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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.





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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.





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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.**



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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





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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.



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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.