Management of Referral at Busanza Health Center IV, Kisoro District, South western Uganda

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What was the challenge?

- Busanza Health Center IV is located in Kisoro District, in a sub-county that is difficult to reach because of rugged terrain and poor road conditions.
- It serves both Ugandans and Congolese from neighboring DRC.
- Busanza had a service van that operated as an ambulance, but there were problems with absenteeism and resource abuse:
  - The driver posted at the facility was consistently absent.
  - The medical doctor used the ambulance as his personal car.
What was the challenge?

- Without an ambulance, patient referrals to other hospitals became a challenge, especially for pregnant women with complications since Busanza does not have an operating theatre.
- The patient or caregiver was forced to pay out-of-pocket to hire a transport vehicle (UGX40,000-100,000 / US$10-25).
- One community lost a mother and a baby because of failure to secure transportation to the hospital.
ABH and the community respond

Advocacy for Better Health worked with the identified community advocacy group in the area, and supported them to:

- Develop an advocacy action plan to overcome the challenge.
- Implement the advocacy action plan through technical guidance.
- Gather and package evidence to support their advocacy asks.
- Raise concerns and disseminate evidence in one-on-one meetings with decision-makers, as well as the sub-county advocacy forum.
- Follow-up on commitments made by decision-makers at sub-county and district levels to hold them accountable.
- Document success.
ABH and the community respond

Tools used
• Health Facility Assessment Tool
• Advocacy Action Planning Template
• Minutes Template for Community Action Planning Meetings and Advocacy Forums

Methods used in evidence gathering
• Key informant interviews (patients and health workers)
• Facility visits
• Testimonies
• Observation
A win for communities and mothers

- The **ambulance was returned** to the health facility.
- The Health Unit Management Committee (HUMC) **allocated a portion of PHC funds** to support referrals (though still insufficient—and a next step for advocacy).
- The absent **driver was dismissed** and removed from the district payroll.
- The district service commission **recruited a new driver**. The HUMC put **monitoring mechanisms** in place and secured him accommodation at the health facility.
- The ambulance is now functional and the **referral system has improved**.
- **Increased accountability** for facility resources.
Lessons Learned

• **Issue ownership by citizens** is important in achieving the desired goal.

• Collective action planning helps communities identify challenges in health service delivery—and create a **strategic advocacy plan to demand change**.

• **Community-generated evidence** is key to influence the actions from decision-makers.

• When a decision-makers makes a commitment, **documentation** is critical. Communities can use this for follow-up.