

Executive summary

It was proposed to set a Community Medical satellite clinic in Bwashwa village -called (Bwashwa medical center), Buhoma Town Council, Kanungu district in southwestern Uganda, to provide access to medical services to all surrounding areas in the entire town council and other neighboring villages and the district in general.

The aim is to provide a comprehensive health programme (preventive, curative and rehabilitation), aimed at reaching target groups, by providing the access to basic health services. The focus of this programme is to improve access to and affordability for medical and health care services for entire population where Buhoma Town Council and other neighboring sub counties

There is a general inadequacy of health facilities in the area. Most health care and doctors are located in sub urban areas. The nearest (zonal) hospital to Bwashwa is located over 15 kilometers and it's a hilly environment. Access to affordable healthcare services far exceeds the income of the majority of the population in the area. Over 70 percent of the population in rural areas often walk long journey to the nearest primary health post. The surrounding areas have a very low doctor/patient ratio.

Maternal health and infant mortality are major problems in Bwashwa villages and other surrounding sub counties of Kanungu district. Despite recent efforts for improvement, there is still high fertility rates in rural areas where each household has over (1: 8) children, (75%) of the adolescents (aged 12-19years) have ever given birth. This is due to inadequate access to health services (family planning) in the area. In addition access to emergency caesarian operations is limited in the area and often financially beyond the reach of the majority.

Bwashwa medical center will provide and ensure affordable access to healthcare services for the poor communities in the surrounding hills of Buhoma Town Council. Based on the vision of Bwashwa medical center should:

Provide emergency services, treatment of common diseases and injuries, maternal and peri-natal healthcare, a 24 hour/ day delivery services, emergency obstetric care, PNC services, family planning services, immunization, tuberculosis control, child health care services (including oral health services, accident prevention, operation services, chronic disease diagnosis, control and referral, counseling and school health programme and preventive services and outreach support such as seasonal camps at the community level.).

Introduction and background

Joint Efforts for Green Mountain Initiative (JEFGMI) is a non-profit NGO located in Buhoma town Council, Kanungu District in South Western Uganda.

The organization was founded to contribute to the conservation of the biodiversity in the Bwindi Impenetrable National Park and to combat health, malnutrition, hunger and poverty in communities bordering the protected area. We aim at improving livelihood and conservation of natural resources around Bwindi Impenetrable National park

Our ultimate goal is to establish an environment where humans and nature are in harmony. JEFGMI implements a number of development initiatives in conservation, health, and education, income generating projects for livelihood improvement, water and sanitation to community members adjacent to the Bwindi Impenetrable National park.

NEED STATEMENT

Despite efforts of the health sector in service delivery in area, the demand for health services is growing while access to health service in Bwashwa, Iraaro and other neighboring villages remains limited. The cost of ill health, which includes treatment costs, productivity loss and interrupted school attendance is crippling, particularly to children and other marginalized group of the poor.

Women and children bear a disproportionate amount of the burden of ill health. Infant and under-five mortality rates are currently high where over 10 death rates are registered every year in the area. Stunting as a consequence of malnutrition in children less than five years is also above the threshold of the total percentage of buhoma town council in the areas of Bwashwa, Iraaro and other neighboring areas. This indicates that access to health is one of the top concerns for the entire population of villages of Buhoma town council and entire neighboring area. Bwashwa villages have no access to clean water. The entire area has no water other than two water harvesting tanks from International Gorilla Programme. The entire area moves the journey of over 10 kilometers looking for water and chasing for health services.

The chance of dying before the fifth birth day (during childhood) otherwise known as the under-five mortality rate or childhood mortality rate is a composite indicator measuring human as well as economic progress. The under-five mortality rate measures an end result of the development process from multiple inputs such as income, income distribution, food availability in the family, the availability of clean water and safe sanitation, use of maternal and child health services (including prenatal care), level of immunization, and the overall safety of the child's environment.

The United Nations Development Programme and its agencies use under five mortality rate as measure of wellbeing and consequently decreasing the under-five mortality rate is included in the

Sustainable development goals (SDGs). According to the SDG number three, despite incredible progress, more than 6 million children still die before their fifth birthday every year where kayonza Sub County and Buhoma town town in Kanungu district contributes a large number of death rates in Uganda. 16,000 children die each day from preventable diseases such as measles and tuberculosis in the country. Everyday hundreds of women die during pregnancy or from child-birth related complications due to limited accessibility to healthcare services. In many rural areas of kayonza, butogota and Buhoma and Mpungu only 56 percent of births are attended by skilled professionals. Joint Efforts for Green Mountain Initiative as a nongovernmental organization with its mission 'To initiate a development process focusing on women children empowerment, quality education, health, communication, conservation and recreation through creation of a sustainable resource base' is working hard to achieve the sustainable development goal three though finance still being a hindering factor.

Almost all women in developing countries particularly Uganda has at least four antenatal care visits; these are attended to by a skilled health worker during childbirth, and receive postpartum care. According to Uganda statistics UNICEF 2012, only 47% of Ugandan women receive antenatal care coverage and only 42% of births are attended by skilled health personnel

Despite the national policy of promoting maternal health through promoting informed choice, service accessibility and improved quality of care through the national Safe Motherhood Programme (SMP) in Green Mountain Initiative catchment area has remained a challenge. This hindered the Ugandan government not to achieve its 2015 Millennium Development Goals of reducing maternal mortality rates and 100% births attended to by skilled health personnel. In order to achieve future economic growth, it is vital that the population remains healthy.

Issues of health continue to be top among the priorities that Ugandans would like the government to focus on. This is buttressed in the fact that health concerns each family and each family is concerned about the health of its members. While there are commendable government efforts aimed at improving the health infrastructure especially referral hospital, there are still glaring challenges related to access to health, financing, human resourcing and legal frameworks that continue to stifle the expected improvement in health service delivery in rural areas

It is known that poor health of citizens has negative implications to the economy. Health improvement contributes to economic growth. On the other hand, a sick population cannot be productive, they will spend their would-be capital on long distance seeking for medical attention, and even the healthy members spend most of their time looking after the sick, thus hindering economic productivity.

Urgent efforts are therefore needed to tackle the immediate causes of death and morbidity for the majority of women, newborns, adolescents and youth in Bwasha and neighboring areas, while putting in longer term efforts to strengthen health system and working on social determinants of health that the majority lie outside the health sector in Uganda particularly Mukono parish

Project descriptions

The primary objective for creating Bwashwa Medical center is to work with the local community including batwa to provide affordable and accessible quality modern healthcare facilities to the deprived people of communities in the area. Medical Center will be managed by green mountain initiative, an independent non- profit organization. It will aim at providing affordable and quality healthcare for all, in particular focusing on deprived groups, marginalized people, women and children. The medical center will improve access to health care services and will have potential area of over 35000 people to serve including its neighboring parishes and Batwa. The medical center will provide outpatient and inpatient services (general medicine, family planning, obstetric gynecology and will include general ward and neonatal care. Initially, a full OPD services will be provided, with one in- patients ward, maternity services, emergency services, minor operating theater in the near future. The medical center will be managed by Joint Efforts for Green Mountain Initiative (JEGMI), with the objective of offering affordable access to medical care. JEGMI will help to determine the running of the medical center in conjunction with donors, NGOs, ministry of health and other national and internal organizations.

Green Mountain Initiative will work with the community to utilize the already existing building block for outpatient services and later set up another building for inpatient services respectively. The work will commence as soon as possible subject to funding.

To provide low cost health services, it cannot be expected to cover costs in a profitable manner, even if the medical center is run efficiently and cost- effectively. It is aimed to cover as far as possible to rely on additional funds only to subsidizing services to the poor. With this mind, it is envisaged that the people able to pay a modest and affordable charge for services, should pay, patients who are assessed to be unable to pay should receive treatment free or at a subsidizing rate.

The medical center would aim to be self- sufficient as possible, but it would be proactive in seeking funding to help the needy to attain SDG number 3, and for outreach work that would start as healthcare starts providing medical services in the more remote areas of the surrounding areas. The new health care will need to establish its reputation, but it is envisaged that within a short period of time, patient volumes will necessitate recruitment of further staff to start with. However; funding will need to be set aside to cover the start-up costs (staffing, running costs etc.). There are indications from a number of NGOs that they would be willing to cover some of the staff costs, so it is envisaged that the running costs of the hospital that need to be met from revenues will be considerably lower than detailed here.

A senior doctor (MBBS, MD qualified) will be available to commence the operations, though other staff would to be recruited immediately. Locally available staff resources shall be identified as the medical center starts

