AN ASSESSMENT OF THE ACCESSIBILITY OF HEALTH SERVICES FOR HARD TO REACH AREAS

CASE STUDY: BUGALA ISLAND IN KALANGALA DISTRICT

MASIKO DAVID VIDMAS

STUDENT REG. NO. 2014-M062-20005

UGANDA MARTYRS UNIVERSITY

JANUARY 2017

AN ASSESSMENT IN THE ACCESSIBILITY OF HEALTH SERVICES FOR HARD TO REACH AREAS
CASE STUDY: BUGALA ISLAND IN KALANGALA DISTRICT

A POSTGRADUATE DISSERTATION
SUBMITTED TO THE SCHOOL OF ARTS AND SOCIAL SCIENCES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTERS DEGREE IN HUMAN RIGHTS
UGANDA MARTYRS UNIVERSITY

MASIKO DAVID VIDMAS
STUDENT REG. NO. 2014-M062-20005

JANUARY 2017

Dedication

This research is dedicated to God the Almighty who has sustained me throughout my study journey; He has been a source of refugee. I also dedicate this work to my Parent Jacques Masiko and Cecilia Masiko for introducing me to the world of study and making a tremendous contribution to this. To my wife Sarah Ashimwe and our children Seth Masiko, Eden Masiko and Jordan Masiko for being there for me and support me during my study and research period. May God Bless you all.

Acknowledgements

I would like to thank my research supervisor Mr. Lubyayi Francis of the Department of Development Studies at Uganda Martyrs University. He constantly allowed me to faulter in order for me to learn; but steered me in the right direction whenever he thought I needed it. I would also like to thank the experts who validated the contents of this survey; without their passionate participation and input, the validation survey could not have been successfully conducted. My special thanks goes to my sponsors Church of Uganda-Secretariat and more specifically the Head of Programmes and Acting Coordinator by then of the Department of Planning Development and Rehabilitation; Mrs. Baguma Nalwoga Jessica for supporting me and ensuring that this education project is financed. To Mahlon Akalyobuzigo for assisting me in the analysis setting and fine tuning the research. Lastly but not least thank my wife Sarah Ashimwe Masiko for patiently supporting me through my study journey.

Table of Contents

List of Tables

List of Figures

List of Abbreviations:

DHO	District Health Officer
URN	Uganda Radio Network
WHO	World Health Organization
RRHs	Regional Referral Hospitals
CUFH	China Uganda Friendship Hospital
UBTS	Uganda Blood Transfusion Services
BMAU	Budget Monitoring and Accountability Unit
FY	Financial Year
NDP	National Development Plan
OHRP	Office of Human Research Protections
CSOs	Civil Society Organizations
LG	Local Government
LC	Local Council
HRH	Human Resource for Health
AIDS	Acquired Immune Deficiency Syndrome
HSSP	Health Sector Strategic Plan
NGO	Non-Governmental Organization
DHO	District Health Officers
TBAs	Traditional Birth Attendants
LGDPG	Local Government Development Planning Framework
CNDPF	Comprehensive National Development Planning Framework
LED	Local Economic Development
SIAAP	Ssese Islands AIDs Action Project
USAID	United States Agency for International Development
DFID	Department for International Development

PEAP	Poverty Eradication Action Plan
MTEF	Medium Term Expansion Framework
BFP	Budget Framework Papers
SDPs	Sector Development Plans\
HSDP	Health Sector Development Plan
SOP	Standard Operation Procedures

Abstract

The research focuses assessing the accessibility of health services in the hard to reach areas with focus on Bugala Island; in Kalangala District. A clear background and significance study has been done specifically focusing on the target area by deriving literature that points to the area of study. The legal frame work of the study where the Uganda Constitution 1995 is referred to including other ACTs of parliament which supports the research process. The problem statement literally brings to light the need for this research; where it is derived that Kalangala is actually a hard to reach area which brings into question how access to health is managed through the delivery of services. There are four objectives addressed in this research; 1) to establish whether grass-root consultations are carried out during national budget development processes; this is mainly to assess government deliberate efforts to prioritize service delivery and how this translates into access to health services; 2) how the health facilities HCII and HCIII handle referral cases; this is mainly to see how health services address real health issues which is an accessibility issue; 3) whether there are factors affecting sufficiency of medical personnel; addressing Human Resource allocation to justify access to health and 4) to recommend methods of improving on health service delivery in hard to reach areas. The conceptual scope, geographical and time scope (8months research) is emphasized. The justification of the study is mainly to look into the policy framework and ascertain whether this can be used as a platform to influence government policy on allocation of resources for hard to reach areas. The conceptual framework is drawn based on the research topic with clear independent variables (e.g. budget prioritization; transport, communication); Intervening Variables (e.g. Governance) and dependent variables (e.g. Lack of drugs; death).

The research adopts the Descriptive Study approach where it considers both the homogeneity and heterogeneity of the samples to be investigated on. The research uses two sampling

methods (snowball and purposeful sampling) to select 44 respondents i.e. 15men, 20 women, 5 Health In-charges, 3 Local Council Chairpersons and 1 District Health Officer. The data collection method is through key informant interviews for all the respondents using interview guides, questionnaires and observation as key instruments.

The research findings, the analysis and discussion has been analyzed using Ms Excel where 37 tables; figures and graphs used to further illustrate the finding. The findings in this chapter clearly show that; the budgeting process is fully participatory at local government levels involving local politicians like councilors and most importantly community members. However analysis shows that the consultations are carried out but not followed through to the implementation level; the referral system in Bugala mainly depends on Masaka Referral hospital which is off the main island and there is no definite system in place to know whether referral cases actually reach their destinations; there is no water ambulance to ensure that emergency cases reach referral centres; lack of proper transportation and the expensive nature of transport are the main constraints facing the referral system.

Most of the recommendations and conclusions are made in light of improving service delivery through policy reform. And so the conclusion made shows that the men and women of Bugala Island do not have access to health services mainly because they are in a hard to reach environment. Whereas there is an indication that the government makes grass-root consultation, the level of these consultations translating into development planning is detached. The interpretation here is that; the failure to provide proper access to health services in Bugala Island only mounts to violations of Human Rights where the right to health, information, and right from discrimination are all classified as violations.

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

The focus of the research is to assess the access to Health Services in hard to reach areas; with a case study of Bugala Island in Kalangala District. According to Flanagan SM and Hancock B 2010; Hard-to-reach areas can be defined as those parts of the country that have physical, communication, security, social and economic conditions that make them receive a level of public service that is relatively inequitable. This term is commonly used within the spheres of social care and health, especially in discourse around health and social inequalities. There is a need to address health inequalities and to engage in services the marginalized and socially excluded sectors of society. According to the WHO Fact Sheet 2015, the WHO constitution enshrines that, the right to the highest attainable standard of health requires a set of social criteria that is conducive to the health of all people; including the availability of health services, safe water conditions, and adequate housing. Achieving the right to health is closely related to other human rights including, right to food, housing work, education, non-discrimination, access to information and participation. WHO affirms that, the right to health includes access to timely, acceptable, and affordable health care of appropriate quality. Bugala Island in Kalangala District was selected as hard to reach area in Uganda given its uniqueness as an island and the selection of this island only represents other hard to reach areas in the country.

The research looked at a spectrum of concerns which are merely translated through the objectives set. The research looked at the element of participation in planning and budgeting; which is in its sense; resource allocation. This investigation is aimed at linking participation to accessibility of health services by the community beneficiaries. In other words the research should show the correlation between participation and accessibility of services; and in this

case health services. The research also looked at the infrastructure set up which links to resource allocation and prioritization. Health Centre ability to handle cases and more so approximation of such services. The approximation and infrastructure have a high connotation to accessibility even when looking at it from a human resource perspective as enshrined in objective three (3). The remedy for this situation is what the research will inform as part of the findings.

1.1 Background of Study

The research focuses on access to health service; and how resources are allocated to increase accessibility of health services. The researcher seeks to understand the level of community involvement in planning and resources allocation especially for the hard to reach areas. This research links lack of proper resource allocation and prioritization to violation of Human Rights especially focusing on health rights. In other words the research seeks to address the questions on; 'Does the community participate in planning and making choices that influence their ability to access health services among other services? Are the processes "Need Based or "Coverage Based"? Baring in mind that Bugala Island is hard to reach; is the community accessing health services according to health standards?

The research puts its main emphasis on the human rights aspects enshrined in the Constitution of Uganda (1995) mainly in Article 39; where it states that, "Every Ugandan has a right to a clean and healthy environment". This particular article mainly responds to the right to health as indicated in the 1948 International Bill of Human Rights.

According to SABITI. B, June 2013; in a reported statement by Ministry of Finance official who was reacting to a question on whether any decisions on how to allocate resources for poverty eradication were augmented by available data. This statement is exactly what the research will be assessing; the process of allocation of resources based on need and how government prioritizes this to foster development through service delivery for hard to reach

areas. The research is conducted to look beyond what Sabiti questions above. It mainly looks at value addition and participatory methods used plus government accountability.

According to Francis, P. & James, R. (2003); Uganda's ambitious decentralization program is analyzed in terms of a "Dual-Mode" system of local governance. Under a "technocratic mode," conditional funding from the centre is earmarked for particular programs but with little local participation. In contrast, the "patronage mode" is an elaborate system for local "bottom-up" planning, but with limited resources, which are largely consumed in administrative costs and political emoluments. Along with the spoils of a committee system controlling contracts and appointments, these resources provide the means for building political alliances and loyalty. In the absence of a culture of transparency and civic engagement to assure downward accountability, it remains to be seen whether decentralization can promote both efficient service delivery and local empowerment simultaneously.

According to Lubulwa. H (2016). Kalangala District had a total of 21 health Centres until some of them (Health Centre IIs) were closed under the new policy undertaken by the Ministry of Health. According to the Kalangala District Health Officer; Dr. Bitakaramire. H, the only operational health centres are those above the level of a health centre II. Bitakaramire says that there are only 15 health centres operating on the scattered 84 Islands that make up the whole district"

According to USAID-STRIDES Legacy Report on the Private Sector Support in Uganda 2015; many people in Uganda, especially those living in rural hard to reach areas, face constraints accessing health care. Serious resource constraints and insufficient political support severely hamper health service delivery. Barriers to access includes distance to service points, availability of medicines, lack of skilled staff, poor morale among health workers, and the cost of care. In recent years, Uganda's Ministry of Health (MOH) has

renewed its commitment to improving access to high-quality reproductive health (RH), family planning (FP), and maternal and child health services.

Legal Framework

The constraints that come with the national budgeting process directly affect resource allocation; the legal framework for the budget process is enshrined in the Uganda Constitution 1995; Article 155 (1), the Local Government Act 1997, the Budget Act 2001 Article 12 (3) and the Public Finance and Accountability Act 2003.

According to Mulumba M. October 2011; advocating for the Right to Reproductive Health Care, indicates the legal basis of the right to health is the national Constitution of 1995, which is the supreme law in Uganda. Article V of the National Objectives and Directive Principles of State Policy (NODPSP) is dedicated to the protection and promotion of fundamental and other human rights and freedoms. Article XIV (b) requires the state to endeavor to fulfill the fundamental rights of all Ugandans to social justice and economic development and in particular among others to ensure that all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, among others.

The Budgeting Process

The budget is prepared in line with Article 155 (1) of the 1995 Uganda Constitution in consultation with various stakeholders of whom most are government institutions like Districts, Members of Parliament and other ministry bodies. The objective of the consultative process is to solicit the views of all stakeholders in the preparation of the budget and consequently ensure that the national budget reflects the views, aspirations and priorities of all stakeholders.

According to a handbook; 'The principles of Service Delivery in Uganda Local Government' Service Delivery is a relationship between policy makers, service providers, and consumers of those services, and encompasses both services and their supporting systems. Service

delivery is a process used by government or an organization to meet the needs and aspirations of the people it is meant to serve. However according to Local Government Service Delivery handbook; as much as the budgeting process is clearly spelt out in the constitution of Uganda, it does not take the same primacy so to say. Service delivery in Uganda depends on government fiscal planning policies; which translate into prioritization and proper planning efforts for services to reach the people. The 1995 Constitution of Uganda emphasizes the human rights components and at the same time brings forth articles to address service delivery at community level and for all Ugandans. In my opinion, this is not adequately thought through as it should be.

Focus on Case Study-Kalangala District/Ssese Islands

Kalangala is a district in southern central Uganda. The district is coterminous with the Ssese Island on Lake Victoria. Like other Ugandan districts, it is named after its 'chief town', Kalangala which is located on Bugala Island, the largest of the Ssese Islands.

According to the Kalangala District Development Plan, 2012; the district covers an area of 9,103 square kilometers (3,515 sq mi), of which only 468.3 square kilometers (180.8 sq mi) (5.1%) is land and the rest is open water. The district is made up of eighty four widely scattered islands in the north western part of Lake Victoria of which only Sixty two are inhabited. The biggest island is Bugala Island which covers 296 square kilometers (114 sq mi) or 63.2% of the district land mass.

The 2014 National Population and Housing Census data shows Kalangala has one of the smallest population in Uganda; with a population standing at 55,408 with an average household member average of 2.7 persons per household in 20,017 households.

Table 1: Kalangala District Population Trends

Year	Est. Pop.	Year	Est. Pop.	Year	Est. Pop.
2002	34,800	**2006**	45,300	**2010**	59,000
2003	37,200	**2007**	48,400	**2011**	63,000
2004	39,700	**2008**	51,700		
2005	42,400	**2009**	55,200		

Source: Kalangala District Development Plan 2012

According to Flanagan SM and Hancock B 2010 definition of hard to reach, Kalangala District and most especially Bugala Island (one of the islands of the districts) are classified as hard to reach areas. This is justified by the limited access to health facilities because of their distances separated by water; where only 15 health facilities serve 64 inhibited islands and over 50,000 people living on the island; the expensive nature of transport services on water which hinders easy access, hard working conditions for health workers because of the difficult to reach situations, expensive life style of the island making it difficult to afford basic services and the limited efforts to manage emergency situations because of natural barriers like the water bodies.

1.2 Statement of the Problem

According to Lubulwa. H (2016). Kalangala District had a total of 21 health Centres until some of them (Health Centre IIs) were closed under the new policy undertaken by the Ministry of Health. According to the Kalangala District Health Officer Dr. Bitakaramire. H, the only operational health centres are those above the level of a health centre II. Dr. Bitakaramire says that there are only 15 health centres operating on the scattered 84 Islands that make up the whole district," The accessibility of Health Services and the effects it has

on the people living in Bugala Island is what the research is assessing. According to the reference above this justifies the need for this research.

1.3 Objectives of the Study

1.3.1 General Objective

To assess the accessibility of health services for hard to reach areas; the case of Bugala Islands in Kalangala district.

1.3.2 Specific Objectives

1 To establish whether grass-root consultations are carried out during national budget development processes.

2 To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.

3 To establish factors affecting sufficiency of medical personnel in Bugala Island

4 To recommend how Health Service Delivery can be improved in hard to reach areas.

1.4 Research Questions

1. Are grass-root consultations carried out during national budget development processes?
2. How do health facilities III and IV handle referral cases in Bugala Island?
3. What are the factors affecting sufficiency of medical personnel in Bugala Island?
4. How can health service delivery be improved in hard to reach areas?

1.5 Scope of Study

Conceptual Scope

This research establishes whether grass-root consultations are carried out during national budget development process. It establishes how health facilities III and IVs handle referral cases in Bugala; it also establishes factors affecting sufficiency of medical personnel on the island and more to that its able to make recommendations to government to improve on the

accessibility health services in Bugala Islands and other hard to reach areas with the same characteristics.

Geographical Scope

The research focuses on Kalangala District and most especially Bugala Island. According to the Kalangala District Development Plan, 2012; the district covers an area of 9,103 square kilometres (3,515 sq mi), of which only 468.3 square kilometres (180.8 sq mi) (5.1%) is land and the rest is open water. The district is made up of eighty four widely scattered islands in the north western part of Lake Victoria of which only Sixty two are inhabited. The biggest island is Bugala Island which covers 296 square kilometres (114 sq mi) or 63.2% of the district land mass. Bugala Island has 3 Sub counties; Mugoya, Bujumba and Kalangala.

Time Scope

The research will be carried out between October 2015 and July 2016 which translates into approximately 8 months to complete. These months will be split in carrying out the actual desk review process, field study, collection of data, data analysis and research paper development.

1.6 Significance of the Study

The community where the research is being undertaken will benefit from this research. This will enrich and profile the community for future advocacy work. As an advocate, the research is going to help develop special attention for hard to reach areas not only Kalangala District but other hard to reach areas in the country. This research is intended to inform resource allocation strategies, government planning capabilities and local government participation in delivering services to the community. This research is mainly focusing on the government of Uganda resource allocation process and how this affects health service delivery at the grass-root level. It attempts to look into the budgetary process of the Republic of Uganda, how the resource allocation process is conducted; it's underlying advantages and disadvantages

favorable for addressing health service delivery, and is also assessing the participatory or non-participatory nature portrayed during the budgetary processes.

The government has political benefits attached to this research where it will be more likely to hinge its planning and prioritization of resources especially for hard to reach areas.

Rights Holders or women, men, boys and girls are going to socially participate in development through informed research which seeks to have more consultations done at grass-root level especially during the budgeting process..

The target beneficiaries and government is going to economically benefit from this research. The intention is to push for the government to allocate more specific funds towards hard to reach areas because of their unique setting; in this case policy reforms are part of the agenda and as a consideration for government.

The research is an academic research is to inform future researchers on the need to build on this research to better service delivery. The intention of the research is to inform future research within Uganda and beyond.

1.7 Justification

This study comes at a time when government policies are being reviewed and when so much pressure is being amounted on government to streamline its policy framework for the improvement of services to its people. The notion of Human Rights has also been taken for granted for so long and has not been marched with the government provision of services and translated that way. This gives an opportunity for government and its stakeholders to leverage on the research finding and improve on the resource allocation processes to enhance equality and equity among the people of Uganda.

1.8 Conceptual Framework

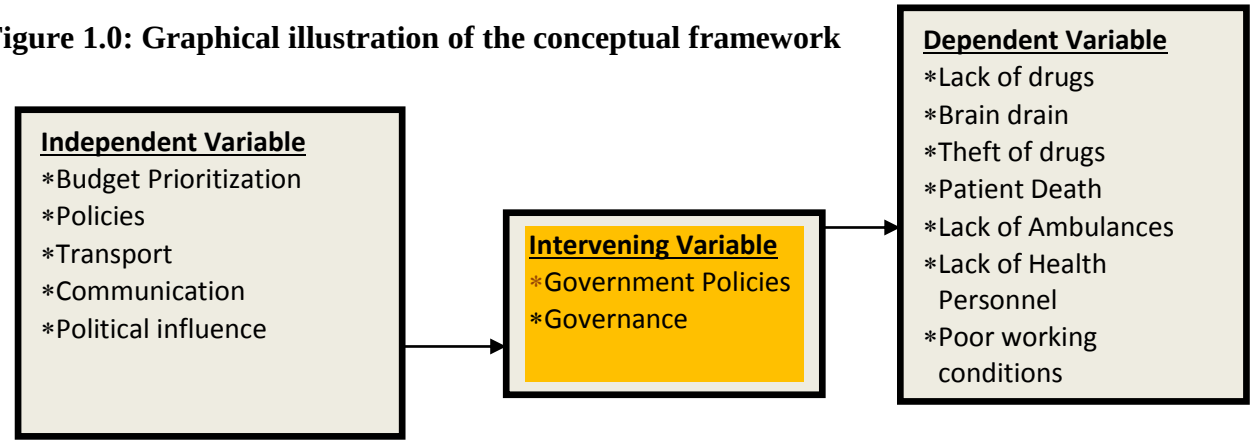
This critically looks at the logical process of assessing the problem, making meaning out of it and ensuring that the research topic brings results. The essence here is to see if the hypothesis

presented makes sense and how much has already been done. The conceptual framework will be graphical in nature showing the different variables and how they interact with the hypothesis.

The conceptual frame work will help in underlining the most important variables putting into consideration what the research is all about and what it needs to address and the achievement envisioned.

Below is a graphical illustration of the conceptual framework;

Figure 1.0: Graphical illustration of the conceptual framework



According to Herzog A and Benoit K 2015; the research seeks to establish the latent variables which in a nutshell may cause anarchy hence resulting into a society that stops believing in it and those that govern it.

The constraining variables in this case are lack of political will and prioritization of resources bringing about the violation of Human Rights.

1.9 Definition of Key Terms

Health Sector Planning: this is a strategic planning process towards health service delivery. It's normally carried out through a stringent budgetary process with the Ministry f Health and Ministry of Finance taking in the planning process.

Poverty Eradication Action Plan: this is a government initiative that was put in place with an aim of promoting sustainable projects that aim at eradicating poverty in Uganda. This was

funded by a number of international agencies like USAID, DFID and World Bank among others.

Uganda Poverty Participatory Assessment Programme: this is a body set up to oversee the implementation of PEAP and its impact on the lives of people in eradicating poverty. It was instituted as an assessment programme to collect views from citizens on the progress of PEAP in Uganda.

Hard to Reach Areas: this is a highly marginalized community or society with natural or physical barriers that hinder easy access in the provision of social services. These are characterized by the lack of reach by different service providers and the nature in which they are formed.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

The literature review is going to be critical in cascading thoughts through literature and what is out there already. Consultation has been made to different literature which includes but not limited to; government literature, print media, authors through recently established and written academic books, websites that are relevant to this topic, journals and various personal communications if necessary. This process looks through the developed objectives of the study with an aim of unpacking them and subjecting them to literature. Below are the objectives proposed which also make subheadings of this chapter;

1 To establish whether grass-root consultations are carried out during national budget development processes.

2 To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.

3 To establish factors affecting sufficiency of medical personnel in Bugala Island

4 To recommend how health service delivery can be improved in hard to reach areas.

2.1 Review of Literature related to whether grass-root consultations are carried out during national budget development processes.

According to the Uganda Ministry of Finance, Planning and Economic Development established based on the 1995 constitution of the Republic of Uganda and other related subordinate laws; including the Budget Act 2001 and the Public Finance and Accountability Act (2003); the budget process is a cycle that runs through the entire financial year, and it is a very participatory process. It begins with the review and update of the Medium Term Expenditure Framework (MTEF), and a country Portfolio Performance Review between July

and August each year. This is followed by the first Budget consultative workshop that takes place between October and November every year. After this, all Sector Working Groups and Local governments begin preparations of Budget Framework Papers (BFPs) and this is followed by Sector BFP Ministerial Consultations, which lead to the preparation of the draft National BFP. Once Cabinet approves the BFP, it is presented to all stakeholders in a national budget workshop called the Public Expenditure Review Meeting. The final BFP is submitted to parliament by April 1, of each year. This is then followed by the development of the background to the budget and the detailed development of budget estimates by each Ministry and institution. The Ministry compiles these into the draft estimates of revenue and expenditure with consultation with the Parliamentary Budget Committee, and starts preparation of the Budget Speech, which must be presented, to Parliament by the 15th day of June of each year.

The case study information only justifies that service delivery in Uganda solemnly depends on stringent planning through policy frameworks and the budgeting processes. If the policy environment enhanced with a clear budgeting process was stringent to enhance specific budget allocations for high priority hard to reach areas, this would not raise concerns about the health structure set up of the 64 inhabited Islands and most especially in Bugala Island. The planning process at the finance ministry in line service delivery will be the point of interaction. The mode of service delivery is also quite elaborate and enshrined in the Local Government Act (Amended: 2015). The government structure to enhance service delivery is also elaborate enough to ensure that services reach the people. The budgetary process of the Republic of Uganda as seen in the background of study is clearly spelt out in the 1995 Constitution of Uganda; however the research critically looks at the impact of this process in realizing the fulfilment of health as a right and reaching those that need services based on need and circumstances relating to geographic location, environment constraints.

In reference to Norton and Elson 2002; the detail of social, political and historical context has a huge bearing on the extent to which different strategies for strengthening poor peoples' rights and claims in the budget process are likely to be appropriate or successful. The empirical study of this is very challenging, as processes of decision-making about resource allocation are often not open to examination. But an attempt to get an understanding of these issues is likely to be time well spent, in terms of developing a better capacity to identify partners, approaches and strategies which can contribute to strengthening the pro-poor outcomes of budget processes.

Reference is also made to a research carried out by Kapiriri, Arnesen, etal. (2004); is the cost-effectiveness analysis preferred to severity of disease as the main guiding principle in priority setting in resource poor settings? The case of Uganda: *Cost Effectiveness and Resource Allocation*, 2(1), 1. In this research journal of cost-effectiveness verses health service delivery, the authors argue that; poor health service delivery in Uganda is connected to relative preference of cost-effectiveness which overrides government response to disease burden and sometimes can be called negligence. The authors mention in this case that; preference in many situations may differ in context of resource scarcity; but in most cases it's due to lack of prioritization of resources.

Reference is made to a research carried out by Kapiriri, Norheim, et al (2003); the authors look at both Burden of Disease measure and Cost-effectiveness analysis to research on government expenditure on health service delivery. This is an exploratory study meant to inform Government of Uganda about the response to health service provision verses the disease burden in the country.

According to a United Nations publication (2008); the analysis should aim to assess who is denied the right to health, why they are deprived and what can be done to improve their position. The approach suggested here outlines three steps that can be used to answer these questions and can be adapted and tailored to different contexts: 1) Country analysis of the

level of the realization of the right to health; 2) Identification of rights-holders and duty-bearers in relation to the right to health and related rights; 3) Assessment of institutional constraints and capacity gaps that prevent individuals, groups and organizations from claiming or fulfilling the right to health.

However it is mentioned in the Local Government Development Planning Guidelines (2014) pp9; that there is a close relationship between Local Government Development Plans and the Sector Development Plans. That shows that planning is actually appreciated at the local government level. For example, a very big proportion of the financing of Local government development plans is through conditional grants channeled via sector investment plans (roads, water and Sanitation, Education, Health, Community Services, etc.). Hence, the development priorities, policies and strategies in the SDPs exert a big influence on priorities and strategies that can be selected by local government plans.

2.2 Review of Literature related to how health facilities; handle referral cases.

According to the Uganda Ministry of Health-Health Service Development Plan (2015); for universal access, the Health Service Development Plan (HSDP) prioritizes functionalizing health facilities as defined in the MoH Service Standards, to ensure that clinical, rehabilitative and palliative care services are available at all levels of health care delivery. Deliberate efforts will be made to strengthen service delivery in the newly created districts in terms of infrastructure development, equipping and staffing. In order to address the service gap between HC IV and General Hospitals, the HSDP will introduce and operationalize the concept of a 60-bed community hospital. The range of services and staffing requirement for the community hospital will be determined in future in the revised Essential Health Care package. The HSDP has prioritized Emergency Medical Services / ambulance services as key intervention areas for introduction and scale up. To ensure delivery of quality services, up to

date guidelines and Standard Operating Procedures (SOPs) must be available and easily accessible in addition for a functional supervisory and referral system.

According to the Ministry of Health-Uganda Health Service Delivery Plan 2015; at present, only five Regional Referral Hospitals (RRHs) - (Mbarara, Mubende, Masaka, China Uganda Friendship Hospital (CUFH) - Naguru and Lira) have Accident & Emergency Units, with construction ongoing in a further three (Kabale, Hoima and Moroto). On the other hand, three General Hospitals (Tororo, Masafu and Bududa) have Accident & Emergency Units while eight more are under construction (Entebbe, Mityana, Nakaseke, Iganga, Kiryandongo, Anaka, Nebbi and Moyo). Only three RRHs have intensive care units (Jinja, Mbarara and Lira) though these are not fully functional due to lack of health workers trained in intensive care. There are only four Regional Blood Banks (Mbarara, Fort Portal, Gulu and Mbale), complementing the Nakasero Uganda Blood Transfusion Services (UBTS) and the 2 National Referrals (Mulago and Butabika plus CUFH Naguru).

According to the Hospital and Health Centre IV census report (2015); pp32, only 66% of HC IVs have anaesthesia services available; critical care/ intensive care services are available in only 37.4% of the hospitals, hospice and palliative care services are being offered in only 4.8% of the hospitals. A number of hospitals lack functional basic equipment e.g. adult weighing scales, otoscopes, ophthalmoscopes, ECG machines, cardiac monitors, defibrillators, ventilators and ambubags. Oxygen cylinders or functioning central oxygen supply are available at 57% of the RRHs, 41% of the General Hospitals, 33% of the specialty hospitals and 13% of HC IVs. Ultrasound services were available in only 46.9% of the health facilities surveyed. Only 37% of the health facilities had a budget line item for routine maintenance and repair of medical equipment. Schedules for maintenance of any medical equipment were observed in 13.4% of the facilities surveyed.

According to Bossyns P and Van Lerberghe W, 2004, an effective referral system ensures a close relationship between all levels of the health system and helps to ensure people receive

the best possible care closest to home. It also assists in making cost-effective use of hospitals and primary health care services. Support to health centres and outreach services by experienced staff from the hospital or district health office helps build capacity and enhance access to better quality care. In many developing countries, a high proportion of clients seen at the outpatient clinics at secondary facilities could be appropriately looked after at primary health care centres at lower overall cost to the client and the health system. A good referral system can help to ensure:

- Clients receive optimal care at the appropriate level and not unnecessarily costly
- Hospital facilities are used optimally and cost-effectively
- Clients who most need specialist services can accessing them in a timely way
- Primary health services are well utilized and their reputation is enhanced

According to Bindhe. E. 2012 ., Uganda Radio Network; state of health services in Kalangala show that people in the areas of Bugala, Nkose Island, Nkese Island, Kivunza, Kyagalanyi, and Luwungu landing site have constraints in accessing health services. This puts into perspective whether the government of Uganda prioritizes health as a service or merely lacks the capacity to plan and deliver on its plans.

2.3 Review of Literature related to factors affecting sufficiency of medical personnel

According to Abraham A. 2014; *"Decentralization, Local Government and Development: An Aspect of Development"* pp20; 21; local level institutions have been entrusted with resources to finance primary health care activities, district hospitals and referral hospitals. This helps in the reduction of child mortality rates and maternal health which is a result of decentralization hence rural development. There is however a big concern of lack of drugs and medical personnel in these health centres. Uganda's doctor-patient ratio is 1:15000 compared, which is far below the recommended World Health Organization ratio of 1:10,000. This type of situation tantamounts to poor health of the population mainly in the rural hard to reach areas despite government funding to the medical sector.

According to the Uganda Ministry of Health; Health Sector Development Plan 2015/2016-2019/2020 (September 2015); pp41&42; Ministry of Health; the health workforce is still a key bottleneck for the appropriate provision of health services, with constraints in adequacy of numbers and skills, plus retention, motivation, and performance constraints. Efforts by the Government of Uganda and Partners have facilitated recruitment of much-needed staff increasing the proportion of approved posts from 56% in 2010 to 69% in 2013/2014. There is improvement in recruitment of health workers, largely driven by efforts in 2012 to improve staffs at HC III and IVs. There are however variations by district, facility type and by cadres. Only 45% of positions at HC II are filled, as compared to 70% / 71% at HC II and IV respectively. The effort to improve availability of health workers at HC III and IV is commendable, though it may have had the unintended consequence of reducing attraction and motivation of staff at HC IIs and the general hospitals. Additionally, there are still variations in staffing levels by district. Plus, the current numbers per level are still too low for the health care delivery needs. There are an estimated 1.55 health workers per 1,000 persons, which is below the WHO cut off of 2.28 / 1,000 persons below which the country is considered as having a critical shortage. Nurses and midwives are staffed to 83% and 76% respectively. The following health cadres are severely in short supply: Pharmacists (8%), Anaesthetic staff (30%), Health administrator (33%) and Cold Chain Technicians (40%). Considering government investment in Mental Health Regional Referral Units, the current staffing structure does not address the prerequisite staff for those units, for example there are no positions for clinical psychologists, psychiatric social workers, occupational therapists and general counselors to form the required multidisciplinary teams at that level. Overall, staffing is skewed in favour of specialized health institutions and larger health facilities (RRH 81%; GH 69%, HC IV 85%, HC III 75% and HC II 49%).

2.4 Review literature related to the improvement of health service delivery in hard to reach areas in Uganda.

According to the Budget Monitoring and Accountability Unit (BMAU) Improving Service Delivery in Uganda BMAU discussion Paper 1/14 November 2014; the National Budget Strategy forms the basis for identification of the budget priorities and resource allocation for a given financial year. A brief review of the budgets for the period FY 2010/11 to FY 2013/14 indicates that they have all emphasized alignment of the budget to the strategic objectives of the NDP1. Transport infrastructure: emphasis has been on improving the quality and efficiency of the national, urban, district and community access road network, revitalizing the railway network and expanding air transport. Specific interventions have been in upgrading various national roads from gravel to bitumen; reconstruction and rehabilitation of national roads; routine and periodical maintenance of the road network; construction of national bridges and improvement of ferry services on the major inland water bodies. Government interventions for the air transport have focused on improving and expanding Entebbe International Airport as well other airfields across the country. Health infrastructure and services: all the budget strategies have been prioritizing construction, rehabilitation, staffing and equipping of health facilities, improving the delivery, administration and monitoring of drugs at all levels and salary enhancement. There has also been special focus on malaria control, immunization against the major killer diseases and promotion of health awareness campaigns.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter looks at the methodology the research undertakes to collect data from reliable sources. It looks at the following elements; research design, area of study, study population, sampling procedures, sample size, quality control methods, data management and processing, data collection, research instruments and data collection techniques as means of data collection.

3.1 Research Design

The qualitative approach takes up 100% of the research with field based data collection. The research adopts the Non-experimental Research design. According to Kowalczyk D (2015), Non-experimental research design refers to a study when a researcher cannot control, manipulate or alter the predictor variable or subject, but instead relies on interpretation, observation or interactions to come to a conclusion. In this case the Predictor Variable is the portion of the experiment that is being manipulated to see if it has an effect on the dependent variable. In this case; do the people of Bugala Island access health service delivery? In this case the predictor variable is the interpretation of the policy on budgeting to inform access to justice and reduce death due to poor access to health services. The investigation in this case is on accessibility of health services.

According Vaus D, D. A. (2006); research design refers to the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data.

The research undertaken is qualitative in nature where socially constructive nature of reality and the situational constraints shape inquiry. According to Kothari. C R (2004); Qualitative method to research is concerned with subjective assessment of attitudes, opinions and

behavior. Qualitative research in such a situation is a function of researcher's insights and impressions.

The research problem determines the type of design to use, not the other way around. According to Bruce. L. B (2014), during the research design phase of a project, processes necessitate that a consideration is made in identifying a rationale for using a particular setting as a data collection site. The topic of study determined the design in this case; the level of community constraint in accessing health services in hard to reach areas is what the research was out to establish. In this case a more elaborate method needed to be used to collect data from a spectrum of respondents. The qualitative research design was adopted where several variables were considered. According to Payne G. And Payne J., 2004; the use of 'cross-sectional' survey and field research was appropriate because we measured what was happening without being able to make things vary. The research is focusing on homogeneity of the people in Bugala Island because they all experience the same burden related to accessing health services. The island is also heterogeneous in nature because it characteristically hosts people from different backgrounds for example, the island is known for fishing as a major economic activity hence attracting people from different background (Kenya, Tanzania, Dr. Congo and other close neighboring countries). The research also assesses the change variations over time in the same island and at a macro level assess government policies on health service delivery.

3.2 Area of the Study

Kalangala District-Bugala Island is the case study area target population was derived from.

3.3 Study Population

According to According to Marshall and Rossman (1989) the target population contains members of a group that a researcher is interested in studying. The results of the study are generalized to this population, because they all have significant traits in common The target population is derived from the case study area; Kalangala District-Bugala Island. The research targeted local residents (Men and Women) of Bugala Island, and local government institutions.

3.3.1 Sample Size

According to Kothari C.R (2004); Size of sample refers to the number of items to be selected from the universe to constitute a sample. This a major problem before a researcher. The size of sample that was used was not excessively large, and not too small. It was an optimum sample size which fulfilled the requirements of efficiency, representativeness, reliability and flexibility to enable a smooth research process. While deciding the size of sample, I determined the desired precision as also an acceptable confidence level for the estimate. The size of population variance was considered as in case of larger variance usually a bigger sample needed. The size of population was kept in view for this also limits the sample size. The parameters of interest in a research study must be kept in view, while deciding the size of the sample.

Table 2: Sample Size

Proposed Respondents	**Number of Respondents (Sampled)**
Women	20
Men	15
Local Council III	2
Health Center In-charges	4
District Health Officer	1
Total Sample Size	44

3.4 Sampling Procedures

According to Ogula, (2005); sampling is a process or technique of choosing a sub-group from a population to participate in the study; it is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the larger group from which they were selected.

This research used the stratified sampling procedure which according to Hunt and Tyrell (2001) is the most effective method of sampling when a researcher wants to get a representative sample of a population. In this case the member of the community is categorized into mutually exclusive and collectively exhaustive groups. The advantage of this approach is that it is able to give the most representative sample of a population than any other sampling procedure. In this case the heterogeneous nature of the community was underestimated but most importantly look at the element of women and men as the most important category to focus on.

3.4.1 Sampling Techniques

According to Merriam 2011 sampling is the act, process, or technique of selecting a representative part of a population for the purpose of determining parameters or characteristics of the whole population. The research adopted two sampling methods for data collection; the snowball sampling and purposeful sampling methods. According to Miller. L. R and Brewer. D. J; 2003; in its simplest formulation snowball sampling consists of identifying respondents who are then used to refer researchers on to other respondents. Snowball sampling contradicts many of the assumptions underpinning conventional notions of sampling but has a number of advantages for sampling populations such as the deprived, the socially stigmatized and elites. Snowball sampling has advanced as a technique and the literature contains evidence of a trend towards more sophisticated methods of sampling frame and error estimation. Apart from violating common principles of sampling techniques, the use of snowball sampling provided a means of accessing the vulnerable and more impenetrable social groupings. However, the nature of similarity within social networks may mean that `isolates' are ignored.

The research adopted a Descriptive Study which according to The Office of Human Research Protections (OHRP) defines it as “Any study that is not truly experimental.” In human research, a Descriptive Study provided information about the naturally occurring health

status, behavior, attitudes or other characteristics of a particular group is one in which information was collected without changing the environment (i.e., nothing is manipulated). Sometimes these are referred to as "correlational" or "observational" studies. The research considered both the homogeneity and heterogeneity of the samples to be investigated. It focused on the scope of study as a reference point where all variables were considered and assessed basing on the hypothesis. In this case, the homogeneity nature of research was considered looking at access to health services verses resource allocation for one group of people sampled from one landing site in Kalangala district; Bugala Island. In the same line, Human Rights aspects were assessed to establish the extent to which these are either being fulfilled or violated in line with government response to health sector resource allocations.

The assumption was that the sample size will grow as the data is being collected and that there was a key selection of sample size identified to feed into the data collection process. In this case the key sample population was derived from the target community and comprised of men, women, civic leaders (Local Council 5), District Health Officer, Health Professionals (Clinical Officers, Nurses and Mid Wives).

3.5 Data Collection Methods and Techniques

According to Nueman W.L 2004; data collection is the systematic approach to gathering and measuring information from a variety of sources to get a complete and accurate picture of an area of interest. According to Miller. L.R and Brewer. D. J; 2003; comparisons are a vital part of the development of inductive generalizations and were central to the procedures in grounded theory; all these comparisons can be made by means of qualitative research and its associated methods and data collection techniques. Indeed, one of the ways in which empirical generalizations and theoretical inferences can be made by means of ethnography is to design the research comparatively.

Data was collected using Interview guides and questionnaires administered by the lead researcher and research assistant. The source of this data was from the local indigenous

respondents. Questionnaires; according to Merriam Webster dictionary 2011 a written set of questions that are given to people in order to collect facts or opinions about something. In this case, the research developed open ended questions mainly due to the kind of research that is being undertaken. The questionnaires were administered at community level by both the lead research and enumerator adopted by the researcher. A comparison of data was assessed to determine research results and accuracy in data collection. The advantage of using the questionnaire approach enabled the researcher to collect as much data as possible for analysis.

Interviews were carried out with the respondents. In this case and according to Easwaramoorthy M. and Zarinpoush F, 2006; an interview is a conversation for gathering information. A research interview involves an interviewer, who coordinates the process of the conversation and asks questions, and an interviewee, who responds to those questions. Interviews were conducted face-to-face or over the telephone. These were critical in capturing raw data from the respondents. A criteria was used to select respondents mainly aligned to the amount of data needed for the research to be comprehensive. These were Key Informant Interviews with gate keepers, primary beneficiaries of the research and government officials in charge of the entire resource allocation process. The interviews were carried out as key informant interviews with specific respondents in the community depending on the type of information needed. The advantage with this is that more conclusive information was collected and used in the analysis process.

The research also made observations as part of data collection. Observation according to Marshall and Rossman (1989) is "the systematic description of events, behaviors, and artefacts in the social setting chosen for study". This was done while administering the questionnaires and during the Focus Group Discussions.

The research embarked on different forms of data collection instruments. These were used both at the desk review process and field data collection process.

The researcher also ensured that data analysis precede the coding process. This ensured that all errors are corrected for proper analysis. This proceeded the storage of data which mainly was done using computer technology i.e. Ms Word. A statistical software package; MS Excel, was used to analyze the data.

Research Instruments

According to Annum G., Knust 2016; pp 1; these are the fact finding strategies. They are the tools for data collection. They include Questionnaires, Interviews, Observation and Reading. Essentially the researcher must ensure that the instrument chosen is valid and reliable. The validity and reliability of any research project depends to a large extent on the appropriateness of the instruments. To ensure that the research data is collected as expected, there was critical examination. The research took into consideration the homogenous setting of the community and the scope to design research instruments. The researcher considered a population sample technique to consider the type of instruments to use. These are the proposed research instruments the researcher used;

Open ended and close ended Questionnaires for field based research. These were pre-tested through a simulation process in the community before they are administered.

Semi-structured interviews were appreciated with guidance of an elaborate interview guide with an element of observation used to factor in a study of behavior and trends.

The data was collected and in its raw formation was pre-processed to ensure that it flows. This involved elimination of unusable data, interpretation and sorting of contradictory data from related questions.

Data Collection

Key Informant Interviews:

Key Informant interviews were carried out with respondents identified as men and women (Rights Holders); Local Council III Chairpersons, Health Centre In-charges and District Health Officer.

3.6 Quality Control methods

The research ensured that there is validity in the data collected by adopting the triangulation method which simply means according to Stiles. B. W (1993); seeking information from multiple data sources, multiple methods and multiple prior theories and interpretations; and assessing convergence. Convergence across several perspectives and types of impact represented a stronger validity claim than any other was able to actually make this possible. The adoption of a coherence principle was another form of ensuring quality control where the apparent quality of the interpretation itself is assessed. Questions like; does the research make sense? Where are the loose ends? The research measured internal consistency, comprehensiveness the relationship between elements and the usefulness of the data when encompassing new elements as they come into view.

3.7 Data Management and Processing

In order to manage data in qualitative research, the research first of all conducted key informant interviews that explored issues related to research question. In this case, observations and document reviews were used where semi-structured guides and a module of questions solicited verbal responses from respondents. Use of interview guides and questionnaires was adopted to capture data and transcribed, cleaned, interpreted through Ms. Excel and stored in MS Word processing files.

3.8 Data Analysis

The research used Ms. Excel to analyze data and generation of graphs and charts to help interpret the data across the board in order to generate conclusions. In this case, the investigator analyzed each research question and presented in MS. Word processing package within the objective and conclusions made objective by objective. Whereas a qualitative

approach was used in data collection, analysis seemingly dealt with a quantitative approach where empirical data was sought and used to make interpretations.

3.9 Ethical Consideration

The investigator ensured that the key informant interviewees where shared out between men and women to cater for gender responses that might be distinctive and hence a remedy to compare data. In doing this, different sentiments were captured putting into perspective the role of men and women in accessing health and the constraints they face. There was intent to be more courteous, with ability to maintain confidentiality at all costs especially when seeking information from the health workers and local government workers. There was informed consent sought before the interviews were conducted. An introductory letter from the university was used as a form of introduction to break the ice in most instances.

3.10 Limitations of the study

The research topic was quite new to the area which meant that there was limited data or documentation or reference books that related to the research. More to that, the methodology in data collection was mainly use of key informant interviews and observation yet the island has limited transport facilities which made it had to meet with respondents. The selection of the research design should have put into consideration Focus Group Discussions and desk review instead of relying on mostly key informant interviews.

Conclusion:

The findings of this research surely informed the readers and scholars the benefits of research and the need to act on some of the crucial aspects within our community. The strategies and approaches used were to get out the intended data needed to cause change in Uganda and influence policy especially policy on resource allocation. The research environment or case study area was specifically selected because it has a unique context and was affected directly by the problem we are trying to address mainly because of its water locked environment. The

research tools were developed with an aim of creating lasting impact after the research is carried out. In other words they were critically examined to produce a good research.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter explains the presentation, analysis and discussion of the findings of the objectives of health service delivery constraints for Bugala Island in Kalangala District. These included; Objective one-To establish whether grass-root consultations are carried out during national budget development processes, Objective Two-To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District, Objective Three- To establish factors affecting the sufficiency of medical and personnel in Ssese Island and Objective Four: To recommend as a way of improving health service delivery for Bugala Islands. The analysis was categorized to specific respondents where objectives were classified to bundle data for clear analysis.

Data presentation, analysis and discussion of objective one; focusing on Local Council 3 Chairpersons, responses to whether grass-root consultations are carried out during national budget development processes

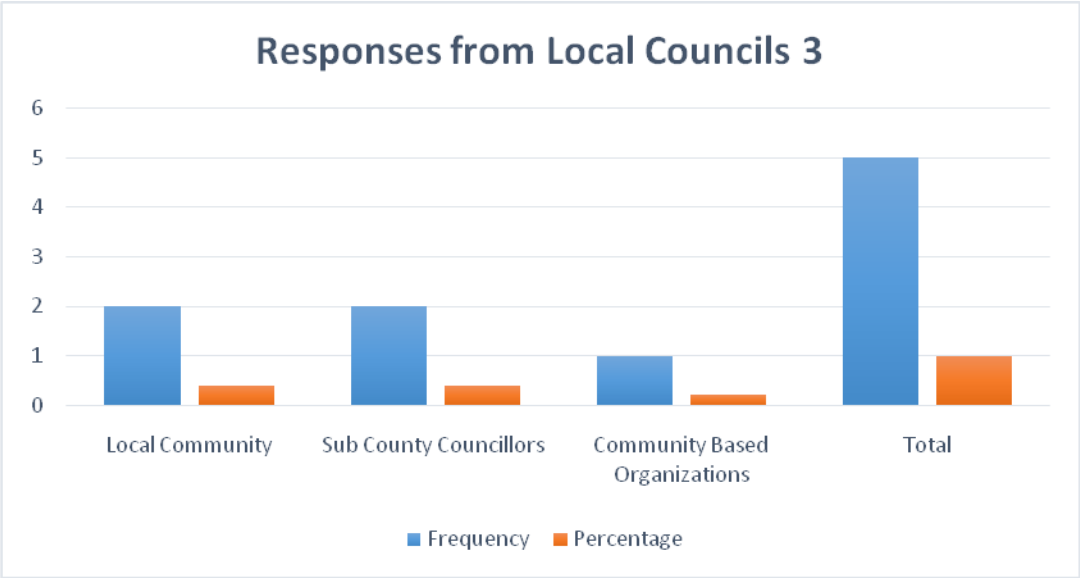
This objective focused on the Key informant interviewees; two Local council Chairpersons. It was found that councilors, stakeholders and community members participate in the planning processes.

Figure 2.0: Responses from Local Councils III on who participates in the budget process1

Objective 1: To establish whether grass-root consultations are carried out during national budget development processes.

Question 1: Who participates in budgeting process?

Figure 2.0 Showing responses from Local Councils 3 on who participates in the budget process



The research adopted the use of desk review processes, observation and key informant interviews as instruments of data collection. The emphasis was put on establishing what takes place when a budgeting cycle is administered. The graph represents responses from the two Local Council 3 Chairpersons from Bujumba Sub County (Mr. Ssenyange Peter Lwankulanga; all male respondents) and Mugoye Sub County (Ms. Nalunga Josephine; female respondent) interviews on who exactly participates in the budgeting process in their sub counties all located in Bugala Island.

The graph shows that the local community and the Sub county councilors have a high level of engagement and participation and the community based organizations scoring less in terms of participation according to the LC3 Chairpersons. The graph shows that there is more emphasis put on the local community putting into consideration the level of engagement which is more or less equal to that of the sub county councilors. This directly answers the question on who gets involved in the budgeting process.

The budgeting process according to the LC3 is a community event carried out at different levels with the lowest level being at the Sub county level with councilors spearheading the process. The involvement levels show that there is an in-depth process within the budget

cycle which is in line with the National Budgeting process under the budget Act 2001. Although the research did not emphasize interviews with particular community members who have participated before in the process; it was evident that the process is followed through and through.

According to the Local Government Development Planning Guidelines 2014; at Local Government level, the Local Government Act places the primary responsibilities for development planning to the Higher Local Governments and Lower Local Governments. Where in this case the higher local governments are the districts and lower local governments are the local councils. Currently, the local Government Act calls for development plans to be produced at the district, Municipal, Town council Division and Sub County levels of local government. However, by emphasizing the involvement of local administrative units, CSOs, private sector organizations and community members in the local government planning process, the Local Government Act obliges the local government planning process to be a participatory one. The 1995 Constitution of Uganda stipulates a decentralized local government planning approach where the needs and aspirations of the people are supposed to determine how governmental units at the local level do allocate and use public resources for development and service delivery.

Table 3: Responses from Local Councils III on aspects that the budgeting process has addressed in the last 5 years that were critically addressed within the district budget conferences

Objective One: On whether grass-root consultations are carried out during national budget development processes

Question 2: What main aspects has the budgeting process addressed in the last 5 years that was critically addressed within the district budget conferences?

Table 3: Showing responses from the LC3 Chairpersons budget process impact on grass-root service delivery.

Responses	Tally	Frequency	Percentage
Repair of Feeder Roads	//	2	50%
Water Installation	/	1	25%
Ensuring health partnerships	/	1	25%
Total		**4**	**100%**

Table 3 data is derived from questionnaires administered to the LC3 Chairpersons from Mugoye and Bujumba Sub Counties. The data looked at whether aspects presented in the budgets through the budgeting process and according to the Local Government Development Planning guidelines 2014 are actually implemented as planned. The responses show that within the budget period of 2015/2016 i.e. July 2015 to June 2016 water installation, road repair and promotion of health initiatives were some of the budget aspects implemented.

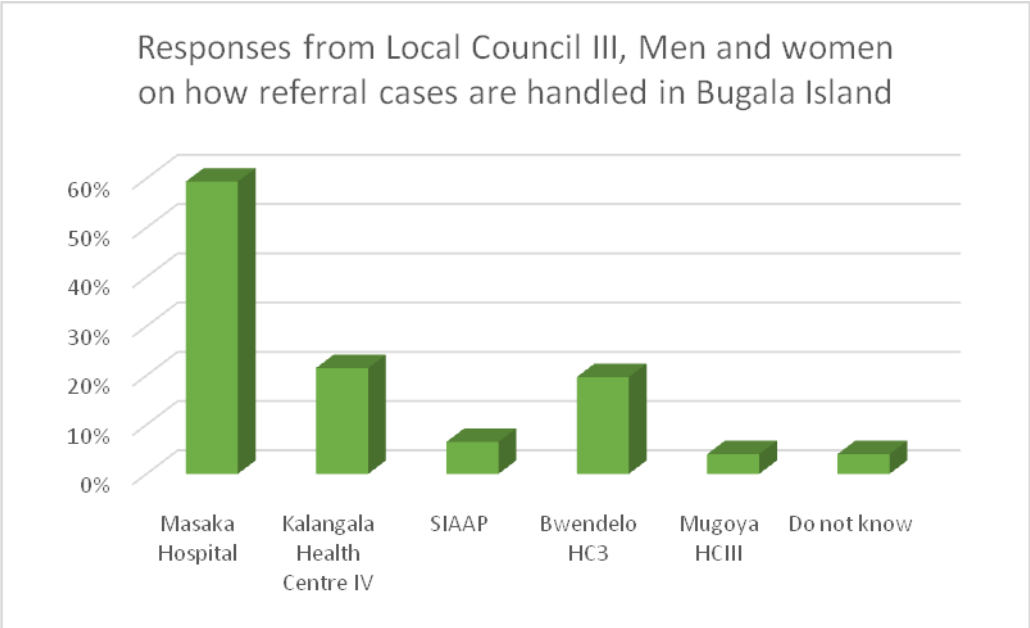
The LC3 chairpersons affirmed that out of the plans presented, repair of feeder roads at 50% (2) were highly prioritized and this was affirmed over and over again. The LC3 chairpersons were interviewed at different intervals hence easily making comparison on the answers provided. The other areas implemented include water installation 25% and health promotion through creating strategic partnerships with the private sector driven health initiatives in Mugoye Sub County.

Bugala Island has 3 Sub Counties however the interviews were only carried out to LC3 chairpersons of two Sub Counties i.e. Mugoye and Bujumba Sub Counties. It was quite evident; even through observation that there was intention to improve the road network on the island. What was not assessed was whether the planning process is commensurate with the funding process and whether the local government is accountable to the local person who in turn understands whether efforts to plan at grass-root level is the reason the roads are being build or water installations being made.

Figure 3.0: The Graph shows responses from Local Council III, men and women on how Health Centre III and Health Centre IV handle referral cases in their sub-counties.

Objective 2: To establish how health facilities; Health Centre III and Health Centre IV handle referral cases

Question 3: How do HCIII and HCIV handle referral cases in your sub county?



Graph shows responses from the LCIII, men and women from Bugala Island on the way HCIII and HCIV refer emergency cases. A number of health facilities within the communities were referred to as possible referral centres. The results shown in the graph above were derived from all the three categories of respondents and analyzed collectively to give an average result on each of the variables.

According to the responses in the graph, the referral system in the sub counties is visible with the LCIII, men and women confirming that the lower level health facilities are aware about the referral system and are practicing it. The different responses are mainly based on the location of the sub counties. While Bujumba Sub County reports its highest level of referral possibility to Bwendelo HCIII it only means that that is the closest health facility than Mugoye Sub County which is close to both Kalangala HCIV and Masaka Referral Hospital.

According to the LC3 chairperson of Bujumba Sub County, the response to cases mainly depends on the type of case that needs to be referred. He mentions that the closest health centre; which is Bwendelo HCIII is 24 kilometers yet there are 4 islands depending on that very health facility. This means that parishes like Buwuma, Bujumba, Bulabana do not have access to Bwendelo HCIII making the referral system lacking in his constituency. The LC3 of Mugoye Sub County is close to the ferry landing site and Kalangala HCIV making them less vulnerable because of availability of options in referral.

Table 4: Responses from Local Council III on whether there are possible constraints faced in accessing health care in Bugala Island.

Objective 2: To establish how health facilities; Health Centre III and Health Centre IV handle referral cases

Question4: What are the possible constraints faced in accessing health care in Bugala Island?

Responses	**Tally**	**Frequency**	**Percentage**	**Cumulative percentage**
Transport Constraints its very expensive	//	2	50%	50%
Health Workers are paid badly making them lack in the health facility or lazy to perform their duties	/	1	25%	75%
No Health Centre in the whole parish making it difficult to access health care	/	1	25%	100%
Total		**4**	**100%**	

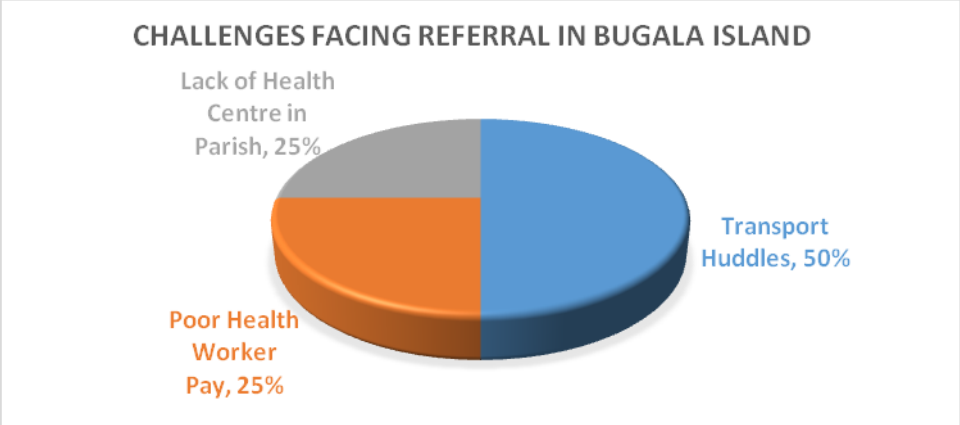
Table number 4

The table shows responses from LC3 Chairpersons on the possible constraints that affect the implementation of the referral system in their sub counties. There were only 3 responses made with transport constraints seen as the most prominent with each of the respondents mentioning it as a constraint.

Out of the three responses made on the constraints faced during referral, transport came out prominently at 50% because of the cost attached to it. The other 50% was shared between low health worker pay (25%) bring about low job response within the health facilities and also having no health facility (catered for 25%) in the entire parish making it difficult for people to access health care.

Figure 4.0 Showing LC3 responses on constraints facing the referral system in Bugala Island

CHART 1:



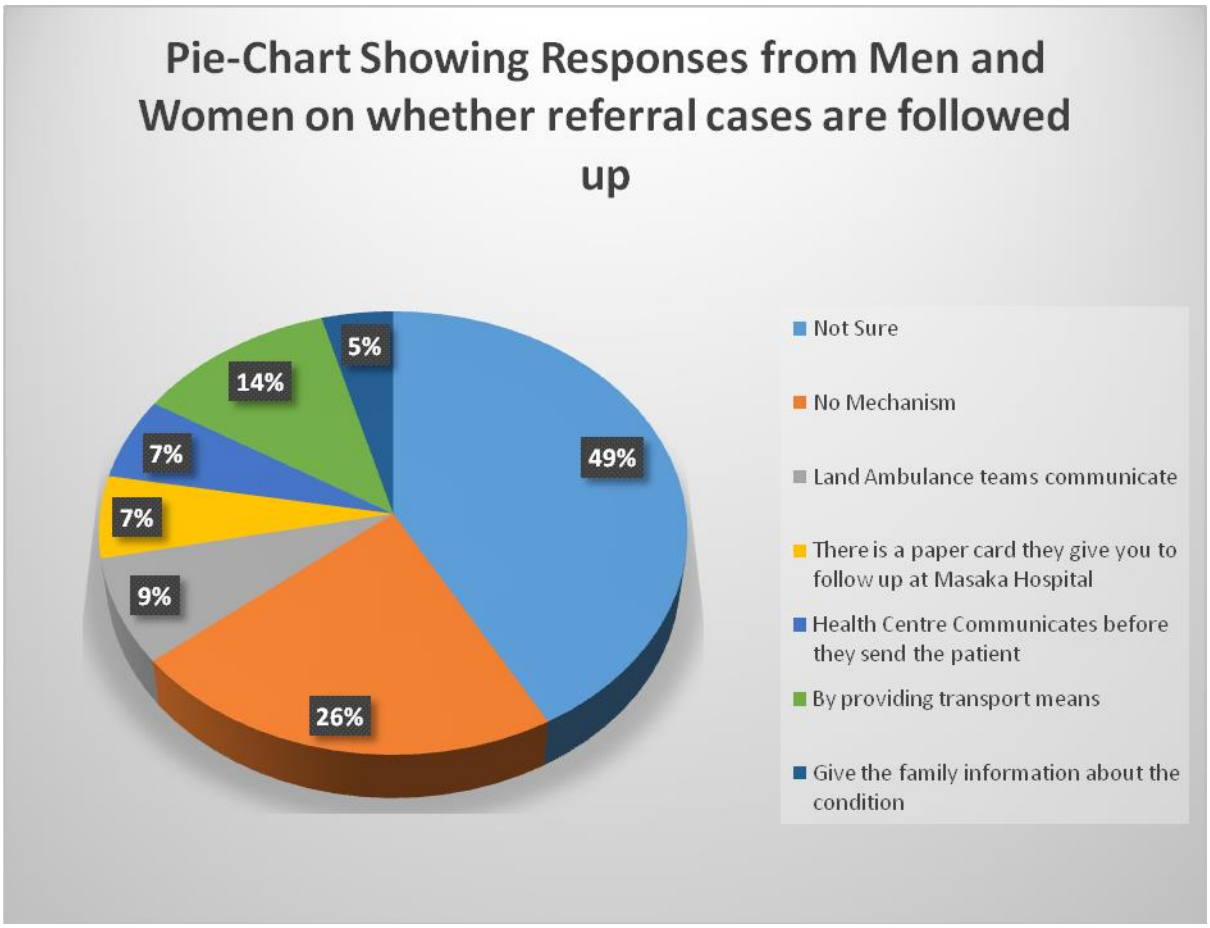
The constraints relate to the lack of an enabling environment that promotes the referral system and aids access to health in both sub counties. The constraint here is related to location of the target population. Mugoye and Bujumba Sub Counties are located in Kalangala District; making them hard to reach and unique in nature. It was discovered that Health Centre III and Health Centre IV refer emergency cases to Kalangala H/C IV and Masaka Regional Referral Hospital. The transport to the referral facilities is very expensive as to hire a boat from the island fuel costs Ugx 100,000/= for 20litres. Patients especially of HIV/AIDs have to make about 1-3 journeys a month to move to the health facilities across

the islands to seek medication paying transport costs Ugx 3000/=, Ugx 4000/= to Ugx 10,000/= for those coming from Buligo. The low pay for medical staff cuts across all health facilities even those off the island. According to Kitata SK (16 May 2012) a writer with the Observer newspaper; *"Special Report: Kalangala's Health Services Limping as workers run away"*. A Health Centre III should have at least 19 health workers, but Bwendero Health Centre III has only four who have to improvise and handle different conditions. "Given the geographical nature of Kalangala, health workers need to be given special remuneration.

Figure 5.0: Shows the only way they can get to stay in the district for a while," says Sheikh Edrisa Mayanja the Kalangala District Kadhi.

Objective 2: To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island

Question 2: How do Health Centre III and Health Centre IV in Bugala Island ensure that the referred cases reach their destination?



The chart attempts to analyze responses from men and women in Bugala Island on whether there is a process in place to assess whether referred cases actually reach their destination. This data was derived from key informant interviews carried out by both men and women who confirmed that there is no proper process in place to ascertain that a referred case are followed up. However there was an indication that a number of referrals are reported to have reached their destination if an ambulance delivered the patient. Managing an ambulance is straight forward because the ambulance has to report its delivery and its return journey.

Of all the 35 responses made 17 (49%) were not sure how to tell whether a referred case has reached his/her destination. 26% (9) did not think there is a mechanism in place and 9% (3) mentioned that ambulances provide information on whether the referral case reached its destination. The chart also shows that whereas there is a formal referral system in place that promotes the use of a referral card presented to the reference point by the patient, it might not be used effectively hence a low 7% response. This also goes to the provision for the health workers to inform the referred to health centre before sending off the patient. 7% in this case shows that it's not very common a practice and might need to be reconsidered.

The responses from the women and men brought out unique sentiments where it was obviously seen that they were both not aware of the system or did not care about what the system had to offer. The men on the other hand mentioned that they economically feel the burden when a family member is sick. Most of the men will not appreciate the health system because it does not make economic sense to them. In other words it does not seem to relieve the economic burden and hence the frustration. The interview sessions with each of the categories (women and men) clearly shows that there is no link between the referral system and the local community. Again basing on the issues presented in objective one concerning the budgeting process. This only reveals that whereas there is evidence through research that the local community are consulted during the budget development process as envisioned in the budgeting cycle, the level of engagement during implementation of the budget is limited.

The use of an ambulance as described in the previous analysis tables and providing information to the family members through the health facility procedure; both scored 5% each as the lowest response.

In the previous responses from men and LC3 chairpersons there was an indication that more prudent methods were in place to track whether referred cases had actually reached their destination. To the women this is not traceable and not done easily unless they actually put in their own effort as mentioned in the table; where they have to actually provide their own transportation of the referred case in order for them to receive immediate feedback. According to Hutchinson P, Habte D etal, 1999; gender affects use of health services. In general women are more likely than men to use modern medical services. This is therefore common knowledge that by the nature of women's health and their gender formation they are more liable to visit health facilities than men are. This is due to the antenatal and other reproductive roles they play in society. In this case, it would be more prudent to mention that because women are the most liable users of the health system, they should be the ones appreciating it more. However in this case, the women's mention of their lack of knowledge of the referral system could actually mean that it's non-functional because of their frequent interaction with it.

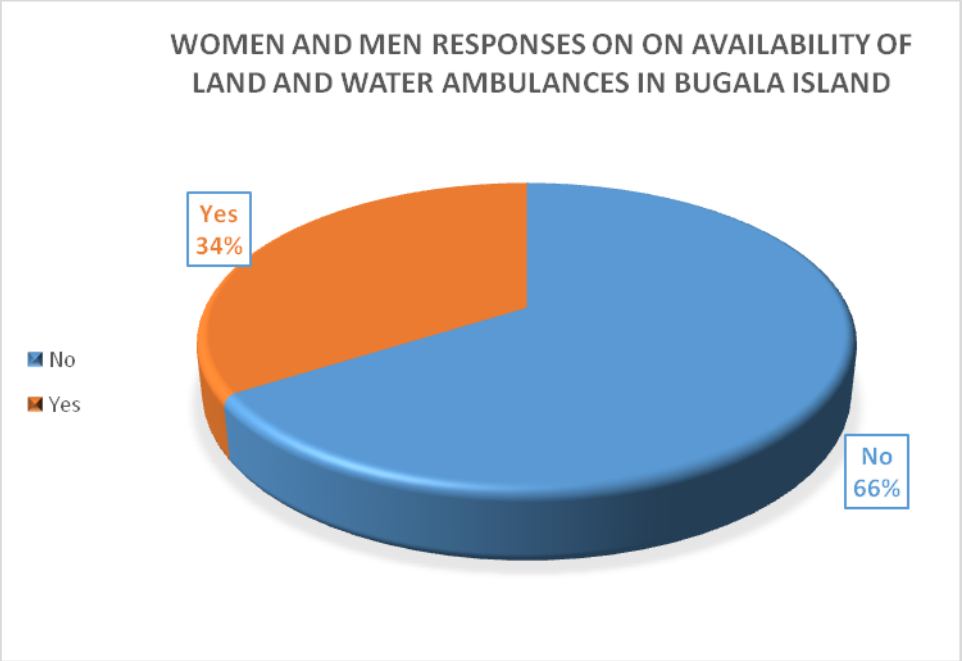
Figure 6.0 Responses from men and women respondents on whether Health facilities in Bugala Island have water and land ambulances for handling emergency cases.

Objective 2: To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island

Question 3 (a): Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases?

The men and women who mentioned that they are no water and land ambulances were 66% 34% mentioning that there are water and land ambulances in Bugala Island.

Figure 6.0 Showing percentage responses on whether there are land or water ambulances in Bugala Island



The evidence was derived from the key informant interviews were administered. The research shows that there are ambulances on the island. However observation and through the interviews it's also evident that the availability of ambulances mainly focuses on land not water ambulances. Bugala Island is the largest island and the only Island with a Health Centre IV making it have some of these facilities. The 66% who mentioned lack of any form of ambulance are far from the main health centre and are mainly men and women interviewed from Bujumba and Mugoye Sub Counties whose means of transport is mainly by Boda Boda (Motorcycle). The women and men respondents have knowledge about the ambulance being available but most if not all have not used that facility. This means the responses given are not based on usage of the ambulance but mainly on knowledge that it's available.

Most of the men and women acknowledge that there is an ambulance on the island because they have either seen one or have heard that there is a provision of one at the health centre. Again the 66% reflects the need for better services and the constraint factor on the island where people are not reached because of different natural barriers.

Table 5: Responses from women and men on whether they say that Bugala Island has water and land ambulances to handle emergency cases

3 (b) On whether women and men say that Bugala Island has water and land ambulances to handle emergency cases

Objective 2: **To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island**

Question 3 (a): Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases?

Name of Health Facility in Bugala	**No. of water ambulances**	**No. of Functioning Ambulances**	**No. of Land Ambulances**	**No. of Functioning Ambulances**	**Parking Status**
Kalangala HCIV	0	0	1	1	Functional

Table number 5

According to the Uganda Ministry of Health-Health Sector Strategic Plan II (2005/06 – 2009/2010) there is a specific objective that provides for transport and ambulatory services to achieve the following levels:

100% of hospitals and HCIVs with adequate transport services

70% of HCIIIs with at least a motor cycle,

100% of HCIIs with at least a bicycle,

100% of hospitals with ambulances, 85% of HCIVs with ambulances

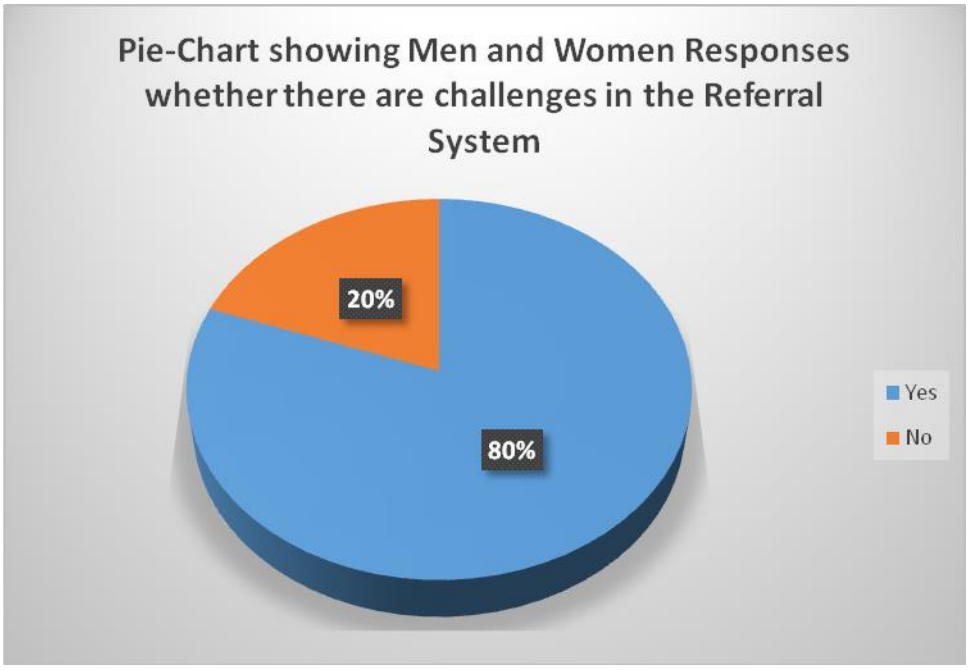
Provide motorboats for difficult areas (islands)

Figure 7.0: Responses from women and men respondents on whether they find Constraints in the way the health facilities in Bugala Island handle emergency referral cases.

Objective 2: To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.

Question 4 (a): Do you find Constraints in the way the health facilities in Bugala Island handle emergency referral cases?

Figure 7.0 Responses from men on Constraints facing referral system and how emergency cases are handled in Bugala Island



Most of the women and men (80%) 28 responded positively to have constraints in the way health facilities in Bugala Island handle emergency referral cases. Only 1 of the 7 (20%) said they have no constraints.

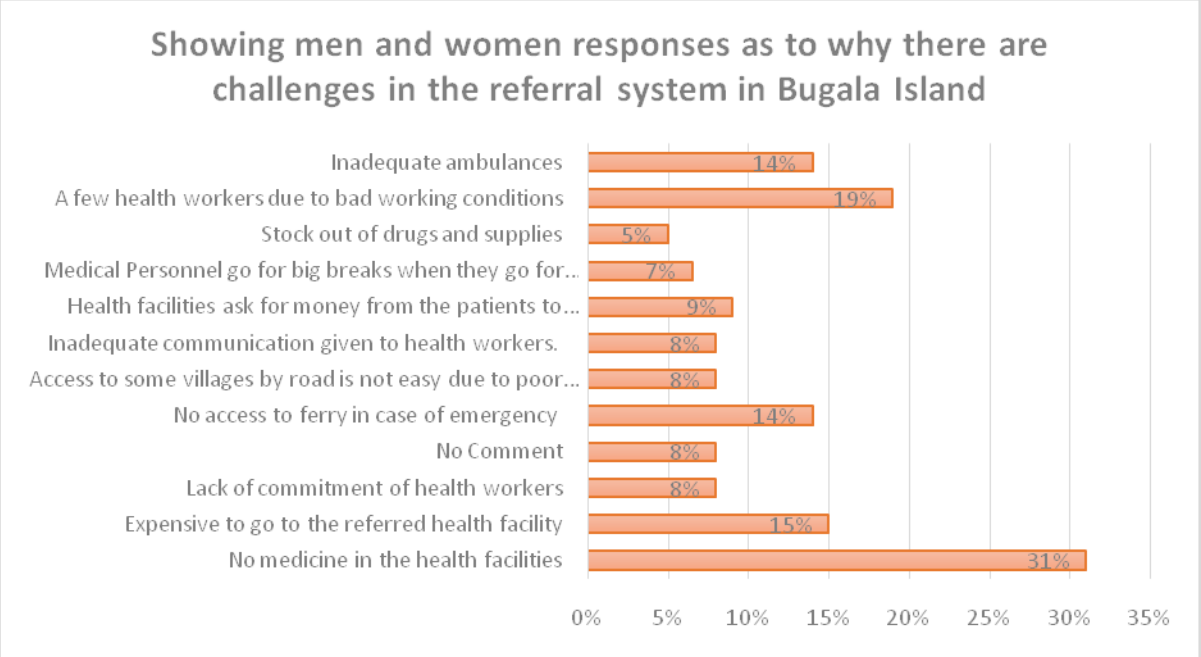
This only means that the referral system for the women and men is not sufficient enough to handle emergencies in Bugala Island with 80% mentioning yes in approval of constraints verses 20% say No with no clear explanation. This again could be seen as lack of information in regards to the referral system or because the person interviewed have not found need to

seek referral. This could be attributed to lack of proper information on the referral system since the areas sampled were purely hard to reach and because the only point of reference was Masaka Referral Hospital which is too far to access. The economic constraints associated with the referral system was also a big influence to the results mentioned above since men face most of the economic burdens in a household. This is directly attributed to cost of transporting patients to the nearest referral centre. The above analysis is true based on the observation made and the data collected. The referral system is not favorable for both men and women. However it was found that women used health facilities more than the men yet they are economically marginalized among other Constraints they face in the community. With the limited spread of health facilities among the 64 islands with only 13 health facilities available, it's quite obvious that the maternal issues will always be affected.

Figure 8.0: Responses from women and men who agree with the fact that there are constraints in the way health facilities in Bugala Island handle emergency referral cases.

Objective 2: To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island

Question: If YES explain the constraints



The graph shows why the men overwhelmingly acknowledge that there are constraints in the referral system. The highest attribute 31% being that there are no medicines in the health facility where referrals are being carried out. The responses mentioned were 12 in number with only 2 areas having two repeated responses.

The analysis shows a trend in ability to access health facilities and at the same time attributing the constraints to both internal and external. The internal challenge was only one; it was to do with the inability of the women and men to afford transport because of its expensive nature 14%. The other responses were external in nature meaning that they are more to do with the system set in place. These included; lack of medicines in the facilities response level at 31% repeated responses, lack of commitment of health workers in doing their work, no direct access to the ferry in case of an emergency, limited access to roads by the locals because of the poor road network, inadequate communication which only means that there is no information that makes it easy to get access to the medical care, the need for money before a service is provided is another area that was mentioned. All these areas that were external in nature each fetched 8%/9%; except one of the respondents who had no comment at all.

The external factors solemnly involve a third party which is the local government. It's however weird that the one internal factor was internal so to say meaning that most men felt a need to have the external factor expressed more maybe because it affects them directly while most women wanted to have the internal factors dealt with to enhance better service delivery. The graph above and the analysis also brings out the issues of more engagement at national level. Planning and execution of plans need to look critically at the service provision guidelines which should have the issues raised dealt with. Whereas the issues raised may seem simple because of the minimum level at which they were repeated during the interview, they still inform the research in the way people are able to appreciate local government

efforts in providing basic services. The observation the research made is that information is the main barrier to the referral process and this has hindered progress in that area.

According to BioMed Central 2006 (Web Version: Viewed 24-07-2016); compared to men, women report greater morbidity and make greater use of health-care services. This study examines potential determinants of gender differences in the utilization of health-care services among adults. As compared to men, a higher percentage of women visited a medical practitioner.

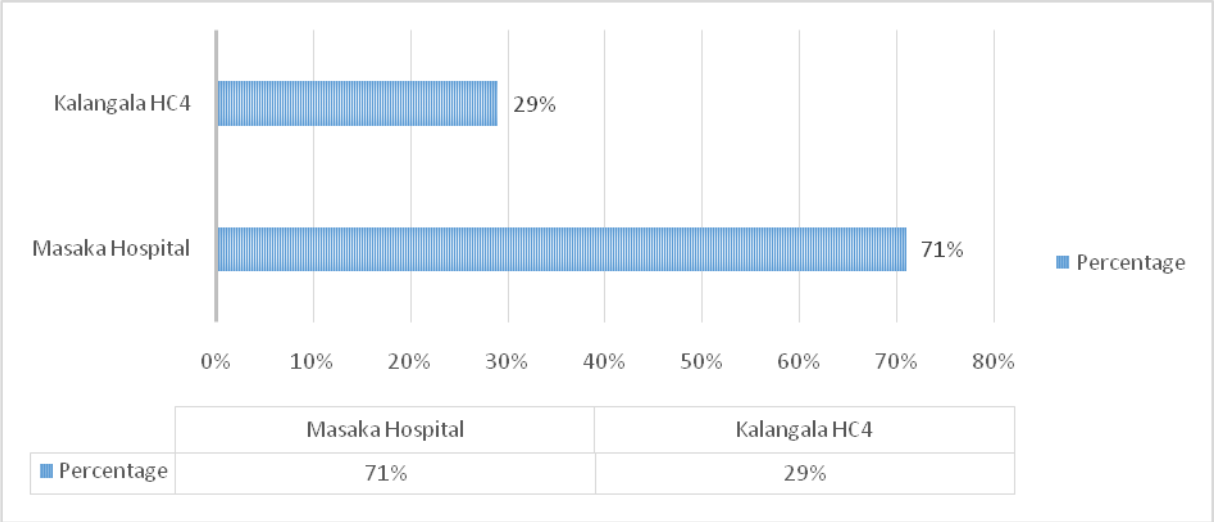
It's quite obvious that women would have more reason to point out the constraints because they are the ones who visit the health facilities more often than men. You will also notice that all the responses mentioned are pointing at the limited government response or the weakness in the structural set up. This means that the issues raised are mainly not within their control to influence change. In the future as a recommendation, there needs to be more done to advocate for women's and other community member's right to health using this data as evidence.

Objective 3 by the health in-charges (number of in-charges responding is 4).

Objective 2: **To establish how health facilities; Health Centre III and Health centre IV handle cases in Bugala Island.**

Question 1: Where do Health Centre III and Health Centre IV facilities in Bugala Island refer emergency cases?

Figure 9.0 Showing Health In-charge responses on the possible referral centres in Bugala Island



The in-charges in the graph above were very specific to 2 referral points i.e. Masaka Hospital 71% and Kalangala HCIV 29%.

It's ironic that Kalangala HCIV is ranked with 29% yet it's the closest health facility coming after 71% Masaka Hospital. This could be attributed to the equipment and human resource placement in comparison to the two. It's clear that as much as Masaka Hospital is far than Kalangala HCVI, there is a great belief that the distant Masaka Hospital still has a big influence on the people and the in-charges also believe in that because they are aware of the capacity of the hospital to deliver on health care services. In my observation, the in-charges did not believe in their own systems and preferred to make known that a good referral only comes at a distance.

Table 6: Responses from Health In-charge on whether Health Centre III and Health Centre IV in Bugala ensure that the referred cases reach their destination.

Objective 2: **To establish how health facilities; Health Centre III and Health centre IV handle cases in Bugala Island.**

Question 2: How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?

Responses	Tally	Frequency	Percentage
Phone Call	////	4	36%
By providing transport means	///	3	27%
Feedback through ambulance	//	2	18%
Escort the patients to referred facility	/	1	9%
Feedback through referral note	/	1	9%
Total		**11**	**100%**

Table number: 6

The in-charges mention that out of the five methods used to ensure that the referred cases reach their destination; use of phone call (36%) is predominant. The 2nd predominant percentage is that of the health centre providing transport means to the informers (27%) in this case health workers and the 3rd is getting information and feedback through an ambulance (18%).

The phone call 36% (4) follow up is the most common way of following up with the patients but according to my observation it's not effective due to the network issues that hinder clear communication. Giving feedback 27% (3) through ambulance is also very good but only if the ambulances are effectively available. The other self-reporting method which unfortunately was ranked low at 9% (1) is the feedback through a referral note. This method is the most effective because the note is taken by the patient and received on arrival, entered into the system and an acknowledgement made to the original health centre for confirmation.

In my opinion the least referred and most practical feedback process (Feedback through referral note) has scored low in the ranks. I think this is because the health system does not provide or put priority to follow up on cases. In my opinion this should have been referred to by the in-charges.

Table 7: Responses from Health In-charge on whether Health in Bugala have water and land ambulances for handling emergency cases.

Objective 2: **To establish how health facilities; Health Centre III and Health centre IV handle cases in Bugala Island.**

Question 3 (a): Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases.

Table showing responses from Health In-charge on whether Health in Bugala have water and land ambulances for handling emergency cases.

Responses	**Tally**	**Frequency**	**Percentage**
No	///	3	75%
Yes	/	1	25%
Total		**4**	**100%**

Table Number: 7

The health in-charges mention with 75% that there is no land and water ambulances in Bugala to handle emergency cases with responses from 3 out of the 4 interviews. The other 1 response (25%) from the health In-charge responded to have an ambulance for emergency cases in Bugala.

The analysis points us to the 3 (75%) responses and where they are situated in Mugoye Sub County at Mugoye HCIII, Bujumba Sub County at Bwendero HCIII and Bujumba Sub County at Mulabana HCII. These are lower level health facilities that have to depend on the mother health centre IV for supplies and equipment. It's not evident that the 25% response was from Kalangala Health Centre IV which is privileged to have an ambulance.

The discussion surrounding the allocation of ambulances cuts across. According to an article published on Parliament of Uganda Web Site (May 2016); points out the need to make special allocations of resources to islands which would in turn solve the problem of delivery of health services. In this article the local government leaders are pushing for review of

current formula used to allocate resources in the national budget and accuse central government of delegating several responsibilities to them without adequate resources. The allocation of ambulances should be done in such a way that the service benefits mostly those that need it.

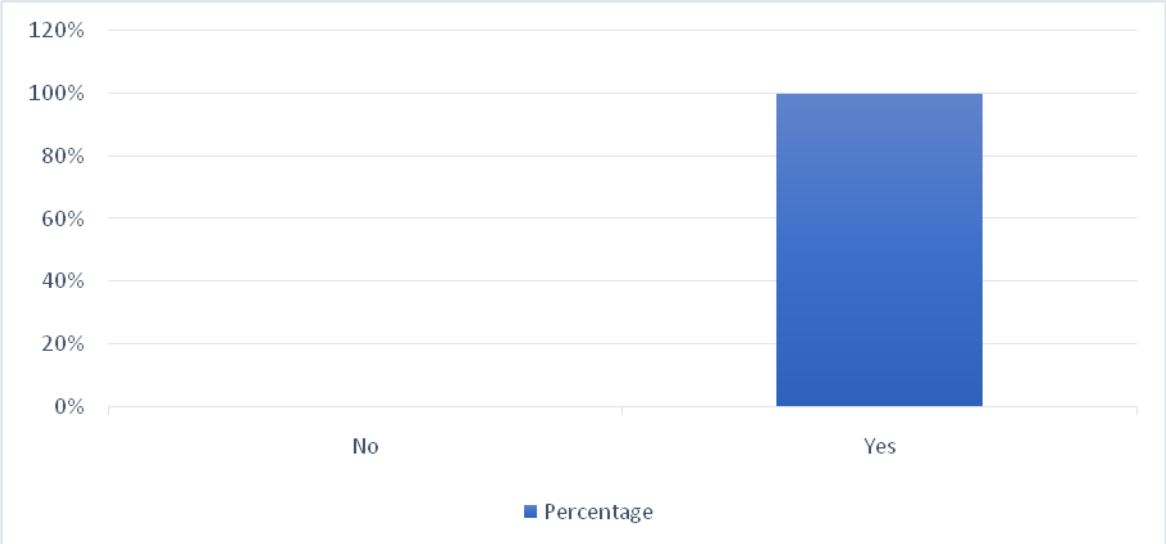
Figure 10: Responses from Health In-charge on whether they find constraints in the way the health facilities handle emergency referral cases

Objective 2: **To establish how health facilities; Health Centre III and Health centre IV handle cases in Bugala Island.**

Question 4 (a): Do you find constraints in the way your health facility handles emergency referral cases?

Figure 10: Showing responses from Health In-charges on whether the health referral system has constraints or not.

Figure 10:



The graph shows an overwhelming response for YES (100%) in regards to whether there are constraints in the way the health facilities handle emergency referral cases. This is obvious because they have a direct feeling of this and are able to clearly see how much the constraints people face on a day to day basis.

The four health In-charges acknowledge the fact that there are constraints in the way health facilities handle emergency referral cases. They overwhelmingly rank this all at 100% (4) which gives an insight on the conditions of the health facilities from the health worker point of view. Table 12 below will unpack the issues raised and why the In-charges think there are constraints.

The observation made during the interviews with the Health In-charges is that these In-charges are frustrated with the local government efforts to address some of the obvious constraints. Also to mention, the constraints raised were spread across the spectrum with some attributing to politics, others to economic huddles and others to negligence of the local leaders to advocate for their communities.

Responses from District Health Officer on where HCIII and HCIV facilities in Bugala Island refer emergency cases.

Table 8: Responses from District Health Officer on where HCIII and HCIV facilities in Bugala Island refer emergency cases. 2

Objective 2: **To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.**

Question 1: Where do HCIII and HCIV facilities in Bugala Island refer emergency cases?

Responses	**Tally**	**Frequency**	**Percentage**
Kalangala HC4	/	1	100%
Total		**1**	**100%**

Table number: 8

The District Health Officer in his interview presented only one referral centre which was Kalangala Health Centre IV. Because he was one respondent, that scored 100%.

The information given where Kalangala HCIV 100% (1) is the only referred to Health Centre that provides referral is accurate according to the Uganda Health Structure. Politically the

District Health Officer could not mention otherwise because the Health Centre IV is within his mandate and constituency.

Kalangala HCIV is at the heart of the district however due to its placement and the nature of islands it might not be sufficient to serve the entire district. In mandatory terms, the health centre is meant to be a referral health centre but in service terms it does not serve the 64 islands but a few and most likely people on Bugala Island where it's situated. This therefore underscores the fact that even if the health centre is looked at as a referral centre; which it is; it is not representative of that when more inquiry is made especially with the potential beneficiaries on the island.

Table 9: Responses from District Health Officer on what constraints the health facilities face in Bugala Island in handling emergency referral cases.

Objective 2: **To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.**

Question 4 (b): If YES explain the constraints

Responses	**Tally**	**Frequency**	**Percentage**
Most of them go to health centers late after failing to get sufficient treatment from the TBAs	/	1	50%
Cost of referral is high for the local people	/	1	50%
Total		**2**	**100%**

Table number: 9

There were only 2 responses from the DHO each scoring 50%.

The 50% was attached to external factors affecting the referral system where Traditional Birth Attendants were cited to be trusted than the mainstream health system available making it difficult for the referral system to function well. The other which refers to cost of referral

(50%); the DHO was echoing what has already been mentioned by the women and men category where expenses attached to referrals are quite high especially on transport.

The discussion here is to do with the limitation and candidness of the DHO throughout the interviews shows that little information was shared but also at the same time shows that there is a problem which needs solving.

Table 10: Responses from District Health Officer on whether Health facilities in Bugala Island have water and land ambulances.

Objective 2: **To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.**

Question 3 (b): If YES respond to the table

Name of Health Facility in Bugala	No. of water ambulances	No. of Functioning Ambulances	No. of Land Ambulances	No. of Functioning Ambulances	Parking Status
Kalangala HCIV	0	0	1	1	Functional

Table number: 10

The table above shows that the ambulance available at Kalangala HCIV is 1 and it is functioning.

Table 11: Responses from District Health Officer on whether he/she finds constraints in the way the health facilities in Bugala Island handle emergency referral cases 2

Objective 2: **To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.**

Question 4 (a): Do you find constraints in the way your health facilities in Bugala Island handle emergency referral cases.

Responses	Tally	Frequency	Percentage
Yes	/	1	100%
No	0	0	0%
Total		**1**	**100%**

Table number: 11

The DHO cited constraints in the way health facilities in Bugala Island handle emergency referral cases.

The 1 response from the DHO scored 100% meaning that the DHO agrees to the constraints faced in the referral system.

Table 12: Responses from Health In-charge who agree that there are constraints in the way the health facilities handle emergency referral cases.

Objective 2: **To establish how health facilities; Health Centre III and Health centre IV handle cases in Bugala Island.**

Question 4 (b): If Yes, explain the constraints

Responses	**Tally**	**Frequency**	**Percentage**
Relying on the ferry is risky for emergencies because of its schedules	//	2	18%
Communication sometimes is barred by poor telephone network which hinders follow up	/	1	9%
Some patients do not have money to transport them to referral place	/	1	9%
Some of the patients decide to go home instead of being referred	/	1	9%
When you call the ambulance from Kalangala sometimes it takes 30mins to arrive	/	1	9%
Provision of fuel for the ambulances takes some time	/	1	9%
Ambulances are not enough to handle the population because they are few.	/	1	9%
Sometimes feedback from the health centre is not got well and the patient does not know how the referral slip works.	/	1	9%
The low income among the people makes them shun referrals.	/	1	9%
Fuel is not easy available and if it is its double the cost	/	1	9%
Total		**11**	**100%**

Table number: 12

The table shows 11 responses coming from 4 respondents (In-charges) in Bugala Island. Out of the 11 responses 1 is responded to twice (18%) while others have only one response (9% each). All the responses made in the table above are very relevant if we are to make conclusive recommendations. The highest ranked looks at the unavailability of the ferry

(18%) 2 to aid the referral network just in case there is need to refer patients off the island. The issue of poor telephone networks, funds to aid referral, fuel availability and its expensive nature on the island; high poverty levels among locals which makes them shun referrals are among the issues raised by the In-charges during the interviews.

The analysis in this case would show that not only are the In-charges concerned or knowledgeable about the internal Constraints but also the external Constraints that represent the people or beneficiaries. In this case, this can go a long way in designing recommendations and action points to inform policy.

According to table number 29 of this document, the referral points for Bugala Island are Kalangala HCIV 21% and Masaka Hospital 71% meaning that there are bound to be Constraints in accessibility both in terms of distance and services while at the centre.

Objective three; focusing on Local Council 3, men, women, District Health Officers and Health In-charges

Responses to establish whether there are factors affecting the sufficiency of medical personnel in Bugala Island

The tables below are specifically looking at the above objective three where sufficiency of medical personnel is being assessed in Bugala Island. In this case the LC3 chairpersons of Mugoye and Bujumba Sub Counties are making responses through interviews.

Table 13: Responses from District Health Officer on whether they know how the Health centre III and Health Centre IV ensure that the referred cases reach their destination. 3

Objective 2: **To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.**

Question 1: How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?

Responses	Tally	Frequency	Percentage
They make a Phone Call	/	1	50%
By providing transport means	/	1	50%
Total		**2**	**100%**

Table number 13

The information gathered from the District Health Officer indicates that there are 2 major ways to ensure that the referred cases reach their destination. The DHO mentions use of phone call (50%) and provision of transport means (50%).

This is similar to what the local beneficiaries and the health in-charges mentioned however the limitation lays in the options the DHO presents. With two options, it is not easy to know whether these are the major ones; most commonly used or the preferred type. According to the DHO these provide clear assurance to inform the referral system and the destination of the patients.

It's also good to assess the reasons why the DHO does not look beyond Kalangala as indicated in Table 35 above. The fact that he does not mention any other referral health facility makes it difficult to assess the options presented because to him they only work for the specific referral i.e. Kalangala HCIV.

Table 14: Responses from District Health Officer on whether Health facilities in Bugala Island have water and land ambulances. 4

Objective 2: **To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.**

Question 3 (a): Do the health facilities in Bugala Island have water and land ambulances for handling emergency cases?

Responses	Tally	Frequency	Percentage
Yes	/	1	100%
No	N/A	N/A	N/A
Total		**1**	**100%**

Table number: 14

The DHO affirms that there are ambulances in Bugala Island however during discussion with him; he mentions that there are no water ambulances

The 100% affirmation shows that there are ambulances in the island. However the table does not show whether these are water or land ambulances. The analysis is shown in Table 33 below.

According to the DHO there is an ambulance because he is looking at the availability of one at Kalangala HCIV which is the main health facility in Bugala Island. However he is not cognizant of the fact that the availability may not be for the rest of the health facilities meaning that the availability may not be the 'availability' as mentioned but the presence of one is what he is responding to.

Table 15: Responses from Local Council III on what the current medical personnel gap is in the district and Bugala Island.

Objective 3: To establish factors affecting the sufficiency of medical and personnel in Bugala Island

Question 5: What is the current medical personnel gap in the district and Bugala Island?

Responses	Tally	Frequency	Percentage
Limited personnel	/	1	50%
No sure about the gap but there is a gap	/	1	50%
Total		**2**	**100%**

Table Number 14

The above table shows responses from LC3 Chairpersons on the sufficiency of medical personnel in Bugala Island. The LC3 Chairperson however are responding only within the

context of their constituencies. The responses to the interview were however limited to 2 answers only where one of the LC3 chairpersons was not sure about the gap but acknowledged that the gap is present while the other merely acknowledged that there were limited personnel on ground.

The LC3 chairpersons each answered once making the responses subjected to one response hence the 50:50 percent share. In my analysis the limited response and feedback was because the question was open ended and not empirical in nature making the chairpersons non-committal in their responses.

In this case answers like "limited Personnel" and "No sure about the gap but there is a gap" only mean that there is an indication and factors that show that there is a gap but the evidence to prove that is farfetched. This means that the LC3 chairpersons were sure about the gap but not sure about how big the gap was. According to my observation, the LC3 chairpersons may not be directly in touch with the core service provision activities but only render political guidance to the communities they serve.

Table 16: Responses from Local Council III on whether there are underlying constraints faced by the medical personnel in the district.5

Objective 3: To establish factors affecting the sufficiency of medical and personnel in Ssese Island

Question: What are the underlying constraints faced by medical personnel in the district?

Responses	**Tally**	**Frequency**	**Percentage**
Poor Health Worker Housing	//	2	29%
Poor Remuneration	//	2	29%
No Medical Equipment	/	1	14%
High Stock outs of medicine	/	1	14%
No fuel for the ambulance most of the time	/	1	14%
Total		**7**	**100%**

Table Number 15

The table shows responses underlining the constraints faced by the medical personnel in the district. The LC3 chairpersons made several responses mainly pointing out the issues affecting the health worker's level of engagement at the health facility level.

The table shows that out of the seven responses made two were highly prioritized at an overall percentage of 58% i.e. 29% (2) poor health worker housing and 29% (2) poor remuneration. This can only be interpreted as a human resource issue because the 2 are commensurate because they deal with the human resource aspect and most especially concerning welfare. The other issues raised as constraints are lack of medical equipment, high stock outs of medicine and no fuel for the ambulance; each apportioned 14% with only one response from the Local Councils.

The human resource factor and welfare that comes with it is a big stumbling block to the entire advancement of health in Bugala Island. The LC3 chairpersons seem to be struggling with these 2 major issues and also seem to have no immediate solutions to the constraints which can mainly be solved through major budgetary reforms both at local government and central government levels. The other constraints mentioned are seemingly important but seem more indirect in nature. The availability of medicines, medical equipment and fuel for the ambulance are all enhancing factors to motivate medical staff in executing their jobs. According to Human Resources for Health: Global Resource Centre; where it is mentioned that inadequate and outdated medical resources and supplies at clinics and hospitals can also contribute to health worker's frustration on the job and eventual attrition. Health workers argue that a dearth of adequate resources prohibits them from doing their jobs.

According to IMHOFF. M 2006, article in the HRH Global Resource Centre, there is a serious human resource crisis in the health sector in developing countries, particularly in Africa. One of the constraints is the low motivation of health workers. IMHOFF suggests that; experience and evidence show that any comprehensive strategy to maximize health

worker motivation in a developing country context has to involve a mix of financial and non-financial incentives for motivation.

Table 17: Responses from Local Council III on whether the local government is doing anything to address the constraints

Objective 3: To establish factors affecting the sufficiency of medical personnel in Bugala Island

Question: What is the Local Government doing to address these constraints?

Responses	**Tally**	**Frequency**	**Percentage**
Provided Personnel for the private clinics	/	1	33%
Carried out renovations to some of the health facilities	/	1	33%
Put up some buildings for medical staff	/	1	33%
Total		**3**	**100%**

Table Number 16

The table above presents local government interventions in trying to solve the constraints affecting sufficiency of medical personnel in Bugala Island. The responses were from two LC3 chairpersons with each of them providing to one or two responses to the question raised. According to the above table, analysis shows that responses given were limited to local government provision of personnel for the private clinics 33% (1), local government carries out renovations of some health facilities 33% (1) and providing housing facilities for medical staff 33% (1). While one LC3 stemming from Mugoye Sub County provided one answer (provision of personnel for the private clinics) accounting for 33% (1) the other LC3 from Bujumba Sub County provided two answers showing government interventions in that sub county. This brings up a question on whether the answers given were based on priority setting on which solution government was given to solve a priority challenge or there were not very many solutions provided.

The discussion around local government intervention is quite unique especially if the questions were asked to politically elected respondents. It was discovered that the Ssese Islands African AIDS Project (SIAAP) is private health entity that has provided health care to the people of Mugoye Sub County where it's situated. According to the LC3 Chairperson of Mugoya Sub County, the local government has partnered with SIAAP to provide medical personnel as a way of increasing the patient medical staff ratio. This is a good initiative considering the constraints we have seen in Table 8 where human resource issues critical is demotivating medical staff and affecting their sufficiency. According to the LC3 Chairperson of Bujumba Sub County, the critical issues the local government is dealing with to solve some of the constraints is the plan to renovate Bwendero Health Centre and building of staff housing for Bulabana Health Centre II. As mentioned these will at least go a long way in improving medical staff sufficiency in those sub counties but a lot more needs to be done to revisit the entire health system and its constraints which hinder sufficiency of medical personnel.

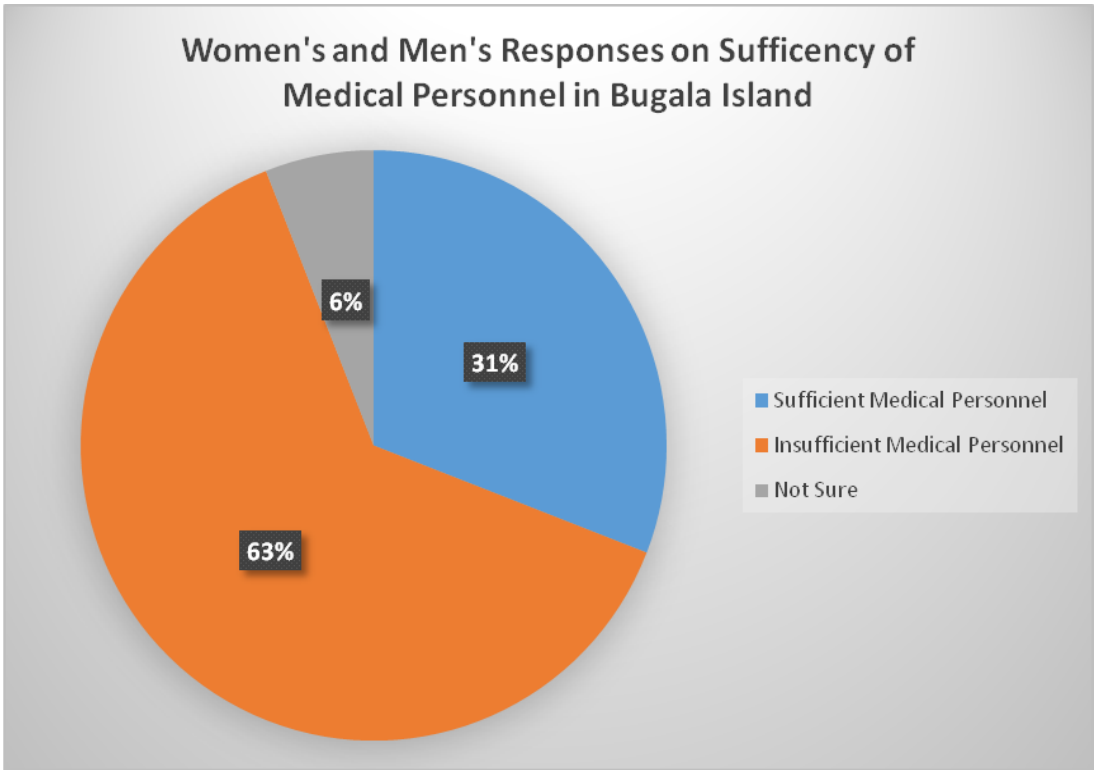
Objective three; focusing on men responses on whether there are factors affecting the efficiency and sufficiency of medical personnel in Bugala Island.

Chart …..: Responses from men respondents on whether medical personnel are sufficient to handle the patient population in Bugala Island.

Figure 11.0 Objective 3: To establish factors affecting the efficiency and sufficiency of medical personnel in Bugala Island.

Question 1 (b): Are the medical personnel sufficient to handle the patient population in Bugala Island?

Figure 11.0 Responses from men on sufficiency of medical personnel in Bugala Island



The chart above shows that most women and men respondents 63% do agree that there is no sufficient medical personnel to handle patient population in Bugala Island. The same chart also shows that 31% agree to have sufficient medical personnel while 1 respondent at 6% are not sure.

The chart analysis the responses from the women and men category of respondents who seem to agree that there is significant lack of medical personnel to handle patient population in Bugala Island. According to The Guardian website (Viewed 24th June 2016) the consequences in Uganda are clear: the doctor to patient ration was estimated at 1 doctor to 24,725 in 2013, with a nurse to patient ration of 1 nurse to 11,000 people. This clearly speaks into the findings in the table where the men category affirms that its 73% likely that there is no sufficiency of health workers in Bugala.

According to the Budget Monitoring and Accountability Unit Brief 2013 some of the causes associated with the staff shortages is low remuneration of health workers, lack of promotional opportunities at local government levels, staff accommodation shortages among others. It's therefore not far from the analysis presented in the above table.

Table 18: Responses from men respondents why they think that there is no efficient and sufficient medical personnel in Bugala Island.

Objective 3: To establish factors affecting the efficiency and sufficiency of medical personnel in Bugala Island.

Question 1 (b): Why are the medical personnel not sufficient to handle the patient population in Bugala Island?

Responses	**Tally**	**Frequency**	**Percentage**
Because the last time when I went to the health centre I stayed there for long because the health workers were few	//	2	14%
You reach there and they are absent	///	3	21%
No doctor is available sometimes when you reach at the health centre	/	1	7%
Last time I saw only five medical personnel yet we were many patients	/	1	7%
Because we do not have a dentist and a surgeon to take on operations	/	1	7%
The people are normally more than the doctors present	/	1	7%
Since Kalangala is a hard to reach area doctors fear to work there	/	1	7%
There is lack of commitment of health workers	/	1	7%
They are not friendly to the patients and more especially men	/	1	7%
When they go for immunization outreach they close the clinic	/	1	7%
They did not attend to me the whole day because the patients were many	/	1	7%
TOTAL		**14**	**100%**

Table number: 17

In this table, 14 responses by men who agree that there is no sufficient medical personnel in Bugala Island. These responses were made with one of them *(You reach there and they are absent)* predominately being mentioned 3 times at 21% and the second *(Because the last time when I went to the health centre I stayed there for long because the health workers were few)* mentioned twice with a 14% rating and with others attracting 7% each.

The table presents a scenario that makes it clear why men say there is no sufficient medical staff in Bugala Island to handle patient's ratio. As mentioned, 21% (3) have repeated responses

that point to having this attributed to having no personnel on ground every time the patients visit the health centre. This clearly feeds into our general observation as we build this research that the health service delivery system could be severely hindered by the lack of health staff readily available. The 14% say that the length it takes waiting for service at the health centre could be another benchmark to measure lack of sufficiency of health personnel at health facilities. The rest of the responses hold meaning when it comes to sieving through the type of services available for example there is no dental practitioner in the whole of Bugala Island. One of the respondents could have been a victim of dental problems and since he was not helped he clearly mentions the lack of sufficient staffing. As mentioned before the entire analysis is hinged on the fact that the constraints are coming from the health workers themselves who either have fear to work in hard to reach places, are relaxed to respond to patients, or take time when carrying outreach programmes among other issues.

This discussion only proves what has already been observed. The respondents only confirm how unsatisfied they are with the health service system. The observation made in SIAAP health centre during the data collection process is that; even after sitting and waiting for over an hour to hold an interview with the health in-charge during the field research, the research team could not get hold of the in-charge who was at the same time the clinical officer. About 5 patients were waiting and of the 5; two looked like they needed urgent attention or referral. This ultimately confirms the responses from the men above.

Table 19: Showing why are medical personnel not sufficient and effective to handle the patient population in Bugala Island

Objective three; focusing on women responses (number of women responding is 19) on factors affecting the efficiency and sufficiency of medical personnel in Bugala Island.

Objective 3: **To establish factors affecting the efficiency and sufficiency of medical personnel in Bugala Island.**

Question 1 (b): why are medical personnel not sufficient and effective to handle the patient population in Bugala Island?

Responses	Tally	Frequency	Percentage
The medical staff are few and leave early at 4pm	////////	9	45%
Because services are not received in time	///	3	15%
Some machines are unavailable for example optical machines	//	2	10%
Since Kalangala is a hard to reach area doctors fear to work there	//	2	10%
Because the last time when I went to the health centre I stayed there for long because the health workers were few	//	2	10%
Sometimes the medical staff never attend to you	/	1	5%
They did not attend to me the whole day because the patients were many	/	1	5%
Total		**20**	**100%**

Table number: 18

The women responses in this table point to response that points out the lack of staffing levels (medical personnel) who seem to be few and at the same time leave work early than expected. These have been ranked at 45%. The second in ranking 15% points at services not being received in time and the other which seems to be linked to the previous 2 mention in this paragraph points at the reason why the women think there is insufficient medical personnel mainly attributing it to level of time spent at the health centre.

Out of the 20 responses provided towards this question by women respondents, 9 (45%) mention that the reason there is insufficient and ineffective medical personnel in Bugala Island is because the medical personnel are few and at the same time leave early. More to that, the women mention that the delay in responding to emergencies 15% (3) is another issue that renders the medical personnel ineffective and insufficient in nature. In my observation all the responses are interlinked in one way or the other. In that, when you have health personnel shunning to work in Kalangala District (10%) because its far and hard to reach then you expect them to be fewer in number (29%), they will come late because they

are demotivated or stay off the island and only come when it's convenient; the patient wait (15%) time will be affected in the long or short run.

The link between the responses only shows how there is a definite problem on the island. The women as mentioned would have a better testimony of events because they are most affected and at the same time visit the health facilities more often. There seems to be more emphasis on the time spent at the health facility or time to access the medical personnel than anything else. A study was recently made on patient wait time in Kiswa Health centre and according to PATRICK J and PUTERMAN M (2008); healthcare systems throughout the world face long and increasing wait times for medical services (SICILIANI and HURST 2004). According to CIHR 2007, sometimes the long waits may have little medical impact, but excessive delays may be detrimental to patients' health.

Objective three; focusing on In-charge responses (number of In-charges responding is 4) on whether there are sufficient medical personnel in Bugala Island.

Table 20: Responses from Health In-charges on whether the staff numbers are less than the expected number; which factors are affecting their sufficiency?

Objective 3: **To establish factors affecting the sufficiency of medical personnel in Bugala Island**

Question 5 (a): Table Below

Name of Health Facility	Expected No. of Doctors	Actual No. of Doctors present	Expected No. of Enrolled Nurse	Actual No. of Enrolled Nurse	Expected No. of Clinical Officers	Actual No. of clinical Officers Present	Expected No. of Dentists	Actual No. of Dentists Present	Expected No. of Mid Wives	Actual No. of Mid Wives Present
Mulabana HCII	0	0	2	1	0	0	0	0	0	1
Mugoye HCIII	0	0	3	2	1	2	0	0	1	3
Bwendero HCIII	0	0	3	2	1	1	0	0	1	2
Kalangala HCIV	1	4	3	4	2	3	1	1	1	6

Table 20

Table 21: Showing Health Sector Strategic Plan II staff allocation plans

Cadre Staff	HCII	HCIII	HCIV
Medical Officer	0	0	1
Senior Medical Officer	0	0	1
Dental Officer	0	0	1
Midwife	0	1	1
Enrolled Nurse	2	3	3
Nursing Assistant	2	3	5
Clinical Officer	0	1	2

Table number: 20

In the table above explanation is made to compare the actual number of health workers verses the expected number health workers ranging from HCII to HCIV in the 4 health centres of Mulabana HCII, Mugoye HCIII, Bwendero HCIII and Kalangala HCIV visited during the research.

In the tables above, the HSSPII shows the actual allocation of staffing according to the strategic plan. However there are instances where the health facilities have more staff than required by the Local Government health allocations. Out of the 4 health facilities examined, (1) is HCII (2) are HCIII and (1) HCIV. The unique case scenarios are mainly with the HCIII (Mugoye HCIII) 3 expected enrolled nurse with 2 actual having a low staffing level; 1 Clinical Officer with an actual if 2 Clinical Officers. Kalangala HCIV has expected 1 midwife but 6 actual midwives have a high turn of staff. The analysis shows that there are variations in staffing levels which could lead to a more difficult discussion especially on issue of location of health facility.

The conclusions of this are quite diverse especially after making analysis that most of the health workers might not want to work in the hard to reach areas. However after further investigation, it was discovered that the health facilities with the highest number of staff are most likely within an urban setting which explains the high numbers since most of the health workers do not want to go out in the field based facilities, more to that, those facilities with high numbers of staff; higher than expected could be having a high influx of patients hence more need for deployment in the facilities. It however fascinates the researcher in that even

when there seems to be more numbers than actually expected, the patients still complain of laxity, poor staff levels and services.

Objective three; focusing on District Health Officer responses (number of District Health Officers responding is 1) on where there is a sufficiency of medical personnel in Bugala Island. [Please refer to Table 34 above for more information on staff allocations]

Objective three; focusing on District Health Officer responses (number of District Health Officers responding is 1) on whether the local government has done anything to address health service delivery issues.

Table 22: Responses from District Health Officer on whether they have the local government has done anything to address these constraints.

Question 6: What has the local government done to address these constraints?

Responses	**Tally**	**Frequency**	**Percentage**
Government has tried to sensitize TBAs but not enough.	/	1	25%
There is no follow up on the TBAs in the community after sensitization	/	1	25%
There is allocation of money for referrals to the health departments	/	1	25%
We now provide on-site refreshments for health workers to limit their movement	/	1	25%
Total		**4**	**100%**

Table number: 21

There are 4 responses from the DHO with each scoring 25%. The responses in summary range from ensuring sensitization of Traditional Birth Attendants; an issue that is right now controversial in the health sector; allocation of funds for referrals; and human resource welfare.

The responses above are equally important and equally strong since they have been raised by one person. With each of them scoring 25% only means that each of the issues raised if dealt with could go a distance in helping deal with the constraints faced in the health sector.

According to the DHO, the problem is dealing with the TBAs who are responsible for defying the health principles by diverting women seeking antenatal support to traditional means hence women only come to the main licensed health centres when they are badly off hence requiring referral beyond the island which is too expensive. The need to follow up on the TBAs is what the DHO recommends for government to do in the future. This follow up according to the DHO arrests all fears that come with mismanagement of patients because sensitization would have been done.

Table 23: Objective four; focusing on men responses on recommendations on how health service delivery can be improved in hard to reach areas.

Table 23: Responses from men respondents whether they have recommendations on how to improve health service delivery in Bugala Islands 6

Objective 4: **To recommend how health service delivery can be improved in hard to reach areas.**

Question: What would you recommend as a way of improving health service delivery for Bugala Island?

Responses	Tally	Frequency	Percentage
Government should provide ambulances (Land and Water)	///////	7	24%
Government should deploy more medical staff for emergency services	///////	7	24%
There needs to be proper stock management in the health centre.	/////	5	17%
Government should increase the salaries of the health workers to motivate them	///	3	10%
Government should provide fuel for the available land ambulance	//	2	7%
Government should provide more medical personnel	/	1	3%
The local government should regulate the health workers who continue to be absent on weekends and public holidays	/	1	3%
Government needs to train and sensitize its medical personnel on how to be more friendly to patients	/	1	3%
Government should find a way of motivating Village Health Teams to cover the gap between villagers and medical staff.	/	1	3%
Government should provide equipment to improve service delivery like cancer machine	/	1	3%
Total		**29**	**100%**

Table number 22

The highlights of the recommendations made by the men towards health service improvement. There are 29 responses made coming from 15 men interviewed. The most prominent one is the need to provide ambulances (24%) something the men are requesting government to look into. Another issue the men are looking as a recommendation is the need to deploy more health workers (24%) to cover the gap already felt. In a nutshell all the recommendations are pointing for support from the government the sole duty bearer.

The recommendations made are all gearing towards improvement of the health service delivery from commodities, equipment, human resource and operational services. The percentage range is 3%-24% with the lowest percentage recommendations opting to suggest the need for special equipment like cancer machines to increase of health worker's salaries and the highest with 24% looking at ambulances and deployment of health workers.

As mentioned most of the issues discussed relate to the need to improve the internal health service delivery processes. These views from the men only point to the hindrances overtime regarding accessibility to health in Bugala Islands. The recommendations given will be adopted as part of the conclusion remarks to be made at the end of this research.

Objective three; focusing on women responses (number of women responding is 19) on what recommendations they would make to improve health service delivery in Bugala Island.

Table 24: Responses from women respondents whether they have recommendations on how to improve health service delivery in Bugala Islands 7

Objective 4: **To recommend how health service delivery can be improved in hard to reach areas.**

Question: What would you recommend as a way of improving health service delivery for Bugala Island?

Responses	**Tally**	**Frequency**	**Percentage**
Government should provide more medical personnel	////	4	19%
Government should provide ambulances (Land and Water)	///	3	14%
There needs to be proper stock management in the health centre.	///	3	14%
Government needs to train and sensitize its medical personnel on how to be more friendly to patients	//	2	10%
Government should deploy more medical staff for emergency services	//	2	10%
Government should increase the salaries of the health workers to motivate them	//	2	10%
The local government should regulate the health workers who continue to be absent on weekends and public holidays	/	1	5%
Sanitation in the health centres needs to improve	/	1	5%
Government should provide supervisors to supervise emergencies because medical personnel are available but do not work	/	1	5%
Government should provide equipment to improve service delivery like cancer machine	/	1	5%
Government should construct more roads to reach every village for emergency purposes	/	1	5%
Total		**21**	**100%**

Table number: 23

The table above presents responses from women respondents to recommendations made to improve the health service delivery in Bugala Island. According to the percentage rankings, the women recommend that government should provide more health personnel 19% as the highest percentage ranking with the second in ranking referring to the need to improve stock of medicine and provision of ambulances in the health facilities coming at 14%. The training of health personnel in attending to patients, need to deploy more medical staff, need to increase salaries for health workers all coming in at 10% and provision of medical equipment and construction of infrastructure like roads to ease transportation all coming in at a percentage rank of 5%.

The rankings again shows the women's need to improve health service delivery which is more external in a way. This only means that there is a general outcry coming from the 21 responses mentioned where out of the 21, 4 responses (19%) looks at building the human resource structure by increasing the personnel per health facility. This however is not different from the response which recommends deployment of more health personnel for emergency services (10%); training health personnel in handling patients (10%) and increasing salaries of the same personnel to be able to perform better in service delivery. The realization by the women that human resource is an integral part of health service delivery is instrumental in fostering a change in the status quo government has been presenting. It leaves a lot to be desired. It was also observed that there is a tendency of the health personnel; especially women practitioners to act rude and inconsiderate when dealing with their fellow female counterparts. This came out of other in-depth discussions where at some point the women respondents feared mentioning this because they were not sure about the implications of this.

Another unique aspect which was mentioned was the habit of health workers to restrain from duty (10%) during weekends and public holidays. Some of the women quoted who preferred

to remain anonymous that; *"It has dawned on us that we are not supposed to get sick on weekends lest you die because there is hardly a medical person to attend to you"*

As mentioned above, most of the recommendations are aimed at government improving services not the local leaders who are directly answerable to the population on ground. My observation is that human resource revamping comes out prominently as key to the improvement of health services. Some of the issues raised are caused by lack of a clear monitoring system for health workers and more to that the need to improve on their welfare. Another intriguing outcome of the discussion is that the women also mention the need to have better equipment to foster better treatment and diagnostics of disease. The need to put more emphasis on ambulances just brings out the health access issues putting into consideration the island setting and it's hard to reach nature.

Table 25: Responses from District Health Officer on what they recommend as a way of improving health service delivery for Bugala Island.

Responses from Local Council III on whether there are any recommendations on how health service delivery can be improved in the hard to reach areas.8

Objective 4: To recommend how health service delivery can be improved in hard to reach areas.

Question: What would you recommend as a way of improving health service delivery for Bugala Island?

Responses	Tally	Frequency	Percentage
Hardship allowance for health workers should be provided by government	/	1	13%
Expand the infrastructure to accommodate more patients and medical staff housing	/	1	13%
Provide a maternity ward in Kasekulo	/	1	13%
Introduce more ambulances for maternity use	//	2	25%
Increase number of health facilities and ensuring that they are placed in strategic positions	/	1	13%
Carry out capacity building in handling patients	/	1	13%
Need to have a stocking system to improve on drugs in the health facilities	/	1	13%
Total		**8**	**100%**

Table Number 24

The table above presents responses from LC3 Chairpersons of Mugoye and Bujumba Sub Counties on various recommendations made towards improving health service delivery in their constituencies. Out of the 7 responses given one of the responses "Introduce more ambulances for maternity use" is mentioned twice.

The most prominent response concerned the provision more ambulances for maternity use (25%) and this was mainly inclined towards provision of a water ambulance to reach those islands that are off the main island of Bugala. Bujumba Sub County has its main headquarters in Bugala but has other 3 islands off Bugala making it impossible for those living on those islands to access health care. The rest of the responses were mentioned once all attracting an equal percentage share of 13%.

The responses brought out critical issues discussed in the previous assessments above. The categorization only proves that issues concerning staff welfare, medical supplies and capacity building are some of the recommendations presented by the LC3 Chairpersons if health service delivery is to be improved in Bugala Island.

Table 26: Data presentation and analysis of objective four; focusing on Local Council 3 Chairpersons responses to recommendations made on how health service delivery can be improved in hard to reach areas.

The tables below are specifically show various recommendations made by the LC3 chairpersons of Mugoye and Bujumba Sub Counties mainly related to the entire health access issues in Bugala Island.

Objective 4: **To recommend how health service delivery can be improved in Bugala Island**

Question: What do you recommend as a way of improving health service delivery for Bugala Island?

Responses	**Tally**	**Frequency**	**Percentage**
Need to improve staff housing and transport facilities	/	1	25%
Need to improve on staff remuneration	/	1	25%
Need to improve on infrastructure especially the OPD for the maternity section	/	1	25%
Provide boat ambulance with fuel and maintenance catered for	/	1	25%
TOTAL		**4**	**100%**

Table number: 25

Only 4 responses amounting to 25% each were mentioned by the DHO where housing and transport facilities for staff, remuneration for health workers, and improvement of infrastructure and provision of boat ambulance were the highlights mentioned by the DHO.

The lineup of issues presented actually solve what has been mentioned by the women, men, LC3 and now the DHO. The DHO attached 25% on all the responses making them very high on the agenda and also prioritized as equally important.

The provision of staff housing and transport and increase in remuneration are all inward building strategies suggested by the DHO. This is mainly to improve the welfare of the working force which in the recent discovery are leaving the island to seek better jobs on the main land.

4.1 Conclusion

This chapter has been able to show an analysis of the research done in the field. The objectives analyzed are systematically format. In chapter 5 a summary of findings will be drawn to show exactly what the objectives are and they relate to the entire research question.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the research work undertaken, the conclusions drawn and the recommendations made as an outgrowth of this study. This study is an assessment in the accessibility of health services for hard to reach areas; a case of Bugala Island in Kalangala District.

The study was mainly looking at constraints affecting service delivery for hard to reach areas

5.1 Summary of Findings:

The salient findings of the study were as follows:

Objective One: On whether grass-root consultations are carried out during national budget development processes

The information gathered showed that the 40% of councilors, stakeholders and community members participated in the budget planning process and this contributed to 50% of all planned activities like road maintenance e.g. Buligo Road and Health Centre developments. However it was also discovered that whereas the plans seemed to be carried out and there was a high level of participation, the bigger plans were still imposed on the people making it a top-bottom planning process. This information was not gathered in form of data but came out of the sentiments and observations during the process of data collection. Most of the people thought they were being used as rubber stamps to get the processes done but not accountable in any way during implementation. This critically brings out the lack of information sharing and participation to some extent. The fact that there is an element of people being used as rubber stamps; only means that their rights to participation in the development process is limited by the government.

Objective Two: On how health facilities; Health Centre III and Health Centre IV handle referral cases.

The information gathered shows that whereas there is evidence that people are referred to health centres known to the population, the system is still lacking in many ways. The limitations are quite evidently shared by the respondents. Results from the research show that Kalangala Health Centre IV is known as a referral centre by 31% average of the respondents while Masaka Regional Referral Hospital was highly mentioned at an average of 62%. According to the data gathered, there was no clear processes to ensure that referral cases have actually reached and received health attention. According to the data collected, 49% were not sure how the referral system works, while 26% average did not think there was a mechanism in place. The lowest average percentage was 10% who have experienced a paper card system which is taken to the referral centre for filing and recording. It also shows that there is communication between the referral centres to follow up on the referrals. These however are not recorded anywhere.

This information gathered also shows that whereas the referral system is in place, it does not favour the patients because of its expensive nature due to the high costs of transport across the lake.

There was evidence gathered that the Islands did not have water ambulances to help in the referral system but had only one land ambulance serving 64 islands.

The constraints in handling referral cases was also data collected where majority of respondents mentioned constraints stemming from the lack of fuel for the one ambulance to transport patients to the ferry or from one health facility to another and the lack of fast and available water transport to transport emergency cases since its availability is limited.

Objective Three: On factors affecting the sufficiency of medical and personnel in Bugala Island

Whereas the data gathered insinuates that the medical personnel are sufficient (See table number35); where we discovered that there are more staff at the health centres than needed, we also found out through observation and further inquiry that the influx of staff was due to the overcrowding on the main island (Bugala Island) because of fear of being deployed in the other islands which are more hard to reach. This made more staff cling to Bugala Island hence starving the other islands mainly because they cannot handle the conditions. The study further gathered that most medical personnel leave the island on the weekends leaving the communities vulnerable; are non-committal to the work and spend more hours out for breaks than attending to patients.

The limitation of medical personnel also extends to the dentists and surgeons who are not available at all.

Objective Four: On recommendation made to improve health service delivery in Bugala Island

There was significant response to providing water ambulances as a means of improving health service delivery and especially referral system.

Development and repair of feeder roads on the island was another recommendation made to the government,

Improvement on remuneration, housing and transport for health workers was another recommendation pointed out by the respondents.

Provision of more incentives like drugs and equipment to make the health centres more responsive was another recommendation made by the respondents.

5.2 Conclusions

The findings of this research show that whereas there is a clear policy framework to ensure that grass-root consultations are carried out during the budgetary process, there is still

limitation in the way the government makes its conclusions on this. There is still a sense of a top-bottom approach which goes even into actual allocations to budget. It's assumed that the people's representation in parliament is enough to prove that allocations are justified. However, in the case of Bugala Island, we still see signs that the national budget allocations taking a form of 'blanket budgeting' where allocations are based on political or economic bias not based on need. This makes the entire process non-participatory in nature hence limiting the rights for people to participate in their own development.

Another finding of this research proves that the area of target is an island and therefore a hard to reach area. According to Terms of Reference for mapping hard to reach areas in Sierra Leone; the term hard to reach simply means; "parts of a specific country that have physical, communication, security, social and economic conditions that make them receive the level of public service that is relatively inadequate and inequitable". The findings also show limited government efforts in addressing the constraints that come with health service delivery especially in the area of ensuring that access to health services is addressed. The findings in this case will go a long way in bringing out the need to have a scale up in addressing the fundamental issues concerning health access and government prioritization in addressing these bottlenecks.

5.3 Recommendations

Recommendation in relation to objective one of the research which seeks to establish whether grass-root consultations are carried out during national budget development processes. In my view, there is a relationship between the findings and the Local Government budgetary development process. According to the Local Government Development Planning Guidelines (2014) since the introduction of the Comprehensive National Development Planning Framework (CNDPF) in 2007, a number of changes in the planning system have occurred. The CNDPF itself presented a shift in the development planning mechanism from a needs-based to a proactive vision-based planning. Other changes

include development of the Uganda Vision 2040, and the National Development Plan; the emergence of Local Economic Development (LED) as one of the pillars of decentralization; the emerging emphasis of Public Private Partnerships in planning and the need to provide for adequate participation of non-state actors in the planning and budgeting processes. My recommendation is that with all these processes, there should be a link between what is documented as best practice and what is on the ground. It has been mentioned that much as there are consultations done at grass-root level during the budgeting process; when it comes to macro and micro planning, the top-bottom effect still emerges distinctively. Therefore there needs to be a practical method in the process to ensure that participation is done all through and according to the documentation and policy framework.

The recommendation in relation to objective two of the research which seeks to establish how health facilities i.e. Health Centre III and Health Centre IV handle referral cases; there is evidence that in the Health Sector Development Plan the referral system is prioritized. According to the Health Sector Development Plan (2015); Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources. The sector aims at improving the service, management capacity, patient transport and communication, basic emergency infrastructure, supplies and equipment's, finance and human resources and referral systems. In this case with all this in mind, the referral system should be redesigned to provide for all the ingredients mention above *(service, management capacity, patient transport and communication, basic emergency infrastructure, supplies and equipment's, finance and human resources).* The process of designing the Health Sector Development Plans should put into consideration hard to reach areas. Meaning that all sectors including finance should look into providing conducive environment for those that cannot access services because of the natural barriers.

My recommendation in relation to objective three of the research which seeks to establish factors affecting the sufficiency of medical personnel in Bugala Island; the Health Sector Development Plan (2015); the health workforce is still a key bottleneck for the appropriate provision of health services, with constraints in adequacy of numbers and skills, plus retention, motivation, and performance constraints. Efforts by the Government of Uganda and Partners have facilitated recruitment of much-needed staff increasing the proportion of approved posts from 56% in 2010 to 69% in 2013/2014. There is improvement in recruitment of health workers, largely driven by efforts in 2012 to improve staffs at HC III and IVs. However, the government planning process should aim at having a twofold approach where the plan to increase health workforce comes with a plan to increase levels of motivation to ensure that the staff recruited are retained.

My recommendation in relation to objective four on recommendation to be made to improve on health service delivery; the HSDP 2015 pp46 (viii) mentions a couple of recommendation relating to the research context. In this HSDP document it is mentioned that; there is need to comprehensively re-define the service delivery system from community to national level. This, I agree with and can done by improving on the laws that government health service delivery. This mainly relates to objective one and two. In the document, this should provide guidance on expected structures, roles / responsibilities, functions, and Operating Procedures to operationalize these functions for each level of care. It will be important to ensure that services are organized around the needs and expectations of the population in terms of holistic long-term health to help them better understand their own health-care needs and properly integrated so that the population is able to receive a continuum of health promotion, disease prevention, diagnosis, and treatment. In the same document (pp47-xi) the recommendation is to scale up efforts to attract, recruit, align skills with needs, and improve retention / motivation of health workers in a comprehensive manner. A skilled and motivated health workforce in adequate numbers is critical for the realization of the vision. A focus on

specific cadres (e.g. Medical Officers, midwives, nurses) or facility types (e.g. HC IVs) leads to imbalances, with key services being affected in the drive to improve other services. By having a comprehensive approach to addressing Human Resource and Health constraints, this should be minimized. This relates to objective 2 and 3 of the research carried out.

5.4 Suggestions for Future Research

In the future, this research should adopt the longitudinal approach where a long term study is made on specific variables; assessed and pretested. Another suggestion is to make a comparative study to be able to assess the hard to reach populations verses the easy to reach populations in line with the research topic and make conclusions towards both scenarios. This to me would go a long way in making changes in the policy framework, and service delivery.

BIBLIOGRAPHY

ABRAHAM A. 2014; *"Decentralization, Local Government and Development: An Aspect of Development"*. Anchor Academic Publishing 978-3-95489-333-1 (ISBN) pp20; 21

ANNUM G., KNUST 2016; "*Research Instruments* for Data Collection pp 1

BINDHE. E. 2012 ., 57 Islands in Kalangala Have No Health Centres *Uganda Radio Network*; (Web Version)Issue 30th August 2012. http://ugandaradionetwork.com/story/health-official-57-islands-in-kalangala-have-no-health-centres [Viewed January 25th 2016]

BIOMED CENTRAL., Gender differences in the utilization of health-care services among the older adult population of Spain (Web Version) Issue 1st June 2006 http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-6-155 [viewed 24-07-2016]

BOSSYNS P and LERBERGHE W, Human Resources for Health*, "The weakest link: competence and prestige as constraints to referral by isolated nurses in rural Niger, in 2004"*, (Web Version) Issue 2004 http://www.human-resources-health.com/content/pdf/1478-4491-2-1.pdf pp2-1

BRUCE. L. B 2014,. fourth edition; In: ALLYN AND BACON (ed), *"Qualitative Research Methods for the Social Sciences"* A Pearson Education Company; 160 Gould Street, Needham Heights, MA 02494

Budget Act 2001

Budget Monitoring and Accountability Unit (BMAU) Improving Service Delivery in Uganda BMAU discussion Paper 1/14 November 2014 Ministry of Finance Planning and Economic Development pp6

Canadian Institute of Health Research 2007 *"CIHR Releases Research Results to inform the Development of Benchmarks for wait Times. Backgrounder for wait times for Joint Replacement Surgery." [*Retrieved January 12, 2008] http://www.cihr-irsc.gc.ca/e/29904.html.

Dr. Bitakaramire. H, Kalangala District Health Officer

EASWARAMOORTHY M. & ZARINPOUSH F, 2006 Imagine Canada;*"Interviewing for Research"* 425 avenue University, Bureau 900 Toronto ON, M5G 1T6

FLANAGAN SM and HANCOCK B 2010

FRANCIS, P., & JAMES, R., 2003. *Balancing rural poverty reduction and citizen participation: The contradictions of Uganda's decentralization program*. World Development, 31(2), 325-337

Handbook; 'The principles of Service Delivery in Uganda Local Government'

HERZOG A AND BENOIT K 2015;

Hospital and HCIV census report (2015) pp32

Hospital and Health Centre IV census report (2015); pp32

Human Resources for Health: Global Resource Centre website; "*Why is Motivation Important in Health Care".*www.hrhresourcecenter.org (Viewed 23 July 2016)

HUNT AND TYRELL (2001)

HURST J. and SICILIANI L. 2006. *Tackling Excessive Waiting Times for Elective Surgery: A Comparison of Policies in Twelve OECD Countries.* OECD Health Working Papers 6: Organizations for Economic Co-operation and Development.

HUTCHINSON P, HABTE D etal, 1999; *"Health Care in Uganda: Selected Cases"* World Bank Discussion Paper No. 404 pp45.

IMHOFF. M 2006, article in the HRH Global Resource Centre website; "Health Worker Role of Non-Financial Incentives and Human Resource Management Tools",

International Bill of Human Rights 1948

Kalangala District Development Plan, 2012 pp42

KAPIRIRI, ARNESEN, etal. (2004). is cost-effectiveness analysis preferred to severity of disease as the main guiding principle in priority setting in resource poor settings? The case of Uganda: *Cost Effectiveness and Resource Allocation*, 2(1), 1

KAPIRIRI, NORHEIM, etal (2003). *Using burden of disease information for health planning in developing countries: the experience from Uganda*. Social Science & Medicine, 56(12), 2433-2441

KITATA SK Observer newspaper (16 May 2012); *"Special Report: Kalangala's Health Services Limping as workers run away".*

KOTHARI. CR 2004a; *Research Methodology, Methods and Techniques.* New Dehli: New Age International Publishers pp.5

KOTHARI. CR 2004b; *Research Methodology, Methods and Techniques.* New Dehli: New Age International Publishers pp.56

KOWALCZYK. D (2015)

Local Government Act 1997,; Article 155 (1),

Local Government Development Planning Guidelines 2014 pp9

LUBULWA H; Daily Monitor. *"Long Road to Good Health Services in Kalangala",*(Web Based) Issue January 18th 2016. http://www.monitor.co.ug/Magazines/Health---Living/Long-road-good-health-services-Kalangala/-/689846/3037214/-/x0j5sn/-/index.html [Viewed February 17, 2016)

MARSHALL and ROSSMAN., 1989 observation is "*the systematic description of events, behaviors, and artefacts in the social setting chosen for study"* (p.79)

Merriam 2011

Merriam Webster dictionary 2011http://www.merriam-webster.com/dictionary/sampling[Viewed March 2016]

MILLER. L.R AND BREWER. D.J; 2003 *"A-Z Of Social Research"*, SAGE Publications Ltd 6 Bonhill Street London EC2A 4PU

MULUMBA M. October 2011, Advocating for the Right to Reproductive HealthCare in Uganda "*The Import of Constitutional Petition No. 16 of 2011"pp39*

MURSTEIN B 1963; "Theory and research in projective techniques", Oxford, England xiii pp385

NALUGO M; Daily Monitor 25th January 2013 Article NRM *now to spearhead Budget-writing process*

NINSIIMA R; The Observer 30th November 2015 *"Ssese Beauty Blighted by Dysfunctional Health Systems"*http://www.observer.ug/lifestyle/42-entertainment/38519-ssese-beauty-blighted-by-dysfunctional-health-system [Viewed January 16, 2016]

NORTON and ELSON 2002; *what's behind the budget? Politics, rights and accountability in the budget process; Centre for Aid and Public Expenditure Overseas Development Institute,* London Diane Department of Sociology/Human Rights Centre University of Essex pp.(vii)

NUEMAN W.L 2004 "Basics of Social Research; Qualitative and Quantitative Approaches".

OGULA, (2005); sampling is a process or technique of choosing a sub-group from a population to participate in the study

Parliament of Uganda (Web Version), http://www.parliament.go.ug/index.php/about-parliament/parliamentary-news/216-local-governments-want-parliament-to-review-the-formula-for-resource-allocation [Viewed on: 20-6-2016]

PATRICK J and PUTERMAN M. 2011. *"Handbook of Health Service Delivery Systems"* CRC Press. Taylor & Francis Group; sound parkway; New York

PAYNE G. AND PAYNE J., 2004; *"Key Concepts in Social Research"*; SAGE Publications, London, Thousand Oaks, New Delhi

Poverty Eradication Action Plan 1997

Public Finance and Accountability Act 2003. Part II- control and management of public finance. Article 3 (1) pp6

SABITI, B. 2013. *How open data could contribute to poverty eradication in Kenya and Uganda through impacts on its resource allocation; (*http://www.opendataresearch.org)

SICILIANI L. and BOROWITZ. M. and MORAN. V. (ed), (2013); *"Waiting Time Policies in the Health Sector; What works?"* OECD Health Policy Studies: OECD Publishing pp72

Ssese Islands AIDS African Project website (htt//:www.siaap.org)

STILES. B. W., 1993. *"Quality control in qualitative research",* Pergamon Press Ltd. USA Vol. 13 pp17

The Guardian www.theguardian.com(Viewed 24th June 2016)

The Office of Human Research Protections (OHRP)

http://ori.hhs.gov/education/products/sdsu/res_des1.htm (Viewed on 23th July 2016)

Uganda Constitution 1995; Article 155 (1),

Uganda Ministry of Finance, Planning and Economic Development website; *the Background to the Budget Process*

(URL:http://www.finance.go.ug/index.php?option=com_content&view=article&id=18&Itemid=71)

Uganda Ministry of Health; Health Sector Development Plan II 2015/2016-2019/2020 (September 2015); pp41&42; Ministry of Health

Uganda Ministry of Health-Health Service Development Plan (2015)

United Nations **(**Health and Human Rights Publications Series, (Issue No 5, December 2008**); "***Human Rights, Health and Poverty Eradication Strategies".*

United Nations publication (2008)

USAID-STRIDES Legacy Report on the Private Sector Support in Uganda 2015

VAUS D, D. A. *Research Design in Social Research*. London: SAGE, 2001; and Trochim, William M.K. Research Methods Knowledge Base. 2006

WHO Fact Sheet 2015

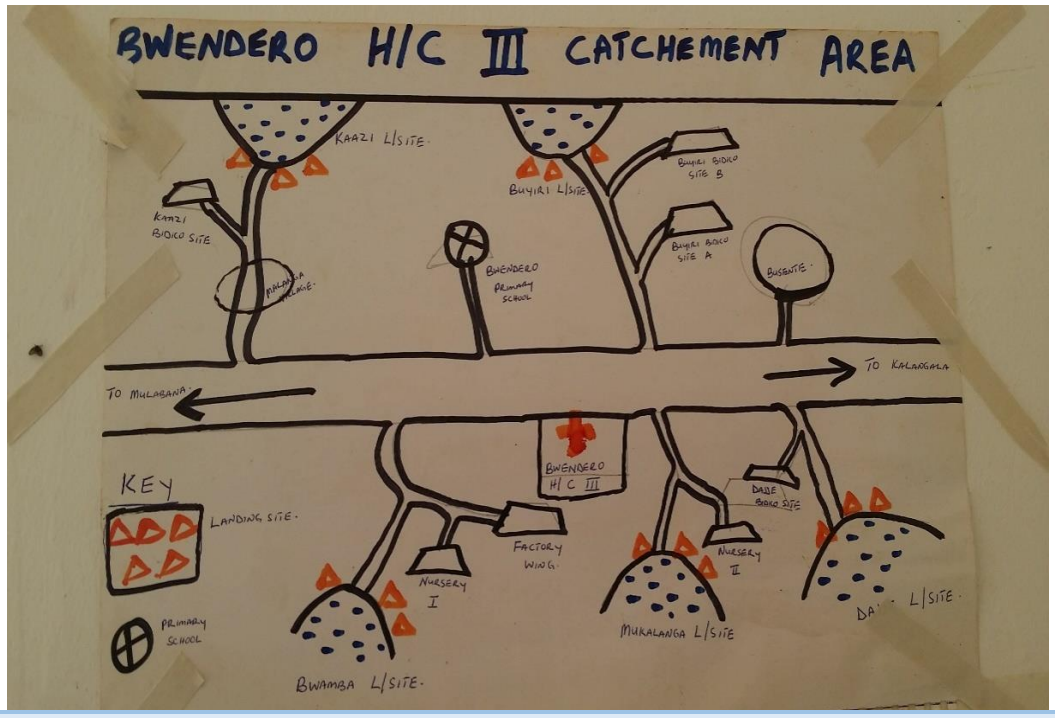
APPENDICES

Appendix I

Visiting Ssese Islands African AIDS Project one of the private HCIII facilities in Mugoye Sub county. Picture by Boda Boda Rider on 25th May 2016

After having a Key Informant Interview with staff of Mulabana HCII. Picture taken by Boda Boda Rider on 22nd May 2016

Appendix II



Social Map showing location of Bwendero HCIII and the area it serves. Picture taken by Masiko David Lead Researcher on 23rd May 2016

Appendix III

Questionnaires for Key Beneficiaries
[20 Women and 15 Men in Bugala Island]:

Objective Two: *To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.*

Specific Questions:

1. Where do HCIII and HCIV facilities in Bugala Island refer emergency cases?
2. How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?

a) Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases? Yes or No

b) If Yes respond to table below

Name of Health Facility in Bugala	No. of water ambulances	No. of Functioning Ambulances	No. of Land Ambulances	No. of Functioning Ambulances	Parking Status

3. Do you find Constraints in the way the health facilities in Bugala Island handle emergency referral cases? Yes or No
4. If **Yes**, explain the Constraints.

Objective Three: *To establish factors affecting the efficiency and sufficiency of medical and personnel in Bugala Island*

Specific Questions:

5. Are the medical personnel sufficient to handle the patient population in Bugala Island? **Yes or NO**
6. If **No**, why do you think so?

Appendix IV

Questionnaires: [Three] Local Council 3 Chairpersons (LC3)

Objective One: *To establish whether grass-root consultations are carried out during national budget development processes.*

1. Who participates in budgeting process?
2. What main aspects has the budgeting process addressed in the last 5 years that was critically addressed within the district budget conferences?

Objective Two: *To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.*

3. How do HCIII and Health Centre IV handle referral cases in your sub county?
4. What are the possible Constraints faced in accessing health care in Bugala Island?

Objective Three:*To establish factors affecting the sufficiency of medical and personnel in Ssese Island*

5. What is the current medical personnel gap in the district and Bugala Island?
6. What are the underlying Constraints faced by medical personnel in the district?
7. What is the local government doing to address these constraints

Objective Four:*To recommend how health service delivery can be improved in hard to reach areas.*

8. What would you recommend as a way of improving health service delivery for Bugala Island?

Appendix V

Questionnaire for Key Beneficiaries
[5 Health-In charge and 1 District Health Officer]:

Objective Two:*To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.*

Specific Questions:

1. Where do HCIII and HCIV facilities in Bugala Island refer emergency cases?
2. How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?
3. Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases?
4. If Yes respond to table below

Name of Health Facility in Bugala	No. of water ambulances	No. of Functioning Ambulances	No. of Land Ambulances	No. of Functioning Ambulances	Parking Status

5. Do you find Constraints in the way your the health facility in Bugala Island handle emergency referral cases? Yes or No
6. If **Yes**, explain the Constraints.

Objective Three:*To establish factors affecting the sufficiency of medical and personnel in Bugala Island*

Specific Questions:

Name of Health Facility	Expected No. of Doctors	Actual No. of Doctors present	Expected No. of Nursing Officers	Actual No. of Nursing Officers Present	Expected No. of Clinical Officers	Actual No. of clinical Officers Present	Expected No. of Dentists	Actual No. of Dentists Present	Expected No. of Mid Wives	Actual No. of Mid Wives Present

7. In case actual numbers are less than the expected number; which factors are affecting their sufficiency?

Objective Four:*To recommend how health service delivery can be improved in hard to reach areas.*

8. What has the local government not done to address these Constraints?
9. What do you recommend as a way of improving health service delivery for Bugala Island?

Appendix VI

Interview Guide for Key Beneficiaries
[15 Men in Bugala Island]:

Objective Two:*To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.*

Specific Questions:

Where do HCIII and HCIV facilities in Bugala Island refer emergency cases?

How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?

(a) Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases?

Yes ☐

No ☐

(3b) If Yes respond to table below

Name of Health Facility in Bugala	No. of water ambulances	No. of Functioning Ambulances	No. of Land Ambulances	No. of Functioning Ambulances	Parking Status

Do you find constraints in the way the health facilities in Bugala Island handle emergency referral cases?

Yes ☐

NO ☐

If **Yes**, explain the constraints.

Objective Three:*To establish factors affecting the efficiency and sufficiency of medical and personnel in Bugala Island*

Specific Questions:

Are the medical personnel sufficient to handle the patient population in Bugala Island?

Yes ☐

NO ☐

If **No**, why do you think so?

Appendix VII

Interview Guide for Key Beneficiaries
[20 Women in Bugala Island]:

Objective Two:*To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.*

Specific Questions:

Where do HCIII and HCIV facilities in Bugala Island refer emergency cases?

How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?

(a) Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases?

Yes ☐

No ☐

(3b) If Yes respond to table below

Name of Health Facility in Bugala	No. of water ambulances	No. of Functioning Ambulances	No. of Land Ambulances	No. of Functioning Ambulances	Parking Status

Do you find constraints in the way the health facilities in Bugala Island handle emergency referral cases?

Yes ☐

NO ☐

If **Yes**, explain the constraints.

Objective Three:*To establish factors affecting the efficiency and sufficiency of medical and personnel in Bugala Island*

Specific Questions:

Are the medical personnel sufficient to handle the patient population in Bugala Island?

Yes ☐

NO ☐

If **No**, why do you think so?

Appendix VIII

Key Informant Interviews: [Three] Local Council 3 Chairpersons (LC3)

Objective One: *To establish whether grass-root consultations are carried out during national budget development processes.*
Who participates in budgeting process?

_____
_____
_____

What main aspects has the budgeting process addressed in the last 5 years that was critically addressed within the district budget conferences?

_____
_____

Objective Two: *To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.*
How do HCIII and Health Centre IV handle referral cases in your sub county?

_____
_____

What are the possible Constraints faced in accessing health care in Bugala Island?

_____
_____

Objective Three: *To establish factors affecting the sufficiency of medical and personnel in Ssese Island*
What is the current medical personnel gap in the district and Bugala Island?

_____
_____
_____

What are the underlying Constraints faced by medical personnel in the district?

_____
_____
_____

What is the local government doing to address these Constraints?

_____
_____
_____

Objective Four: To recommend how health service delivery can be improved in hard to reach areas.

What would you recommend as a way of improving health service delivery for Bugala Island?

_____
_____
_____
_____.
.

Appendix VIII

Interview Guide for Key Beneficiaries
[5 Health-In charge]:

Objective Two:*To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Bugala Island.*
Specific Questions:
Where do HCIII and HCIV facilities in Bugala Island refer emergency cases?

How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?

---
3 (a) Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases?
Yes ☐

No ☐

(3b) If Yes respond to table below

Name of Health Facility in Bugala	No. of water ambulances	No. of Functioning Ambulances	No. of Land Ambulances	No. of Functioning Ambulances	Parking Status

(a) Do you find constraints in the way your health facility in Bugala Island handle emergency referral cases?

Yes ☐

NO ☐

If **Yes**, explain the constraints.

Objective Three:*To establish factors affecting the sufficiency of medical and personnel in Bugala Island*

Specific Questions:

Name of Health Facility	Expected No. of Doctors	Actual No. of Doctors present	Expected No. of Nursing Officers	Actual No. of Nursing Officers Present	Expected No. of Clinical Officers	Actual No. of clinical Officers Present	Expected No. of Dentists	Actual No. of Dentists Present	Expected No. of Mid Wives	Actual No. of Mid Wives Present

In case actual numbers are less than the expected number; which factors are affecting their sufficiency?

Objective Four:*To recommend how health service delivery can be improved in hard to reach areas.*

What has the local government not done to address these Constraints?

_____

_____

_____

_____

What do you recommend as a way of improving health service delivery for Bugala Island?

_____

_____

_____

_____

Appendix XI

Key Informant Interviews: [1] District Health Officer

Objective Two: *To establish how health facilities; Health Centre III and Health Centre IV handle referral cases in Kalangala District.*
Specific Questions:
Where do HCIII and HCIV facilities in Bugala Island refer emergency cases?

How do HCIII and HCIV in Bugala Island ensure that the referred cases reach their destination?

---
3 (a) Do the health facilities in Bugala Islands have water and land ambulances for handling emergency cases?

Yes ☐

No ☐

(3b) If Yes respond to table below

Name of Health Facility in Bugala	No. of water ambulances	No. of Functioning Ambulances	No. of Land Ambulances	No. of Functioning Ambulances	Parking Status

(a) Do you find constraints in the way your health facility in Bugala Island handle emergency referral cases?

Yes ☐

NO ☐

If **Yes**, explain the constraints.

Objective Three:*To establish factors affecting the sufficiency of medical and personnel in Ssese Island*
What is the current medical personnel gap in the district and Bugala Island?

Name of Health Facility	Expected No. of Doctors	Actual No. of Doctors present	Expected No. of Nursing Officers	Actual No. of Nursing Officers Present	Expected No. of Clinical Officers	Actual No. of clinical Officers Present	Expected No. of Dentists	Actual No. of Dentists Present	Expected No. of Mid Wives	Actual No. of Mid Wives Present

What are the underlying constraints faced by medical personnel in the district?

_____

_____

Objective Four:*To recommend how health service delivery can be improved in hard to reach areas.*
What has the local government not done to address these constraints?

_____

_____

_____

What do you recommend as a way of improving health service delivery for Bugala Island?

_____