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Functionality of the Community Health Departments in Hospitals of Armed Force Institutions of Uganda

The health indicators whose improvement requires good functionality of hospital community health departments continued to perform poorly. Globally hospital acquired infections affect up to 15% of the patients admitted on regular wards and 50% of patients in intensive care units (Sepideh, et al., 2011). Only 52% of the children (12-23) months received the recommended immunisations for them. Mothers die of birth related causes; the current maternal mortality ratio in Uganda at 438 deaths per 100.000 live births indicates a big problem in community health service delivery (UBOS, 2011). I chose to carry out a study on assessment of the functionality of the community health departments of general hospitals of armed force institutions in Uganda. The study intended to come out with information regarding functionality of hospital CHDs and the associated factors affecting them. The objectives of the study included; assessing the community health role implementation by hospital CHDs in armed force institutions of Uganda, examining the availability of key resources for the departments, the management support functions carried out by the departments and then involvement of other hospital departments in community health activities.

I conducted a cross sectional study in CHDs of two armed force hospitals in Uganda. The hospitals were Murchison Bay hospital (MBH) of Uganda Prisons Service (UPS) and Bombo General Military Hospital (BGMH) of Uganda Peoples Defence Forces (UPDF). The data included information on the level of functionality of the CHDs and the associated factors affecting them. The tools used to collect data were an interviewer administered questionnaire for staff of the Community Health Departments (CHD), an observation check list and an interview guide for key informants who were medical superintendents and in-charges of the CHDs. I analysed the data manually and presented it using text as well as tables. 34

The CHDs were present in both hospitals and implemented some community health roles. The level of functionality of both departments was fair (23.4-46.7). However, the level for BGMH CHD was nearly poor functionality at 23.5. The CHDs of both hospitals had the same score on the roles of community health service provision (8.0) and health information management (6.5). The study revealed that all the departments were not able to do the community diagnosis function for their catchment populations. School health visits were done by MBH CHD, however, they did it in only two schools located in Luzira barracks. Home visits were done by BGMH CHD by making only sanitation improvement visits. None of the departments followed up patients in homes. The resource availability was a big challenge to both departments. Both of them did not have official means of transport, were severely understaffed and had office space problems. The department at MBH had two nursing officers while BGMH CHD had four environmental staff, two health inspectors and two health assistants. Whereas BGMH CHD had no office space, MBH CHD had a dilapidated two roomed office. The departments received funding from their mother hospitals. However, BGMH allocated more money to its CHD (7.5) than MBH which allocated only 1.2 % of its annual budget. The departments in both hospitals were not holding meetings and their work plans were made by their in-charges alone. The departments involved other hospital departments to implement community health activities. They often worked with outpatient departments and the particular staff who participated were nursing staff and clinical officers. The functionality of CHDs of armed force hospitals in Uganda was not good. The departments in both hospitals were not able

to implement all the functions expected. They were affected by both resource constraints and administrative flaws. There is urgent need for hospital administrations in armed force institutions to improve the functionality of their CHDs. The programme for recruitment of staff, availability of transport means, arrangement for meetings and having participatory work plans is a responsibility of hospital administrations.

Key Words: Functionality, Community, Health Departments, Hospitals, Armed Force Institutions