

PARTNERS IN COMMUNITY **TRANSFORMATION** (P I C O T)

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Inspiring Communities to Transform Lives



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MESSAGE FROM THE PROJECT OFFICER

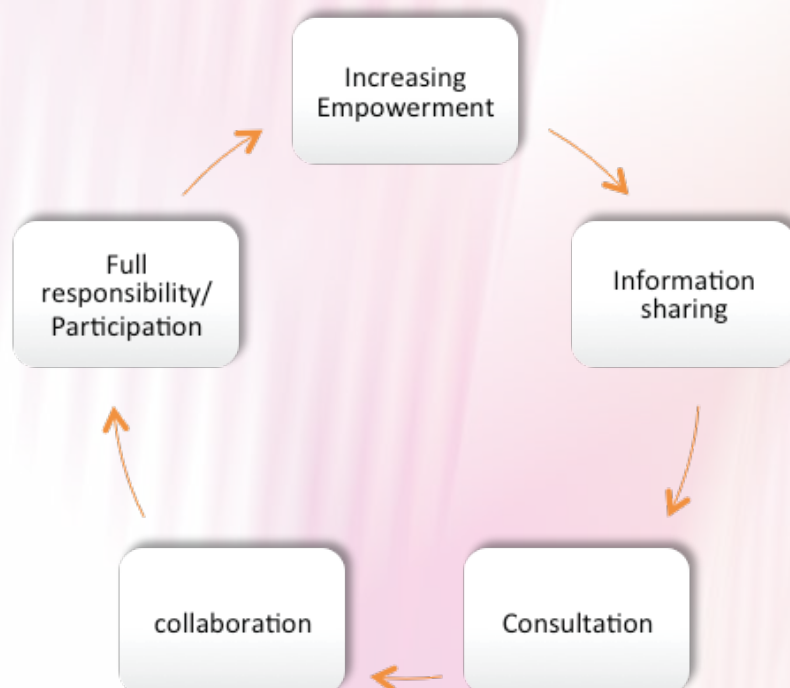
To Be Is To Participate – John Mbitti.

Several restructurings in the health sector of many developing countries have been on going and are associated with critical deliberations on who should take an active part in making informed decisions, setting priorities related to resource allocation and service delivery. Partners in Community Transformation (PICOT) through the ECOPAGA project embraced Governance and Community participation as a tool in improving health service delivery in Koboko and Maracha districts through increasing community level of involvement. Governance is being referred to as a process of decision making and by which decisions are implemented.

PICOT created forums where both formal and the informal actors fully participated in deliberating health service gaps within the quarter with an aim of influencing decisions for improved services. But the question still remains whether community participation is a prerequisite for better health outcomes or simply a useful but non-essential companion to the delivery of treatments and preventive health education?

During the quarter, results showed that increased community participation in governance and accountability would lead to more cost-effective and quality delivery of health care and service utilization in West Nile and Uganda as whole. For the Uganda we need and for vision 2040 realized, every Ugandan and stakeholder need to play his/her part fully. Equally for improved health service delivery in West Nile, communities needed to be empowered on their roles in order for them to meaningfully participate in their course of being or development. This publication therefore serves to highlight key achievements and concerns realized in the quarter (April-June) as demonstration of community lead interventions in improving health service delivery.

EMPOWERMENT STRATEGY





Project Officer for the Enhancing Community Participation in Governance and Accountability in Health Service Delivery (ECOPAGA)



WHAT IS OF CONCERN?

PICOT's mandate through the [ECOPAGA](#) project is to empower communities on their roles in health service delivery and as well as creating meaningful forums where their voices are directly heard and responded to by their leaders. This is aimed at improving the quality of health service delivery leading to better health outcomes in Koboko and Maracha Districts by December, 2017. The various project activities implemented in the quarter such as engagement meetings, community radio programs, etc., enabled communities to raise pertinent concerns and issues on key service point areas which include on male involvement, Antenatal care, drugs and staffing. The subsequent paragraphs shall make a synopsis of these key areas:

MALE INVOLVEMENT "...our husbands are not escorting us for Antenatal care services ... sometimes we have to request border-border riders to escort us to the clinic and make them pretend like they are the owners of the pregnancy..."

Society has a set of ideas about how men and women should behave, dress and present themselves in the day to day life. Generally in West Nile most communities have similar gender role expectations, where for instance, girls and women are generally expected to dress in typically feminine ways and be polite, accommodating, and nurturing, whereas men are generally expected to be strong, aggressive, and bold and be family head etc. Society has groomed men to be in charge of their families, women and children; this is the gospel truth in the patrilineal societies. A serious situation has been noted during the various platforms created by the [ECOPAGA](#) where women were complaining of the low levels of support from their male counterparts. Results obtained from community dialogues depict male resistance in fully playing their roles concerning involvement in maternal child health programs such as Antenatal care services (ANC), family planning, and sexual reproductive health and supporting women with basic mama kits.

"...our husbands are not escorting us for Antenatal care services ... sometimes we have to request border-border riders to escort us to the clinic and make them pretend like they are the owners of the pregnancy..." complained the women of Lobule and Yivu sub counties.

Based on the field analyses, results also indicate that women participation in demanding quality health services in the [ECOPAGA](#) project is more than the men. For instance in the third quarter (January – March 2017) a total of 306 females and 163 males participated respectively; while in the fourth quarter (April – June) 283 males and 313 females were empowered by the project. Much as there is a steady progress realized in the male involvement through the project, it is still minimal. In a society flawed by massive socio – economic inequalities where women are the most disadvantaged and men the most advantaged, then issues of male involvement should not be underestimated in ensuring health service delivery in Maracha and Koboko districts or in West Nile in general. It then follows that, there is need for the men to fully embrace their roles and take their position as mostly defined by communities in West Nile; especially of decision making, opinion masters, care takers and protectors of the common good, and they should do this in starting from their families, communities and to improve quality of (health) services.



ANTENATAL CARE SERVICES "... between January and February at 2349 mothers visited ANC but only 480 delivered in the HCIIIs ..."

Antenatal care is the care of the women during pregnancy. It is one of the major services provided in the five (5) health centre IIIs of our operations. The primary aim of ANC is to promote and protect the health of women and their unborn babies during pregnancy so as to achieve at the end of a pregnancy a healthy mother and a healthy baby. Similarly it focuses on reducing mortality and morbidity of women and children and to improve the physical, mental, and social wellbeing of women, children, and their families. Based on the community score cards conducted by PICOT in the program areas, ANC services were scored fairly however communities have poor response to the service. Data was collected by the project team from the five health centre IIIs of Wadra, Oleba, Dranya, Lobule and Dricile to establish community response to the ANC services and as well as seeking their opinion on the quality of the service rendered to them.

Between January and March there were at least 2349 ANC visits in the above mentioned health centre IIIs of our operation but only 480 of the mothers delivered in the facilities. This indicates that many women deliver at homes thus exposing themselves and their babies to fatal conditions. Most mothers believe that they are being harassed, slow services delivered to them, poverty which is making them not afford baby clothes, lack of emotional and material support by male counterparts, and other utilities which are requirements for mothers as they deliver in the facilities. Apart from these community concerns, there are health system challenges and poor social determinants of health which slow the improvement of women's and children's health; difficult access to quality services coupled with bad road networks, shortage of trained and motivated health care professionals and shortage of essential drugs and medicines.

A healthy mother, baby and nation shouldn't only be a community health concern but every body's; therefore Issues of ANC shouldn't be considered as matters of choice or just left to the discretion of individuals or family heads, but rather should concern all actors the formal and the informal. In the quarter (April-June), PICOT conducted engagement meetings and radio programs with communities and duty bearers to deliberate key issues including the ANC, male involvement, staffing, etc., and good response is being noticed.



A mother receives Mama Kits after Delivering at Dricile HCIII Koboko District.



Community dialogue/engagement meeting at Wadra catchment (on the floor Mid-Wife responding to community concerns on harassment of patients during labor

DRUGS (MEDICAL CONSUMABLES) "... the health workers are stealing our drugs and putting them in their private clinics and exchange with food items, etc., lamented an angry service consumer at Wadra HCIII ..."

From the project activities such as the Community Score Card (CSC) and radio programs, a great deal was learnt about community's perception of what goes around drugs in the health centre IIIs of operation. Based on the information analysis from the facilities, about 95% of the service consumers come from the rural poor; among them are largely women, children and the elderly with low incomes. This implies that if anything goes wrong let's say in timely disbursement of drugs or supply of the wrong drugs by the Medical stores the rural poor population catches the cold. Communities express lack of knowledge and information on the drug supply chain and management systems, which is breeding a ground for suspicion and mistrust between the service consumers and providers, a potential threat to community participation in health service delivery in West Nile.

PICOT organized a community radio program at Spirit FM Koboko with the duty bearers of Koboko district Local Government headed by Deputy District Health Officer (DDHO) Mrs. Wito Rachael and Mr. Sanya Isaac to specifically respond to the concerns of the communities on the subject of the drugs as discussed above; and the following are the facts shared by the team:

- Health facilities do not provide drugs for all sicknesses, the National Drug Store supplies essential drugs which can treat most of the sicknesses that we suffer, e.g. the anti-malarial tablets, anti-biotics, ARVs, etc.
- Budgets for HCIIIs are prepared by the Ministry, for example for the case of Koboko district, a budget of 80,175,000 shillings was prepared and only funded about shillings 56,000,000 for the Financial Year 2017/2018.
- National drug store make supplies of drugs after every two months meaning annually six (6) supplies are made.
- Health center IIIs receive a quarterly budget of four million (4,000,000) and an annual budget of twelve million (12,000,000) whereas health center IVs receive an annual budget of thirteen million three hundred sixty thousand (13,360,000) only.

Drug supply chain and management information can easily be bridged by duty bearers through dialogue meetings and community sensitization programs but this will make sense for the vulnerable village - poor when it translate into timely drug supply, demand based supply of drugs and sufficient supplies otherwise communities will continue wavering their confidence and trust in the services providers which will undermine government development goals.

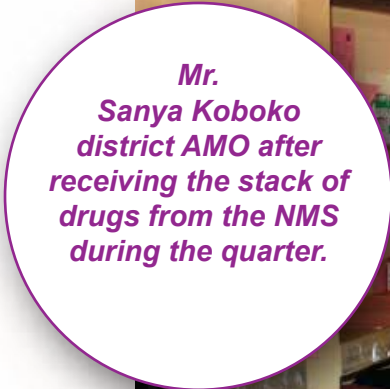


Volunteers administering input tracking tool to a medical staff at Wadra during a community Score Card Process.



Delivery note of drugs for Koboko HC IV issued by National Medical Stores (NMS) during the quarter

***National Medical Stores
Delivery Schedule
2016/2017***

[illegible]

SUCCESS STORIES

FINALLY LAND IN DRANYA HCIII.

"... I am here to inform the meeting that we shall provide more land for the facility to see that some of these challenges are no more experienced by our people..." Said Mr. Ayume Alex one of the Land Lords during engagement meeting.

On 28th February 2017, Partners in Community Transformation (PICOT) conducted an Engagement meeting between the local community and duty bearers on issues of health. This meeting was based on issues that the project team captured from the community through a community voicing, where their assessment of the quality of services was carried out. Among key issues raised include, punctuality of staff, Inadequate land for further development, Insufficient staff accommodation, inadequate staffing, to mention.

Mrs Akulia Zainabu a resident of Korubulu Village Dranya raised her dissatisfaction on the staff accommodation challenge; "...there are only two sleeping rooms for the staff and three of them are piling in these rooms yet these are married people, is this really fair? What is our challenge in Dranya, she asked the duty bearers?"

In addition, the community noted the following challenges as result of the limited land and shortage of staff houses: Most staff come late to work since they operate miles away, lack of kitchen and staff piling.

Mr. Adriko the LCIII Chairman in response, affirmed the land issues as he said "...Dranya HCIII has very small land which is limiting room for further development. He added that, based on the reports he got from his predecessor, the facility lost many opportunities for staff houses and even kitchen because of lack of land to put them..."

Mr. Ayume Alex one of the Land Lords of Dranya Health Centre III got triggered during the meeting and declared that, "I and my elder brother had resolved to support the facility with more land since the time of Mr. Asiku Elli (former LCIII chairman), but to our dismay there wasn't any follow up done on that, and he added, "... I am here to inform the meeting that we shall provide more land for the facility to see that some of these challenges are no more experienced by our people..."

On 24th May 2017, LCIII chairman Mr. Adriko Albert, went on ground with his Executive members to meet Mr. Ayume and his elder brother Mr. Aloro (Land Lords) to follow up the pledge made by the family and land measurements/demarcations were marked by the proprietors.

Mr. Aloro the principal owner of the land had this to say: "I am giving this land free of charge to the facility not because I have plenty of it, or just because to get any benefit for my family, but because, I want health services to be close to the people of Dranya. He added that, before the facility was brought to Dranya, we use to suffer and move miles to access medical services even during critical moments like over the night, etc. We have learnt that, truly staff are piling and move long distances in due course of serving our people and we thought it necessary to extend the land to ensure that more staff houses are built such that all staff are accommodated around to improve the quality of services in the facility..."

In conclusion, the Chairman LCIII Mr. Adriko expressed his gratitude to PICOT and her Donors for the project that created a platform that enable the sub county as he said "... to find solution to an old challenge that seemed impossible to address, we now have land for the facility. He further informed the committee members and the Land lords that, this issue came at the right time and broke the silence and said that; "...I received a call from the district informing the sub county that for the Financial Year 2017/2018, from the Transitional Development Grand, Dranya sub county will receive Twin Staff Houses..."

The Land Lords and the Witnesses around received this breaking news with joy and celebration all thanking PICOT for making this Possible.



Figure 1 Mr. Aloro Ligo (Land Lord far right) showing to the LCIII chairman Mr. Adriko (Middle) the demarcations for the Land.



Figure 2 Mr. Atiku Sadik (Secretary for security) of hosting village standing at one of the marks of the land



Figure 3 Mr. Ayume Alex (one of the Land Lords) pledging more land for the facility during the engagement meeting on issues of Health at Dranya HCIII



Figure 4 Project Officer Mr. Wayi David meeting both Executive members and Land Lords during monitoring and documentation of project activities on 29th June



RENOVATION OF MATERNITY WARD AT OLEBA HCIII "...this is the house of life meaning it has to be conducive and appropriate enough to receive the new lives, said the HUMC chairperson..."

"...It has being more than five years down the struggle to fix and renovate the Maternity Ward at Oleba HCIII. To me, this is the house of life meaning it has to be conducive and appropriate enough to receive the new lives, said the HUMC chairperson. He added that it was one of the ugliest buildings in the compound..."

It is being about five Months since the closure of the Maternity Ward at Oleba HCIII due to inhabitable conditions such as dilapidated windows, doors, and roof, lighting system and floors; "...Surely it wasn't suitable for the mothers.." said Mr. Ojaku HUMC chairperson.

As the HUMCS, the renovation of the Maternity Ward was one of the things in our list to do; however, the path to its attainment wasn't easy, said the HUMC chairman. We realized this required a lot of lobbying and advocacy with different people and in offices both at the sub county and district levels, yet a skill that we didn't have, he added.

I got a lot of strength from the Three (3) days training conducted by PICOT on the HUMC roles in which we were also taken through basic skills in administration which helped me a lot in discussing business with the various stakeholders. We made an appeal to the sub county to prioritize the renovation of the facility and we kept following until we finally got a notice confirming our plea. We were able to do supervise and lead the team successfully in the renovation process.

I would like to appreciate my team (HUMCs), the district and the council for prioritizing our request and above all PICOT for the training that gave us leadership direction which is changing the face of our facility and the sub county as whole.



Figure 5 The HUMC chairperson discussing with Visitors in front of the tentative Building (General Ward) serving as the Maternity ward.



Above Maternity Ward Being renovated



Front view of the renovated Maternity Ward at Oleba HCIII – Maracha district.



Secretary Social Services (Koboko district and Incharge Lobule HCIII) in a community radio program



Project Officer (left) Wayi David, Health Assistant of Yivu and Intern Lillian during a community radio program where responses were given to why poor household sanitation and hygiene levels.



Secretary Social Services, Deputy CAO, Vice LCV chairman Koboko District Local Government and Executive Director PICOT chatting with the Donors from IDF.



Executive of PICOT Mrs. Ropan Sauda with Visitors at Dricile HCIII inspecting a Kitchen newly built.



Chairman LCV Maracha district discussing with Our Donors from IDF



One of the Volunteers leading communities through the Community Score Card



Women Participating during the Community Score Card



Focus group discussion for men during score card exercise at Dricile HCIII – Koboko district



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