

**THE DIRECTOR OF HEALTH SERVICES  
KABALE DISTRICT  
P.O. BOX 05  
KABALE**

**BWAMA HEALTH CENTRE III REPORT FOR  
THREE FINANCIAL YEARS 2013/2014-  
2015/2016**

**BY**

**ARINEITWE BWENGYE EDWARD  
IN CHARGE BWAMA HEALTH CENTRE III  
[arineitwebwengyeedward@gmail.com](mailto:arineitwebwengyeedward@gmail.com)**

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# **BWAMA HEALTH CENTRE III REPORT FOR THREE**

## **FINANCIAL YEARS 2013/2014-2015/2016**

Bwama Health Centre III is a registered Health Centre by Ministry of Health Uganda under Kabale District Local Government .It is located in South- Western Uganda on Bwama Island, Bwama Parish, and Kitumba Sub County, Ndorwa West Constituency in Kabale District. Bwama Island is the biggest of 36 Islands of Lake Bunyonyi and all patients must travel by water means to access the medical services. The Health Centre is Supported by Kabale District Local Government that posts medical staff and supplies drugs through national medical store; Edirisa UK that constructed the main OPD block, water tanks, latrines etc; Tropical Medicine of Slovenia that equipped the main OPD block on the Land donated by Church of Uganda under Kigezi Diocese.

Being on the Island, the catchment area is not well defined but receives the patients from the surrounding sub-counties of Bubare, Bufundi now Rubanda District and Rubaya, Kitumba and Butanda in Kabale District identified by daily Out Patient Register. Due to its geographic set up it remains the most hard to access, hard to stay, hard to reach and underserved community.

### **VISION**

- To attain a Health Centre and a productive community free from communicable diseases

### **MISSION**

- Giving a holistic health care and life in all its fullness to the staff, patients, clients and visitors in the Health Centre and the community.



### **OBJECTIVES**

- To create community awareness about the communicable and non-communicable diseases around regions of Lake Bunyonyi.
- To increase the number of people who know their HIV status and register zero new infection of HIV through the Elimination of mother to child transmission.
- To have all children in the community fully immunized against all immunisable diseases and assessed for malnutrition.
- To increase the number of mothers delivering in the Health Centre and offer a birth certificate to every child delivered from Bwama Health Centre III.

### CLINICAL PROGRAMME AREAS:

- ❖ General Out Patient Department
- ❖ Laboratory Medical services
- ❖ Antenatal Care and Postnatal care
- ❖ Deliveries and maternity services
- ❖ Family planning Services
- ❖ Immunization services
- ❖ Dental care services and eye care
- ❖ Sexual and Reproductive Health
- ❖ Community health education
- ❖ Batwa-Pigmies Health
- ❖ Child Health
- ❖ Home and School Visiting
- ❖ HIV/AIDS counseling and testing as well as Chronic care/treatment for HIV/AIDS
- ❖ Referral and free transport for mothers coming to deliver at Bwama Centre III
- ❖ Nutrition services

### COMMON DISEASES IN THE AREA

- ❖ Skin infections (Bacterial, fungal, and viral)
- ❖ Urinary Tract Infections(UTI) and Upper Respiratory Infections(URTI)
- ❖ Sexual Transmitted diseases and HIV AIDS
- ❖ Chronic conditions like Hypertension DM and Pneumonia and TB
- ❖ Gastroenteritis and GERD (Gastro enteritis reflex disorder)
- ❖ ENT (ear, nose and throat), Dental Conditions and Eye Conditions
- ❖ Malaria

### BWAMA HEALTH CENTRE III STAFFING BY FIRST JULY 2016

| S/N | NAME OF STAFF       | SEX | CADRE            | APPOINTM`T  | NIN            |
|-----|---------------------|-----|------------------|-------------|----------------|
| 1   | ARINEITWE B.EDWARD  | M   | NURSING OFFICER  | LOCAL GOV`T | CM7900910FTXND |
| 2   | BYAMUKAMA LAWRENCE  | M   | CLINICAL OFFICER | LOCAL GOV`T | CM900611030ROE |
| 3   | ANKAKWASA BENJAMIN  | M   | LAB.TECHNICIAN   | LOCAL GOV`T | CM85037101NWPC |
| 4   | AKANDINDA PRAISE    | F   | ENROLLED MIDWIFE | LOCAL GOV`T | CF9400910DD16G |
| 5   | AKAMPURIRA ANNET    | F   | ENROLLED MIDWIFE | LOCAL GOV`T | CF89045101FMTC |
| 6   | TURIKUMWE EMMANUEL  | F   | ENROLLED NURSE   | LOCAL GOV`T | CM90018104ERQK |
| 7   | KARUNGI SHAKIRAH B. | F   | LAB.ASSISTANT    | LOCAL GOV`T | CF87034101HQ8A |
| 8   | TUMURANZE HEADMAN   | M   | PORTER           | LOCAL GOV`T | CM9009108WEXL  |
| 9   | BIIRAH ANNAH        | F   | H.INFORM. ASS    | LOCAL GOV`T | CF86015103J8FL |
| 10  | BARISENE ERASMUS    | M   | PORTER           | LOCAL GOV`T | CM690091097NCH |
| 11  | BYARUHANGA GILVAZIO | M   | ASKARI           | LOCAL GOV`T | CM8600910MDFL  |
| 12  | NIWABIINE HOSSAN    | F   | ENROLLED NURSE   | LOCAL GOV`T | CF86009103WDAG |
| 13  | MUKOMBOZI BENSON    | M   | PORTER           | LOCAL GOV`T | CM8600910JJPRA |

## STAFF CORE VALUES

- ❖ Reaching out to the poor and vulnerable patients spirituality, physically, psychologically and economic wellbeing of individuals.
- ❖ Excellence of service
- ❖ Effectiveness (doing what works)
- ❖ Respect of dignity and humanity
- ❖ Upholding professional ethical values
- ❖ A friendly, approachable service
- ❖ Providing medical, social and psychological support to patients
- ❖ Strict confidentiality and Integrity
- ❖ Reducing stigma and increasing knowledge

## GENERAL PERFORMANCE REPORT FOR THREE FINANCIAL YEARS

| DEPARTMENT                | 2013/2014 | 2014/2015 | 2015/2016 |
|---------------------------|-----------|-----------|-----------|
| GENERAL OPD               | 10864     | 11166     | 41906     |
| DENTAL                    | 580       | 720       | 820       |
| FAMILY PLANNING           | 136       | 280       | 313       |
| POSTNATAL                 | 78        | 124       | 138       |
| ANC 1 <sup>ST</sup> VISIT | 315       | 323       | 419       |
| ANC 4 <sup>TH</sup> VISIT | 105       | 128       | 166       |
| TOTAL ANC                 | 752       | 812       | 1081      |
| MATERNITY ADMISSIONS      | 85        | 108       | 128       |
| LIVE BABIES               | 75        | 86        | 115       |
| REFFERALS                 | 10        | 12        | 18        |

## FINDINGS, COMMENTS AND OBSERVATIONS BASED ON DATE OBTAINED

The financial 2013/2014 the facility had only four technical staffs and this was crossed to the financial year 2014/2015. It was found out documentation was the major as most of work done was not recorded.

The report was made after the studying the problem of understaffing to the District Health officer and agreed that staffs to Bwama should be recruited and given their first posting to Bwama to overcome the problem of high staff turnout rate which was at 90%.

**Dr Tusiime Patrick** the DHO by then accepted the idea and posted all the six staffs that were requested by in charge in October 2015.

- ❖ All the 6 staffs are retained and maintained at Bwama clinic despite of hard conditions of lack of accommodation and hard to reach allowances.
- ❖ Continuous medical education and staff meetings were to address the challenge associated with internal supervision per department to ensure the work done has evidence from the primary data tools.

- ❖ Departmental heads were selected and given an obligation to fulfill and give a report and data analysis meetings staged to identify the gaps and the solution made to address the gaps.
- ❖ Action work plans were made by the heads of the department and targets set following the guidelines by the Ministry of health.
- ❖ This has enabled Bwama Health Centre III to lift its performance in both services as shown in the table above. All targets set by MOH Uganda were achieved as shown in the table below.
- ❖ The bridge between the DHO`S office and Bwama staffs was maintained through reports and words of encouragements that made the staff more comfortable.

**To reach to this point the following were made to the Bwama Health Centre III staffs.**

- ❖ Bwama health worker development association was made for all staffs and the constitution of the association is attached.
- ❖ Hard to reach allowance for staffs working in Bwama clinic was promised by the Chief Administrative Officer Kabale on his visitation to the facility together with LCV Chairperson.
- ❖ A request was made to the DHO Kabale always to consider staffs who will need upgrading in their studies by granting them study leave if they have at least made 2 years of service at Bwama Health Centre III, in so doing the other staffs will be motivated.
- ❖ EDIRISA UK offered Bwama staffs seeds to plant in order to grow vegetables to eat, but unfortunately most staffs present by then left sooner and the new staffs received were updated and the seeds are being planted after acquiring permission from the parish priest of Bwama Parish.
- ❖ Confirmation of Bwama staffs in public service as permanent and pensionable in service that were not confirmed by then including the in charge.
- ❖ Also in Charge was supported by EDIRISA UK by paying the functional fees to undergo the bachelor of Nursing at Kabale University and now is in second year.
- ❖ Games and sports were started to keep staffs busy and pass on their Leisure time after work.
- ❖ PHC conditional grant was released and staffs got their Immunization outreach allowance as planned.
- ❖ Clear time table made for all staffs for annual leaves and working days and off days in the month.

## TARGETS FOR BWAMA HEALTH CENTRE III BY MINISTRY OF HEALTH UGANDA

| S/N | TARGETS                   | TARGET | ACHIEVED |
|-----|---------------------------|--------|----------|
| 1   | LIVEBABIES                | 55     | 115      |
| 2   | BCG                       | 20     | 126      |
| 3   | DPT3                      | 13     | 28       |
| 4   | MEASLES                   | 13     | 28       |
| 5   | TB                        | 1      | 3        |
| 6   | ANC 4 <sup>TH</sup> VISIT | 56     | 116      |
| 7   | 0-4 YEARS                 | 231    | 1132     |
| 8   | 5 AND ABOVE               | 1465   | 40774    |
| 9   | TB NEW CASES              | 01     | 04       |

## REVIEW OF OUR OWN SET TARGETS FOR LAST YEAR 2015/2016

| S/N |                  | 2015/2016 | ACHIEVED | 2016/2017 |
|-----|------------------|-----------|----------|-----------|
| 1   | OPD UTILIZATION  | 18000     | 41906    | 50,000    |
| 2   | ANC TOTAL VISITS | 900       | 1081     | 1,500     |
| 3   | DELIVARIES       | 150       | 115      | 200       |
| 4   | FAMILY PLANNING  | 600       | 313      | 450       |
| 5   | ARTCLINIC        | 50        | 58       | 65        |

## ACHEIVEMENTS MADE DURING 2015/2016

- Cooperation between Bwama staffs, district health office, political leaders and Implementing partners.
- 4 staffs confirmed in public service including the health unit In charge
- 6 New staffs received and maintained
- Completion of maternity floor (terrazzo) by EDIRISA UK.
- Quality medical services seen by increase in number of patients.
- No drug stock outs exhibited and monthly staff meetings.
- Bwama health workers development association.
- Two staffs transferred and replaced by new ones and also maintained
- Coordination between health sub districts and Sub County and the Parish priest Bwama PLUS other institutions on Bwama Island and a round evidenced by friendly matches between Bwama health Centre and Byoona Amagara camp site

- Maintenance of OPD building by Edirisa UK(replacing the gutter)
- Opening the health unit 24 hourly working and provision of long terms of FP.
- Free transport for pregnant mothers coming to deliver at Bwama and referral system care by Slovenian doctors.
- Continuous medical supplies by National medical stores and supply of mosquito nets from 100 pieces of nets to 400 pieces of mosquito nets
- Installation of solar by Slovenian doctors to run the laboratory tests

## **CHALLENGES OF THE HEALTH UNIT**

- ❖ NO STAFF ACCOMMODATION AND THE COST OF LIVING IS TOO HIGH
- ❖ NO HEALTH UNIT MANAGEMENT COMMITTEE
- ❖ NO HARD TO REACH FACILITATION AS PROMISED BY CHIEF ADMINISTRATIVE OFFICER KABALE DISTRICT LOCAL GOVERNMENT
- ❖ MATERNITY WARD NOT COMPLETED=PLUMBING WORKING NOT YET DONE, NO SOLAR ON MATERNITY,NO DELIVERY BED,MATERNITY BEDS PROMISED BY SPEAKER STILL MISSING
- ❖ THE MOTOR BOAT NEEDS REPLACEMENT AS IT TOO OLD AND YET ACTS AS AN AMBULANCE OF THE HEALTH CENTRE.
- ❖ FREE TRANSPORT FOR DELIVERING MOTHERS AT BWAMA IS ONLY AVAILABLE WHEN SLOVENIAN DOCTORS ARE PRESENT.

## **APPRECIATION**

### **A. BWAMA STAFFS**

- ❖ Good cooperation and working together as a team associated with good respect for one another.
- ❖ Accepting appointment and posting instructions to come and work at Bwama health Centre despite of hard conditions of crossing water and lack of staff accommodations.
- ❖ Proper documentation of patients seen and good customer care to patients that have made the number of patients increase.

### **B. KABALE DISTRICT HEALTH TEAM AND HEALTH SUD DISTRICT**

- ❖ Good cooperation and continuous support supervision and monitoring
- ❖ Involving Bwama health Centre staffs for workshops, continuous medical education that has made staffs updated with new skills in management of patients
- ❖ Coordination and continuous supply of medical goods and health unit equipments like beds and mattresses(2)

- ❖ Payments of staff salaries and granting annual staff leaves to the staffs
- ❖ Continuous release of PHC conditional grant
- ❖ Recruiting and Posting new staffs to Bwama Health Centre III

### **C. DISTRICT POLITICAL LEADERS**

- ❖ Good cooperation and sport supervision
- ❖ Support of maternity construction
- ❖ Advocating and lobbying for the health unit
- ❖ Bridging the gap between the district health team and the central government
- ❖ Putting Bwama health Centre III in the District budget

### **D. THE CHURCH OF UGANDA KIGEZI DIOCESE**

- ❖ Good cooperation and parental love and supervision
- ❖ Spiritual care by the parish priest
- ❖ Donation of the land where the health unit is constructed

### **E. EDIRISA UK**

- ❖ Good cooperation and coordination as well as supervision
- ❖ Construction of bath rooms for Slovenian doctors at Bwama clinic
- ❖ Construction of toilets for Slovenian doctors at Bwama clinic
- ❖ Completion of maternity floor by putting terrazzo floor
- ❖ Repair of gutters on OPD
- ❖ Continuous advocacy and lobby for the wellbeing of Bwama Health Centre

### **F. SLOVENIAN DOCTORS(TROPICAL MEDICINE OF SLOVENIA)**

- ❖ Referral system care and free transport of pregnant mothers coming to deliver to Bwama HC III
- ❖ Purchase of medical goods that the government does not supply.
- ❖ Payment of half medical bills of patients referred.
- ❖ Conducting community clinic outreaches in areas around lake Bunyonyi
- ❖ Batwa health community
- ❖ Support of translators
- ❖ Continuous medical education to Bwama staffs.
- ❖ Repair of the health unit boat that acts as an ambulance.
- ❖ Diagnosing and treatment of patients in Out Patient Department.
- ❖ Attending to emergencies that arise in the due course of treatment.



## **G. COMMUNITY MEMBERS.**

Good cooperation exhibited between the surrounding institutions especially

- The Church leaders,
- The head teacher Lake Bunyonyi Secondary School, and Primary school.
- The managers of the camp site that is Byoona Amagara, Bushara Island Camp site, Entusi and retreat Centre, Sharps Island camp site
- Students of Lake Bunyonyi Secondary School.
- Patients.

## **WAYFORWARD**

Having seen the increase of the patients annually both OPD, Dental, maternity and family planning, the following should be done to enable the staffs meet the community expectations.

- Staff accommodation for Bwama staffs at the Health Centre to help the staff to copy up with emergencies
- Completion of maternity ward (Plumbing work, Solar Installation as well as kitchen for the patients)
- Hard to reach allowances/facilitation to Bwama staffs as promised by Chief Administrative Officer.
- Dentist should be employed to address the increasing number of dental carries.
- 1 senior clinical officer and 2 Enrolled Nurses should be posited to Bwama Health Centre III.
- Health Unit Management Committee should be established.
- Staffs who have served Bwama for more than two years should be given a study leave to motivate others.
- Staffs to be posted to Bwama Health Centre III should be newly recruited by District service commission or requested to be posted to Bwama to avoid disappointments between the appointing authority and the senior staffs.
- Government supply of the medicines package should be increased to meet the increase of the patients and their diverse pathology.
- Bwama health Centre III should be supported to continue transporting mothers across the Lake when in Labor by increasing PHC conditional grant.
- Compound design should be made to make the health unit more beautiful and more comfortable for the movement of the patients and staffs in the compound.
- Community outreach activities should be made to community awareness about immunisable disease and communicable diseases that are greatly affecting the community.

## CONCLUSION

- ✚ LACK OF STAFF ACCOMMODATION AND HARD TO REACH ALLOWENCES AND UNCOMPLETED MATERNITY WARD REMAIN THE MAJOR CHALLENGES AFFECTING BOTH THE STAFF AND THE COMMUNITY.
- ✚ IT IS VERY IMPORTANT TO HAVE STAFF ACCOMMODATION IN THE HEALTH UNIT COMPOUND NEAR MATERNITY TO AVOID MOTHERS DELIVERING ON THE LAKE SHORES.

Prepared by

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ARINEITWE BWENGYE EDWARD (EN, DRN, BNS Student 2<sup>nd</sup> yr.)

[arineitwebwengyeedward@gmail.com](mailto:arineitwebwengyeedward@gmail.com)

IN CHARGE BWAMA HEALTH CENTRE III

Cc: CAO KABALE

Cc: KABALE DISTRICT CHAIRPERSON

Cc: EDIRISA UK

Cc: SECTION OF TROPICAL MEDICINE, UNIVERSITY CLINICAL CENTRE LJUBLJANA

Cc: SUB-COUNTY CHIEF KITUMBA

Cc: FILE COPY

**BWAMA HEALTH CENTRE III  
P O BOX 05  
KABALE  
20<sup>TH</sup> JULY 2016**