BEGA KWA BEGA

MOBILE HEALTH CLINIC

INCREASING HEALTH CARE ACCESS

TO

KAKIRI SUB-COUNTY – WAKISO DISTRICT

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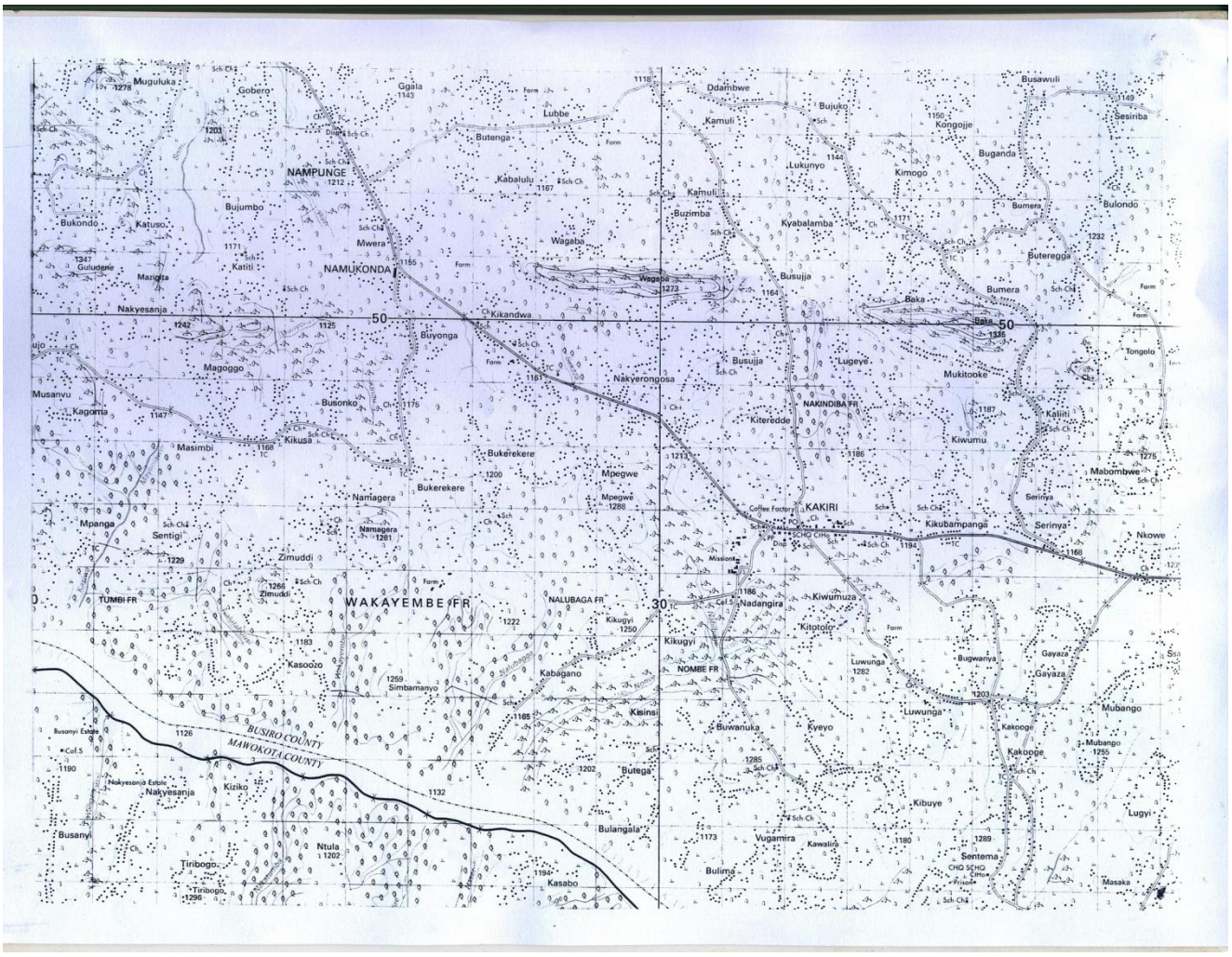
Kakiri is located approximately 30 kilometers (19 miles) by road, Northwest of Kampala, the capital of Uganda. Located in Wakiso district, Kakiri is a Sub-county with 10 Parishes namely; Nampunge, Lubbe, Kamuli, Nakyerongosa, Magogo, Kikandwa, Kakiri, Buwanuka, Luwunga and Sentema. Wakiso district has a population of 2,007,700, according to the 2014 Population and Housing Census of Uganda.

MAP SHOWING VILLAGES IN KAKIRI.



HISTORY OF BKB BegaKwaBega (BKB) is an NGO that was established in 1999 in Wakiso district. But over the years it has grown and expanded its program to cover 9 more districts. BKB aims at improving the lives of underprivileged children in Kampala, Wakiso, Mpigi Mityana, Mubende, Masaka, Hoima, Kibaale, Butambala, and Kiboga districts. The organization is registered with the NGO board – No. 2869.

GOAL The primary goal of the MHC is to contribute to the welfare of the affected communities by improving overall health outcomes in these communities. Health is among the most fundamental of human needs. Health is also a foundation for community development; without good health, individuals do not enjoy the freedom to engage in other activities which enhance standards of living and quality of life, such as education, employment and the day to day aspects of life.

The MHC makes routine weekly and on demand visits to designated affected communities in Kakiri Sub-county. The clinic plays an additional role of promoting awareness of health issues and works with local health practitioners and also shares and subscribes to government medical obligations and rules. The clinic documents valuable data about all aspects about health issues in its area of jurisdiction which can be used in future by government departments and other non-government organizations and scholars.

PROJECT IMPLEMENTOR Bega kwa Bega is a nonprofit organization with a renowned reputation and a vast wealth of experience in managing mobile health clinic projects.

COMMUNITY PARTICIPATION Kakiri community leadership – BKB coordinator were excited by the prospect of a new project – MHC. They showed a willingness to support and socialize the programme among the community. BKB obtained a promising response from a meeting with the community clinic representative, who stated that they are ready to support BKB to roll out the MHC for its communities as long as the programme is sustainable (i.e. leads them to learn how to take care of themselves even when the project comes to an end.

HISTORY OF BKB MHC BKB has been running MHC since 2003 and has treated approximately 70,000 patients to date. BKB employs the highest quality of local staff with outstanding medical backgrounds.

HISTORICAL BACKGROUND OF KAKIRI SUB-COUNTY Kakiri is on the out skirts of Luweero triangle, an area were the guerilla war fare that brought the current government to power was based. It is because of this reason that this area lagged behind. It was largely devastated and the locals had relocated to avoid the aftermath of the war.

Kakiri is a town council and is managed by a mayor who is assisted by political councilors.

- Religions – there are mainly Christians and Muslims
- Economic activity – subsistence farming

HEALTH CARE SYSTEMS IN KAKIRI SUB-COUNTY Although Kakiri is only 19 miles from the capital, Kampala of Uganda, it has only 5 (five) medical facilities namely: Medic Hospital, Francisca clinic, SOS clinic, Kabukunge Medical Centre, Bilal Centre II. These facilities are all located in the trading centre. This clearly means that patients have to move long distances to access medical care. Medical care has largely been left to the private sector. The government either does not have sufficient capacity to provide basic medical care or does not have the will. This can be seen in referral hospitals where even the very basic first line treatment is many times absent, saying nothing of the false hope of free medical health care.

THE MOBILE HEALTH CLINIC PROGRAMME BKB mobile health clinic is a project that was started in 2003. This idea was initiated by the beneficiary communities majorly because of the overwhelming demand for health care services. Today the programme continues to focus on under privileged rural communities in Kakiri Sub-county.

The clinic serves needy communities

Patients lining up for treatment

The MHC provides free medical care for those who can't afford medical expenses and also those that live far from traditional health care facilities.

The MHC also provides health literacy aimed at arming communities with knowledge aspects purposely aligned to changing their mind sets and also empowering them with preventive abilities and disease identification skills.

Patients waiting for dispensing of drugs.

Health literacy

ACTIVITIES AND STAFF The services provided by the BKB MHC focus on primary health care (PHC), prevention, counseling and guidance, health education and testing for malaria.

The clinic schedule is designed in a participatory manner, in that the beneficiaries have always been asked when best to be visited i.e. which day of the week is best for the MHC to visit. Monday has always been the most preferred day going by majority democracy. They argue that it's not easy to get medical assistance over the weekends even where there are government hospitals. Which even makes it worse on Mondays when the medical facilities are jammed.

The clinic works with 3 nurses and one dispenser/driver; a staff of 4. The clinic travels to one site each week equating to four clinics a month.

The three nurses introducing the team

The dispenser ready to distribute drugs

A typical clinic day begins with loading the drugs onto the truck then fuels up for the journey and sets out to Kakiri. Once in Kakiri town, the nurses are already waiting for the truck to get them to the location.

On reaching the site/location which can be under a tree shade, a school verandah or a church, the clinic is then setup. The nurses do a routine introduction and one of them starts with a health literacy talk. Talks have usually been given in the following areas:

- Nutrition
- Drug administration
- HIV/AIDS
- Hygiene
- Psychological torture
- Food security
- Family planning
- gender issues
- Environment
- Antenatal care

A question and answer session follows after which treatment starts. The clinic has 3 nurses and one dispenser. Patients then line up according to the order in which they showed up. Then they are separated into 3 groups for each of the 3 nurses. Each patient is treated individually privately to maintain and uphold the medical principle of privacy.

Once the patients' ailments are diagnosed, he or she is given envelopes with the exact drug combinations for the treatment of diseases they are suffering from. Every other patient goes through the same process.

A child being given de-wormers.

Children engaging in participatory learning.

During the course of the clinic, the nurses record every patient, ailment and drugs administered and prescribed. The dispenser gives drugs according to instructions on the medical envelopes.

Nurse recording patient's details.

Nurse recording each & every family household

About 50% of the time, the clinic runs out on drugs, due to the overwhelming numbers. If the clinic is done, the lead nurse records the details on the MHC form which includes information such as District, Sub-county, Parish, Village, Date, Staff name, roles, amount, number of clients attended to. The clinic team then append their signature – See attached documents in appendix to confirm clinic closure.
Before the truck leaves, the mobiliser is given his/her facilitation and the MHC team leaves for Kakiri town where the nurses are finally left after signing the days facilitation form.
The MHC is a carefully coordinated response to the current health issues and problems in Kakiri Sub-county. By directly visiting various locations in villages and providing free medical care, basic treatment and medicines, the clinic has improved the welfare of the most vulnerable communities in Kakiri.

Achievements Quantitative and Qualitative achievements.

- A total of 1446 patients have been treated , of these 299 were between the ages of 0 – 6 years, 415 were between the ages of 6 – 17 years, 428 were female while 305 were male, 714 were children while 732 were adults
- Children below the age of five are normally given drugs through the government programme of Village Health Teams (VHT), these are individuals in every village given basic drugs to avail to children below the age of Five years. It has been discovered that there is a severe lack of drugs even for this cohort.

  "My children were having a strong fever and I was also feeling week. Am a single mother and looking after the kids plus educating them is great a burden. However am very glad the clinic came here, close to my home. It's hard to go to the hospital – the transportation plus medical expenses are way above my means lamented one beneficiary.

- There has been a positive change in the mindset of the communities visited. For example, many rural communities had strong beliefs about associating illnesses with witch craft. Communities have appreciated what causes malaria and how to prevent it. At least over 700 adults have now learnt disease identification and causes through participatory preclinical lectures.

  "*This is my second time to receive medical assistance through BKB MHC said one woman; I have not been suffering from simple ailments since I started utilizing BKB clinic, I now deworm myself and my children in time and don't have to wait for the next time the clinic comes to my village".*

- There has been a change in attitude and perceptions of the communities visited as the clinic medical staff highly encourage patients to always, if possible, come with their wife/husband. Usually the women would have to get consent from their husbands to take the child to hospital.

This would have serious life threatening consequences. This habit is dying due to the sensitization provided by the MHC

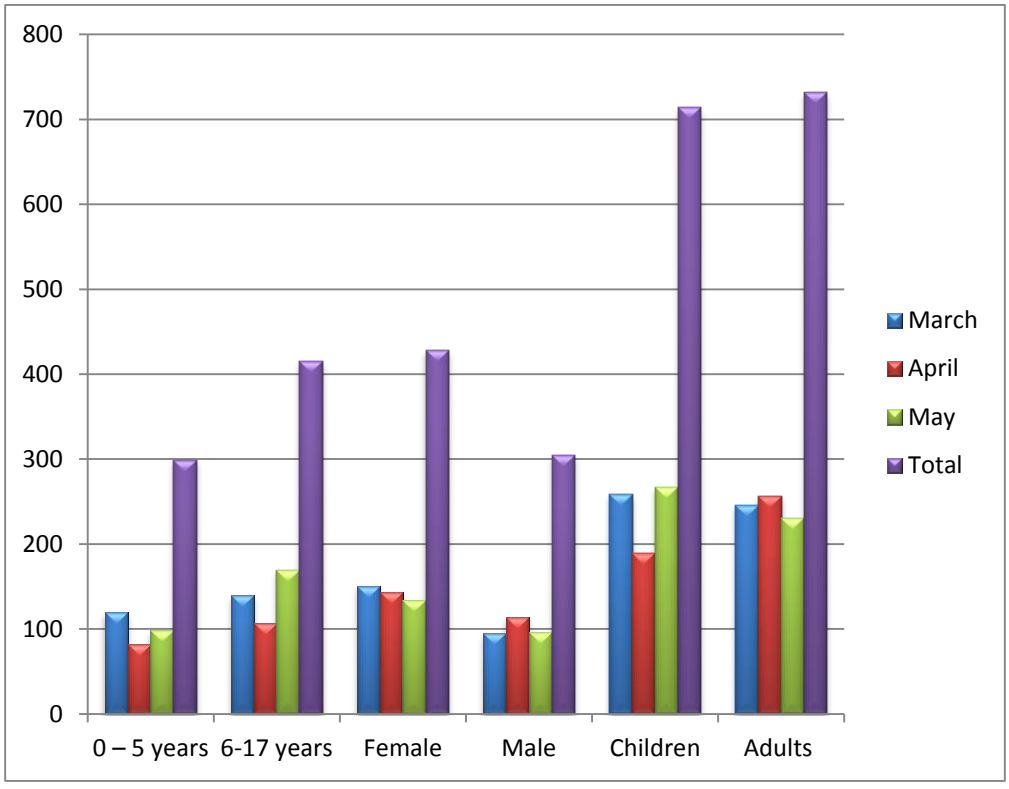
- Women have been educated and consequently empowered in the participatory question and answer sessions for example, a mother of three children was asked to explain to a group of 38 mothers how oral rehydration salts were administered. It was her first time ever to speak before such a crowd. She said,

  "I thought I could not speak to such a crowd, am so happy the ladies listened and learnt from me, this has made me important to my community".

MHC ATTENDANCE BETWEEN MARCH 2015 MAY 2015

Month	0 – 5 years	6-17 years	Female	Male	Children	Adults
March	119	139	151	95	258	246
April	82	107	143	114	189	256
May	98	169	134	96	267	230
Total	**299**	**415**	**428**	**305**	**714**	**732**

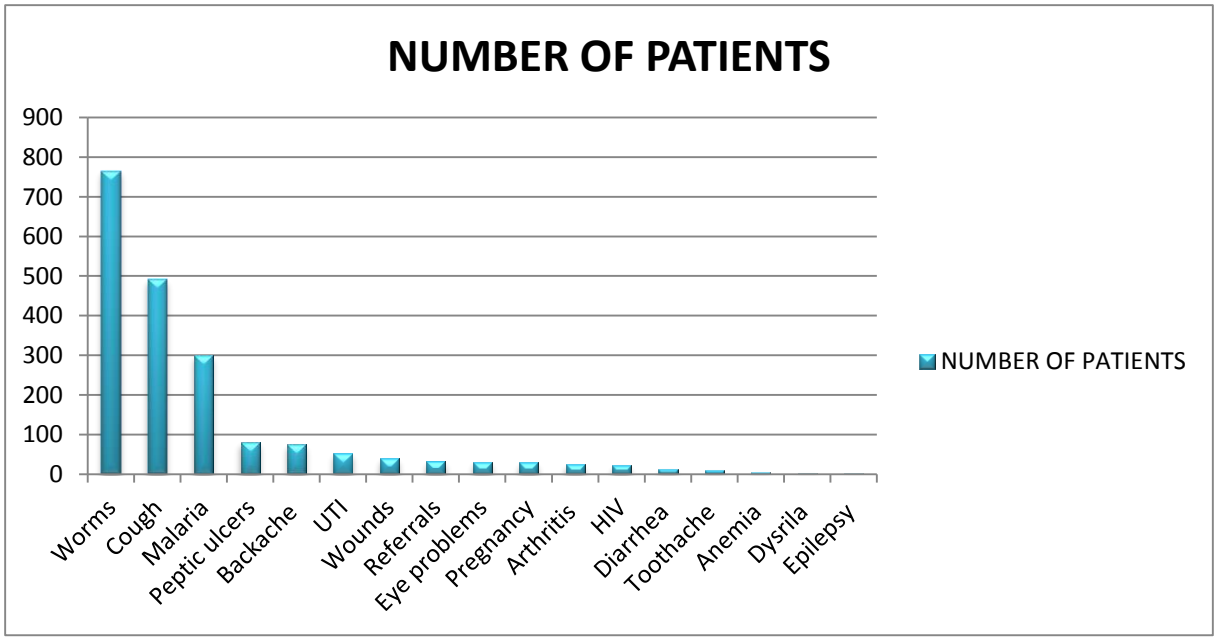
DISTRIBUTION OF MOBILE HEALTH CLINICS ATTENDANCE IN GRAPH FORM BETWEEN MARCH 2015 AND MAY 2015



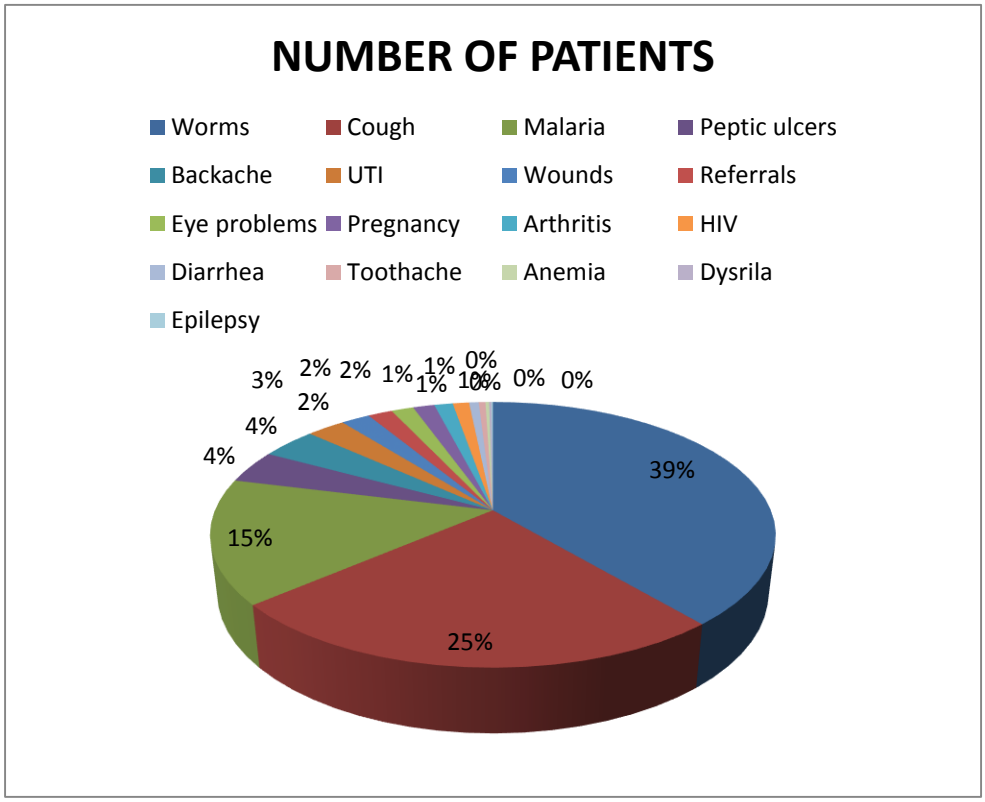
CUMULATIVE TOTAL OF PATIENTS PER AILMENT BETWEEN MARCH 2015 AND MAY 2015

NO.	AILMENTS / DISEASES	NUMBER OF PATIENTS
1.	Worms	765
2.	Cough	491
3.	Malaria	299
4.	Peptic ulcers	79
5.	Backache	75
6.	UTI	52
7.	Wounds	39
8.	Referrals	33
9.	Eye problems	30
10.	Pregnancy	29
11.	Arthritis	25
12.	HIV	22
13.	Diarrhea	13
14.	Toothache	09
15.	Anemia	05
16.	Dysrila	03
17.	Epilepsy	02

REPRESENTATION OF PATIENTS AGAINST AILMENTS BETWEEN MARCH 2015 AND MAY 2015



PIE CHART REPRESENTATION OF PATIENTS PERCENTAGES AGAINST AILMENTS BETWEEN MARCH 2015 AND MAY 2015



SPECIFIC DATES, VILLAGES, PARISHES VISITED AND TOTAL NO. OF PATIENTS PER MONTH

Month	No.	Date	Location/ village	Parish	No. of patients	Total number of patients a month
March	1	2nd.03.15	Nampunge	Nampunge	78	
	2	9th.03.15	Kikubampanga	Kakiri	100	
	3	16th.03.15	Kikandwa	Kakiri	151	
	4	23rd. 03.15	Kiwumu	Kakiri	66	
	5	30th. 03.15	Namagera	Magogo	109	
			Total			**504**
April	6	7th.04.15	Wagaba	Lubbe	83	
	7	13th. 04.15	Kyegogo	Magogo	67	
	8	20th. 04.15	Kirundi	Kakiri	119	
	9	27th. 04.15	Nampunge	Nampunge	122	
			Total			**445**
May	10	4th.05.15	Sebbi	Lugeye	79	
	11	11th. 05.15	Magogo	Magogo	95	
	12	18th. 05.15	Kabagano	Buwanuka	106	
	13	25th. 05.15	Bulima	Buwanuka	159	
			Total			**497**

Challenges

- Overwhelming numbers of patients that usually remain untreated at the end of the clinic due to limited resources, and in many cases there is little if not no medicine coming through the VHT.
- BKB has only one clinic day a week and yet the demand is great.
- Unfavorable weather conditions that usually make working at the clinic come to a standstill especially when it rains and yet there is no enough shelter or when the only shelter around is the tree shade.
- The falling Uganda shilling against the US $ means that the cost of the drugs will obviously shoot up yet the funds were already accounted for.
- The clinic lacks some important manual machines and tools to take down important details – such as weight, height, blood pressure and breast cancer.

Recommendations

- Increase on the number of drugs/Budget for the MHC.
- At least have more clinics during the week, two more clinics – making it three clinics a week would be very ideal for the current situation.
- Get a portable shelter to use during such times when it is raining or when sunshine is hitting hard.
- Open up a separate account in US $, meant to hold funds for this particular project, so as not to fall prey to the depreciating Uganda shilling.
- Get manual equipment that can be used to gather vital medical analysis data.

WORK PLAN FOR

THE MOBILE HEALTH CLINIC

FOR THE COMING QUARTER

Month	Village	Dates
June	Kiterede	1st /06/2015
	Mbuye	8th /06/2015
	Dambwe	15th /06/2015
	Nakinyora	22nd /06/2015
	Ssala	29th /06/2015
July	Lubbe	6th/07/2015
	Kasoozo	13th /07/2015
	Bukalango	20th /07/2015
	Katiiti	27th /07/2015
August	Naggulu	3rd /08/2015
	Luwunga	10th /08/2015
	Masimbi	17th /08/2015
	Nakyerongosa	24th /08/2015

PERSONNEL

Names	Responsibility/Title/Position
Nakimbugwe Immaculate	Coordinator/Nurse/midwife
Nangonzi Harriet	Nurse
Nakiwolo Norah	Nurse
Mugume Edward	Dispenser / Driver
Mobiliser	Each area has its own mobiliser / Local authority

Immaculate Nakimbugwe
Nurse / Midwife

Norah Nakiwolo
Nurse

Harriet Nangonzi
Nurse

Edward Mugume
Dispenser