performance and delivery of quality health services at local level with the goal of realizing improved health services leading to better health outcomes in Koboko and Maracha.

In this newsletter, therefore as PICOT is sharing and communicating to you the progress made so far for the last 6 months of implementation of the project in this first newsletter.

As a citizen it is your right to access information and you have a responsibility to play and use the information for your benefit appropriately. As PICOT we are fostering improved communication with the public, providing correct information to the public regarding performance of health facilities, monitoring performance of approved plans, getting involved in planning and making your Voice Counts.

Join us once again, make your voice heard and transform lives of the pro-poor

MESSAGE FROM THE

PROJECT OFFICER

ACIDRI SWALEH
PROJECT OFFICER

It is my pleasure to introduce the first newsletter of the Partners in community Transformation initiative! 6 months ago, Partners in Community Transformation (PICOT) initiated enhancing community participation in governance and Accountability in Health service delivery in two West Nile districts of Koboko and Maracha, funded by Independent Development Fund (IDF).

The project aims to improve health services leading to better health outcomes in Koboko and Maracha districts. Specifically, it's aimed at increasing participation and engagement between local community and duty bearers to improve transparency and accountability in health service delivery in Koboko and Maracha districts and strengthen the capacity of structures that monitor the performance and delivery of quality health services at local level to effectively improve performance of health centers by December 2017.

We have experienced exciting and challenging moments while implementing this programme. When we conducted initial meetings with the communities, we discovered that the relationship between the people and duty bearers was fragile. People were not satisfied with services extended to them by the duty bearers, and some of the duty bearers were not aware on their roles but yet the government has a responsibility of managing the health services. Through ECOPAGA intervention, a platform was provided for the local community to raise their concerns to the duty bearers and obtain instant feedback.

This has resulted into communities understanding their roles and rights to good health. The programme has also built capacity for local communities to demand for better health services from government through the stipulated procedures. I am privileged to be part of the team running this project in which we are sharing the transformation stories. I hope you will enjoy this transformation story magazine and feasibly, get a foretaste of the spirit and work of PICOT through the ECOPAGA project. We are focused to positively transform the community perception and for sure, step-by step, day-by-day, we shall be there.

1st AND 2nd QUARTER ACTIVITIES

District Level Inception Meeting

The purpose of the inception meeting was to mobilize various stakeholders at district and sub county level to support the values (good governance and accountability) promoted by the project. With specific objectives of disseminating information about the project in order to foster collaboration, collective participation and ownership of the project.

During the inception meeting key Emerging issues include

- Inclusion of Persons Living With Disability (PWDs) as target beneficiaries in the project in the future
- Need to plan training for the political leaders in order to enhance their capacities in monitoring health service delivery
- Strengthening Relationship between the health workers and community be a key focus of concern given that the community has lost trust in the health system.
- Need to trigger the communities to access health services at will (including accessing the health facility for health education not only for curative medication)
- Political leaders also planned to form political federation in order to mobilize resources for health service delivery in the West Nile region.

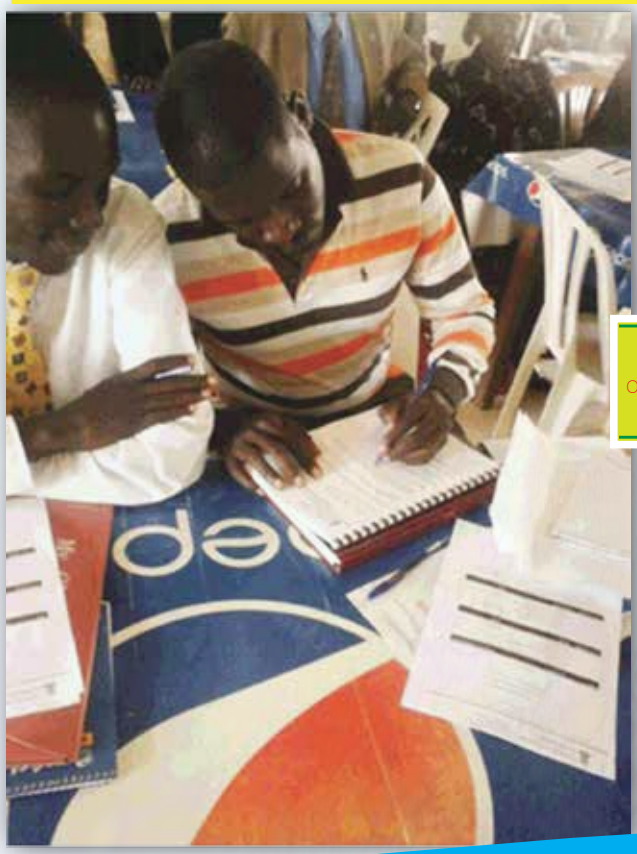
The Key Achievements at the end of the meeting entailed the following

- All invited participants (key district stakeholders from the two districts of Koboko and Maracha) attended the meeting
- Most of participants had clear understanding of project goal and objectives as evidenced by results of the knowledge assessment forms administered to participants (pre-test and post-test during the inception meeting)
- Most of the stakeholders were very passionate about the project and pledged their total support for the project in their various area of jurisdiction.
- They also pledged to be the mouth piece of PICOT to the community they represent and sensitize the people about the project at the end of the meeting.

Photo Moment

PICOT Staff District Stake Holders

District (Koboko and Maracha) stakeholders and PICOT staff pose for a Group photo after the project inception meeting. It was during the inception meeting where the Memorandum of Understanding (MoU) between the Districts of Implementation and PICOT was signed. Likewise the stakeholders were taken through the project overview so as to enable them to understand the project Goals and objectives. They (Stakeholders) pledged their support to ensure the implementation of the project is successful.



M.O.U Signing during the INCEPTION meeting

The representative of the Resident District Commissioner (RDC) Koboko signing the Memorandum of Understanding (MoU) during the inception meeting. The MoU becomes the legally binding document between the district and the implementing partner (PICOT).

BASELINE SURVEY

The Partners in Community Transformation (PICOT) engaged a Consultant to conduct a baseline survey for the "Enhancing community participation in governance and accountability in health service delivery in West Nile -Uganda" project. The objective of the assignment was to establish accurate current baseline information on the project indicators to assess the outcomes of the project, and make recommendations and suggest M&E methods, processes, tools and systems that can be employed by PICOT team to track project outcomes and provide learning.

To achieve the survey objectives a mix of both quantitative and qualitative techniques, to collect and analyse for the baseline study. The survey collected data from a sample of 226 community households and 26 HUMC members to generate quantitative data while five (5) key informant interviews in the Months of October and November. 2016. The findings and recommendations of the survey are as follows:

Key Findings

a) The survey observed limited representation of women in Health Unit Management Committees. Out of the 26 HUMC members surveyed, 21 (80.8%) were males while only 5 (19.2%) were females. The male domination of the HUMCs could have, in one way or the other, affected mobilization and participation of women in activities of the health facilities.

b) The survey revealed that, all the health facilities surveyed had their HUMCs constituted except Koboko Police HC II that did not have operational HUMC. Similarly, 88.5% (23) of the respondents reported that their HUMCs were active compared to only 3 (11.5%) who reported that their HUMCs were not active.

c) It was revealed that, 65.4% of the HUMC members sampled reported that they have ever been trained while 9(34.6%) reported they have never been trained since they joined the HUMCs. For those who were trained, the main focus of the training was the mandate and roles of HUMCs. It also found that the HUMCs were trained by Institutional Capacity Building (ICB) Project with funding from Belgian Development Agency (BTC).

d) The survey established that, majority, 52.7% (119) of the community respondents have never heard about Health Unit Management Committees and what they do, compared to 106 (47.1%) who had ever heard about HUMCs in their community. On the other hand, 207 (94.1%) of the community respondents did not know how HUMC members were selected or appointed. This, points to limited public information on selection HUMCs.

e) The survey further indicated that only 29 (12.9%), out of 226 community respondents knew their HUMC chairperson (not necessarily by name) compared to, 196 (87.1%), the majority, who did not know. Similarly, only 28.4% of the community members reported knowing at least one member of their respective community members, compared to 159 (71.7%) who did not know any member. The survey therefore observes that it becomes increasingly difficult for community to hold their duty bearers accountable when they don't know them.

f) On interaction with the community, the survey findings indicate that only 46.2% of HUMC members reported that they have ever represented their HUMC in a community meeting while the majority, 13 (53.8%) indicated that they had never, in the last one year, represented their HUMCs in a community meeting. This reflects low level of community engagement by the HUMCS.

g) The survey findings revealed that, only 4(15.4%) of the respondents reported their HUMC had a constitution/rules and the majority, 84.6%(22) reported that they did not have a constitutional or guidelines to guide on procedural matters. This meant that, the majority of the HUMCS were not aware of the guidelines for Health Unit Management Committees (2003) developed by the Quality Assurance Department of the Ministry of Health.

The lead researcher interviewing a respondent during the baseline survey.

h) Section 3.1(i) of the Guidelines on Health Unit Management Committees for Health Centre IIIs (2003) requires the HUMC to meet at least quarterly (3 months) to conduct health unit business. However, the study r evealed that only 38.5% (10) reported to have held meeting once in the previous quarter and 19.2% (10) reported to have had two meetings in the previous quarter. On the other, 26.9% of the respondents reported to have had no idea on whether meetings were held as presented in Figure 7 below. This meant that, the meetings of the HUMC were quite limited and not as required by the guidelines.

i) The survey indicates that, the HUMC respondents were generally knowledgeable on their roles except raising funds for the facility, as only 34.6% indicated that, it was their role as HUMCs to mobilize funds for the facility. This high level of awareness by the HUMC members on their roles was attributed to the training offered by IBC with funding from BTC on their roles and functions.

j) Generally, it was observed that, majority of the community members did not know the functions and roles of the HUMCs. For instance, only 12.5% of the respondents knew that HUMCs were responsible in determining how facility funds are utilized and only 4% knew HUMCS raising funds for the health facility as specified in the HUMC guidelines issued by the Ministry of Health.

k) Community participation in health service delivery is vital, as it enhances accountability and effective governance. Similarly, communities are expected to effectively participate in decision making on matters related to their health and management of health services. However, the findings show that, 46.8%(104) of the sampled households indicated neither them nor one of their household members have ever participated in health activities the last one year compared to only 35%(77) who reported that them or one of the household members have participated at least once or more in these activities.

l) On consultation of communities on management of the health facilities, the survey generally observed that the communities were not consulted on management of the health facilities as presented.

m) The baseline study investigated the extent to which the respondents felt that the decisions of HUMCs attempt to improve service delivery the health facility. The findings indicated that, majority, 46.7% of the respondents reported that the decisions of the HUMC have never or almost never improved service delivery in the health facility compared to only 19.1% who indicated that the decision of HUMCs improve service delivery at the facility. This has demonstrated low levels of trust in HUMCs by the community members.

n) As part of assessing community perception of the HUMCs, the survey revealed that, only 19.2% were satisfied with of HUMCs as compared to 48.7% who were not satisfied.

Recommendations

The survey recommends as follows:

a) PICOT should engage the communities to advocate for more representation of women in the Health Unit Management Committees to ensure gender equality in the committees;

b) PICOT should create awareness on the roles and functions and selection processes of HUMCs through community meetings and dialogues;

c) PICOT should organize public meetings in the project sub-counties to provide platform for the communities to engage and demand accountability from the HUMCs;

d) PICOT engage local governments to strengthen monitoring of the activities of HUMCs to ensure that they perform their functions as specified in the Health Unit Management Committee for HC IIIs (IIs) issued by Ministry of Health.

e) PICOT should organize trainings for HUMC members in areas of monitoring, supervision and community engagement;

HUMC TRAINING WORKSHOP

The Ministry of Health through the Department of Quality Assurance issued Guidelines for Health Unit Management Committees (2003) aimed to guide on the mandate, composition, operational procedures of the Committees, especially for Health Centre III. The main function of the HUMCs highlighted by the guidelines included: to monitor the general administration of the health facilities; management of the facility finances; to advise upon, regulate, monitor the collection, allocation and use of finances from other sources; monitor procurement, usage, and utilization of all health facility goods and services; and foster improved communication with the public, thereby encouraging community participation in health activities within and outside the health facility. Generally, the Committees are responsible for ensuring effective performance of health facilities and improve overall service delivery.

From the baseline report it was noted that, many health committees established throughout the region of Westnile especially Koboko and Maracha Districts were neither active nor strong in executing their mandate in many health facilities. It was reported that many of the committees especially in many rural health facilities lacked capacity and knowledge to undertake their roles as stipulated in the guidelines hence; they were not effectively performing their duties. This limited effective community participation in decision making on matters related to their health and management of health services hence constraining heath service delivery to the communities

It was against this background that a three (3) training workshops was organized. It targeted 53 HUMC from all the Health facilities within the sub-counties of operation (Lobule, Dranya, Midia (Koboko) and Yivu, Oleba (Maracha)).
The core focus of the training was to enhance the capacity of the members of health unit management committees to effectively perform their roles.

The key deliverables and topic during the training include functions of the HUMC, Procedures, Right to Health, community diagnosis, Health Planning, monitoring and evaluation, resource mobilization and budgeting. The training is expected to translate into the HUMC members drawing work plans and Budget as well as monitoring sessions to be conducted as key indicators to measure the success of the training.
The key notable instant success feedback of the training was evidenced in the Pre-Test and Post-Test assessment administered to the participants at the start and end of the training as a tool for assessing change in knowledge differential after the training. When participants were asked to rate themselves in terms of knowledge acquired after the training 84.4% (38) responded they had very good knowledge and 11.1% (5) rated Good and only 4.5% (2) responded fair out of the five possible scale (Excellent, V.Good, Good, fair and Poor). This response was very positive as compared to the pre-test assessment where just 11.1% (5) responded they had very good knowledge and 17.8% (8) rated Good and majority 66.7% (30) responded fair while 4.5% (2) said they had poor knowledge.
Some of the respondents whose response about knowledge level in the pre-test as "very good" and "good" attributed their knowledge to the training of the HUMC which they attended as organized by Institutional Capacity Building (ICB) Project with funding from Belgian Development Agency (BTC).

A Facilitator conducting a Presentation on Monitoring and Evaluation during the third day of the HUMC training workshop

HUMC TRAINING WORKSHOP

One of the facilitators exciting the participants during his presentation about the Roles and Procedures of the HUMC.

Some of the participants expressed ignorance about the roles of the HUMC this were mainly people who were newly elected in the HUMC and had never attended any HUMC training before. This was also reflected in the assessment tool administered to the respondents during the Pre-test.

Each of the health facility was given copies of The Ministry of Health, Department of Quality Assurance Guidelines for Health Unit Management Committees (2003) at the end of the training to aid their work at the facility.

The Executive Director of PICOT giving a welcome remark at the start of the three (3) day training workshop. In her remark, she gave the organisation (PICOT) profile and the project overview. She also welcomed and thanked the HUMC members for their attendance which she said was a sign of commitment to learn and to serve the community better.

She further emphasised in her remark that PICOT is only contributing to the efforts of the Government and thanked the two (2) District Local Governments of Koboko and Maracha for providing the Enabling environment for implementing the project. She then wished a nice deliberation in the three (3) days residential training

HUMC TRAINING WORKSHOP

The HUMC chairperson for Oleba HC III giving a feedback about the training during one of the discussion sessions. He particularly expressed his excitement about the presentation on Monitoring and evaluation. He said that most of them didn't know what monitoring was about hence they either did carry out monitoring activities or often what they (HUMC) do is actually "fault finding" instead of monitor the indicators. He said the training came timely and they can now go back and conduct actual monitoring exercises at the facilities

ENGAGEMENT/ DIALOGUE MEETING

The engagement/dialogue meetings offered a platform to enable communities raise issues of health to duty bearers so as to receive instant feedback from them (duty bearers) on specific health service delivery related challenges raised from the community

Two engagement meetings have been conducted so far in Midia sub-county (Koboko) and Yivu Sub-county (Maracha). The issues raised by the community members include, inadequate health staff to address health service concerns of the community. This was a cross cutting issue across all the health facilities because the number of celling staff for a health center III is 19 staffs but in actual the number of staffs on ground is less than half. In response to this the HUMC chairperson said Adverts for recruitment are always put by the district service commission and recruitment is done yet the issue has not been resolved therefore the HUMC chairperson and the in-charge promised to make follow- up with the District Health Officer's (DHO) office to ensure that transfer of staff are done with replacement.

Poor road networks and maintainace of access roads to the health facility making it in accessible to some community was an issue raised to which the duty bearer responded that the sub county has already planned to open 7km new roads, maintain 7 km access roads coupled with Dricile parish's plan to mobilize the communities to maintain community access roads within the parish this will be addressed.

About the issue of drugs getting over within the shortest time the response was that the drugs received by the facility does not match with the population since the facility serves population from neighboring sub-counties like Abuku, Ludara and even countries like DR Congo and South Sudan. The government only plans UGX 3,000 per person for drugs and the sub county plans UGX 7,000,000 for drugs which is equally not enough.

A lamentation about Non-functionality of health facility on weekends was raised by participants to which the HUMC chairperson promised to follow-up with the health workers to ensure that the facility operates on weekends.

An issue was raised about Lack of kitchen at the facility making it difficult for the caregivers of patients to cook food especially during rainy season at Wadra HC III. In response the HUMC chairperson said that they had already planned to construct kitchen at the facility and urged communities to participate in the activities by providing local materials and labor force since it was initiated by the community.

ENGAGEMENT/ DIALOGUE MEETING

Reluctance of nurses especially those in maternity ward "...I was ordered by a midwife to cut umbilical cord of a baby and I demand to know whether that is my work since I am not a health worker" a gentle man lamented during the engagement meeting.

Other issues raised include;
Some of the services supposed to be offered and displayed at the health facility are not provided, The level of progress of upgrading of wadra health III to health centre IV, communities are not aware on the progress made since it was a promise, Sometimes clients are given drugs whose expiry dates are close, There is communication gap and lack of feed back to the community, Open defecation still existing in some communities, , The health facility does not have clean source of water but rather use community borehole which is very far from the facility, Poor referral services especially those who are tested hepatitis B positive are referred to Health Center IV which does not have the services especially for testing the viral load, Lack of transport means for the facility which makes coordination difficult coupled with No trained driver for the motor ambulance at the facility, Accountability of money received by the health facility (one demanded to know how much money is received and how it is spend) and No cleaner at the health facility.

An elderly woman raising an issue during one of the engagement meetings.

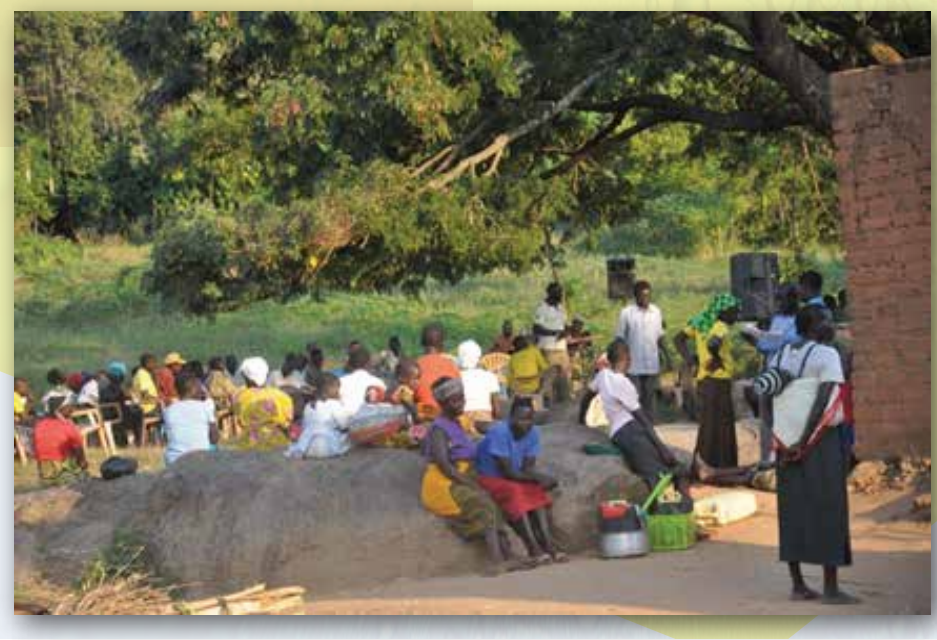
She expressed her disappointment at the treatment she receives from the Health Centre. She lamented "…each time I feel sickly and go to the health centre for treatment, I am told that my problem is old age and only given Paracetamole and told to go back home. I would like you know from you today if there is any sickness called old age…?" Unfortunately the technical people could not give a proper response to her question however they acknowledged that she ought to be accorded proper medical examination before diagnosis.

ENGAGEMENT/ DIALOGUE MEETING

While responding to the issue of the Health Facility (Dricile HC III in Midia Sub-county) lacking a clean source of water except for the community borehole which is very far from the facility, the HUMC chairperson (in blue shirt) responded that the water level around the health centre was found to be low when after the assessment done by the water and sanitation department of the Koboko district. He further said that the best option is the piped water which will take some time to be connected.

The women who were in attendance lamented about absence of mama kit at the health facility. This issue was raised by a woman who wanted to know why the health facility does not provide mama kits for mothers. Unfortunately the technical staff of the Health Center (Wadra HC III) were not present during the engagement meeting to respond to the issue however the pregnant mothers were advised to attend all their antenatal clinic days most especially the 1st and the 4th visits such that they can be advised accordingly about their condition and other items like that Mama Kit by the health workers.

An elderly man expressed his dissatisfaction in the management of the health facility during the dialogue meeting in Wadra HC III Yivu sub-county Maracha district. He particularly lamented about the high corruption cases he said "…a goat eats at the spot where it grazes …" referring to the duty bearers who use their position of responsibility to engage in corruption acts. He thanked PICOT for organising the dialogue meeting in their sub-county and requested that PICOT should organise a second dialogue to evaluate the impact of the first one. And emphasised that some of the key duty bearers from the health centre be present to respond to key issues.



COMMUNITY RADIO PROGRAM

The community radio program just like the engagement meeting, aids to create a forum for seeking responsiveness from duty bearers and local community at grass root level on matters of health service delivery.

Two community radio programs have been conducted for the quarter on Homenet LTD (104.5 Spirit FM Koboko) and was facilitated by the Health unit Management Committee Chairperson Oleba Health Center III and Koboko Hospital Administrator for the first talk show and the Health unit Management Committee Chairpersons of Lobule and Dricile health Centre III for the second talk show including the Executive Director and project Officer.

The Emerging issues/ concerns about health service delivery from the community include

- The language diversity makes it difficult sometimes for the health staff to communicate effectively with clients about their condition. This is due to the various languages spoken within the region. The best way to address this challenge as mentioned by the duty bearer is to use translators to help bridge the communication barrier.

- Poor services at the Maternity ward came under the lime light during the talk shows the caller attributed it to laziness of the Midwives as she lamented "…I gave birth few weeks ago from Koboko health centre IV alone in the ward when the midwife was a sleep…" another caller also bewailed at the manure the midwives bellowed at her patient when she was in labour pain. The poor service does not only stop at the maternity ward but extents to the whole facility as a caller cited Staff absenteeism coupled with late arrival at the health facility as a major issue affecting service delivery.
- Delays for the health workers to respond to patients at night, a case at Lobule HC III were they don't have a night watchman making it difficult for the patients to access the facility health workers at night who fear for their security. The duty bearer said they are working with the sub-county to ensure a watchman is recruited at the facility.
- It was also noted that some of the facilities are understaffed. This understaffing is translated into few staff Bering overworked. Often on weekends some of the facilities don't have staffs to attend to clients and a worst case scenario of the facility being closed as raised by a caller during the show. The HUMC chair promised to follow the issue of the facility being closed on the weekends.

- A caller lamented that the cost of viral load examination for hepatitis B is too high for the community to afford worst still the Reluctance of some health staff while attending to clients who go to the facility to seek knowledge (preventive treatment) yet health workers encourage people to go for routine check-up for pressure, Hepatitis B and other health information

- An issue was raised about the welfare of health unit management committee, the caller mentioned that when HUMC realise that their work is voluntary, they tend to withdraw from the noble task of serving the community often the chairperson is left to work alone and is also only seen during delivery of drugs and when signing cheques. Coupled with the fact that the Community does not understand the role of Health unit management committee. For this the duty bearers recommended a sensitisation drive about the HUMC voluntary service to the community so as to reduce their expectations

COMMUNITY RADIO PROGRAM

FROM TOP RIGHT & CLOCKWISE: 1. The Executive Director and the HUMC chairperson Lobule HC III during one of the radio talk shows. 2. The guests (Hospital administrator Koboko hospital and HUMC chairperson Oleba HC III) comparing notes before the talk show as the project officer prepared tools for documentation. 3. The Hospital administrator Koboko hospital responding to a question raised by the caller.

- The lack of community awareness on how the health facility funds are utilised was an issue that was also raised by a caller. The Guests (duty bearers) responded that in some facilities the funds release notice, drug delivery notice or any other public information is displayed at the public notice boards but in situations where the practice is not common, a concerned community member can always visit the facility and inquire from the responsible persons. And also encouraged the health facilities to embrace the practice of displaying such vital information to the public for transparency, easy accountability purposes and information dissemination to the community
- Noteworthy was the appreciation the callers extended to PICOT for offering such a platform where the community can raise issues affecting them and get instant feedback from the duty bearers they also commended the Funder (IDF) for the support they are extending through PICOT.

*Project officer, Program officer, (**PICOT**)*
hospital administrator Koboko Hospital and HUMC chairperson Oleba Health Centre III
during a community radio Program at Spirit FM Koboko

COMMUNITY SCORE CARD

Community Score Card is a community-level monitoring tool, where community members and service providers come together to provide feedback on service delivery. Community Score Card not only provide feedback on service quality but also include a dialogue process in which community members and service providers together discuss their impressions and work together to improve how services are delivered.

Three different tools were administered and these include;

Input tracking tool which was used to identify gaps in factor inputs and inform discussion on service improvement strategies between service providers and users. It was administered to the key informants (Health facility in charge and HUMC chairperson)

Performance score card was also administered to the Community to allow community members to score their assessment of the public facility according to their own priority criteria and explain their scores and suggest actions for improvement, this tools was administered in Focus Group Discussion (FGDs) consisting of 5-12 members. Two (2) FGDs were conducted consisting of one group for women, and the other for men this was a purposive move to allow women open up with issues since some women fear to talk certain things in the presence of men due to patriarchal nature of society.

Self-evaluation tool was as well administered to the health workers. The Self-Evaluation Scorecard allows the public facility staff (health workers) to score themselves, against the set indicators according to their own criteria.
Conclusively an Interface Meeting brought together both community members and facility staff to discuss the results of the scorecards. During the interface meeting action plans were developed

The HUMC chairperson Oleba HC III giving his actions during the interface meeting for action planning. His actions focused on Timely supervision of staff during the day program to be implemented by the HUMC, the need to develop and implement the duty roster this responsibility lies on the staff of the health facility, To organize community meetings between the health staff and community to strengthen relationship and improve service delivery.

COMMUNITY SCORE CARD

A data collector facilitating a focus group discussion for the women at Lobule HC III. One of the participants raised the issue of the facility lacking a Night Watchman thus the health workers on night duty fear to come out due to insecurity. The issue of understaffing was also raised by a participant.

The HUMC chairperson Wadra HC III making a submission during the focus group discussion for men. They cited Late coming by some staffs and they close early before time especially during lunch time as one of the bad practices. The good practices they agreed on are; that the staff values all clients equally when providing services and they are non-discriminatory

A community member entering information on the Action Planning Matrix. During the Interface meeting some of the key actions include, Advocating to increase staffing , need to display Health facility plans and budgets on facility notice boards to address issues like Understaffing in some health facilities, Inadequate monitoring and supervision of health facility by HUMC and Low community involvement in the affairs of health facility management

Photo Moment

PICOT

NEWS LETTER

Volume One Dec 2016

Inspiring Communities to Transform Lives

INDEPENDENT DEVELOPMENT FUND
Supporting Civil Society in Uganda

Partner in Community Transformation

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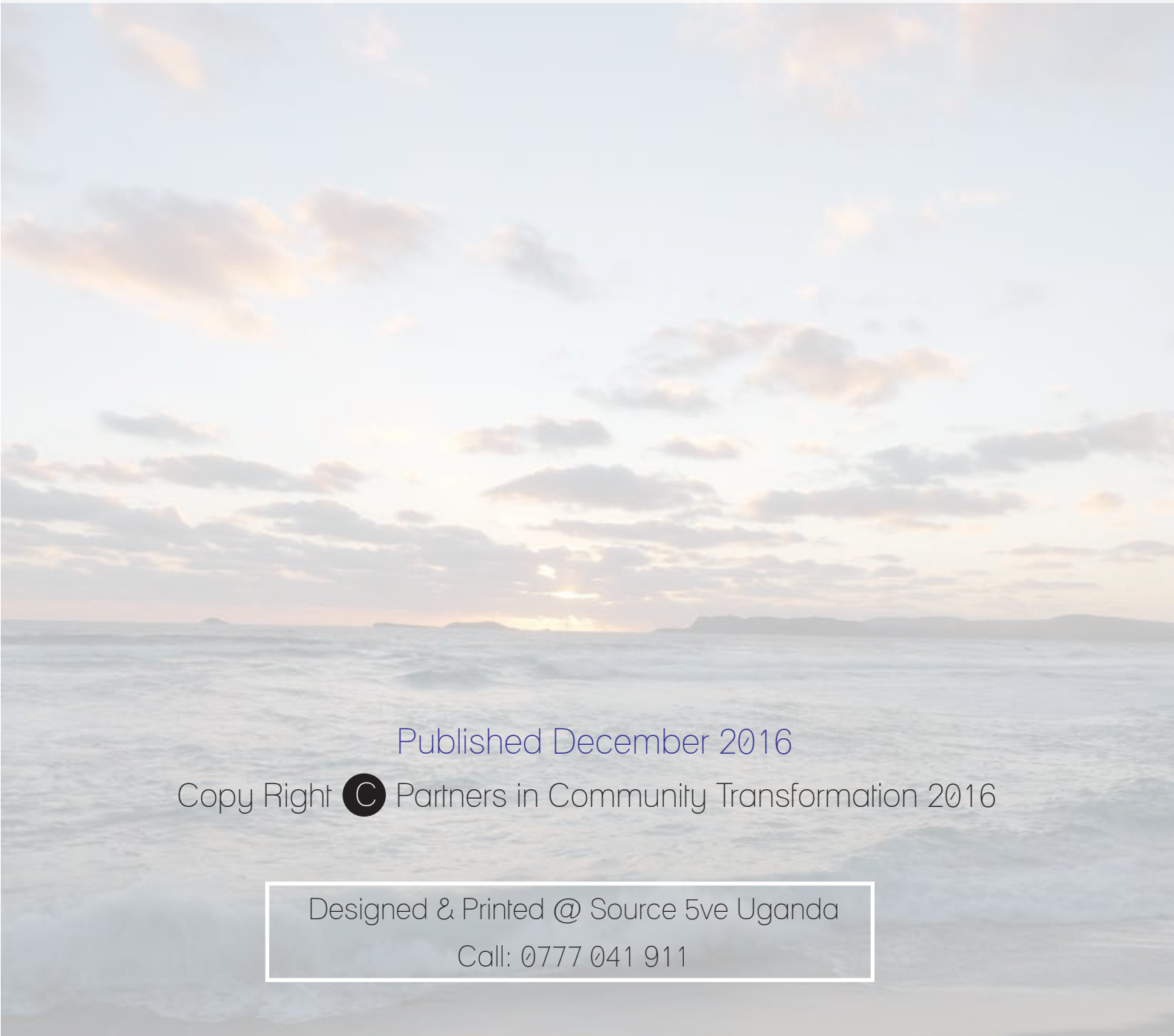

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