

Collaboration with Government

The Association continues to work with the Government on health policy formulation and production of guidelines for PHC/CBHC implementation. We think that in this way relevant joint approaches favouring CBHC continuity can be developed.

Consultancy

The Secretariat has introduced consultancy services in various areas of PHC/CBHC including Research, Project Monitoring, Participatory Rural Appraisal (PRA), curriculum development, leadership and manuals production, etc as an effort to raise income within the Secretariat and the Association's membership network, hence ensure sustenance of CBHC.

Some Examples of Sustainable Community Based Initiatives

In Western Uganda:-

There is "Bataka Ngozi Kweziika" which helps members and their families in times of trouble. In fact the words; Bataka Ngozi Kewziika literally means people living together have made a stretcher out of locally available materials for use in carrying the sick/dead to and from home. This is common in parts of Kabale and Rukungiri.

Donkeys locally reared for local transport render useful services in some mountainous parts of Kasese district, particularly in transporting vaccines, patients e.t.c

Northern Uganda:

Bicycle Ambulance:-

These are bicycle-hauled carts which are used to carry the sick to health units for medical attention, among other uses.

AMREF:

The Kibiriti Kit: A match box is used by Traditional Birth Attendants to store such kit as razor blade, piece of thread, small piece of soap etc. This supplements the CBHC kit provided through UNICEF.

Many, more examples may be discovered through effective communication with communities.

Traditional Communication Network

Some programmes have used remarkable success, traditional/ social gatherings like the Malwa groups ("schools") to communicate useful information.

Collaboration with Traditional Healers

Realising that the majority of people in Uganda visit traditional healers (THs) before going to Health Units and that most of their clients are mothers whose children suffer from diarrhoeal diseases the (CDD) Programme of Ministry of Health is enlisting the support of the Traditional Healers in the management of diarrhoea by advising them (Traditional Healers) to administer their treatment in a hygienic manner, pointing out the necessity to rehydrate and to refer patients when danger signs are noticed. This is still a pilot project in Gomba County, Mpigi district

but it is already yielding positive results.

Some Challenges to CBHC Sustainability

Donor Pressure

Donors focusing on short-term targets, thereby rushing communities, yet CBHC calls for adequate time and patience on the part of implementors. This has been and continues to be a big dilemma for UCBHCA and most of its member programmes.

Sudden Withdrawal of Resources (Funding)

A number of programmes/projects have been nurtured to rely on external resources (dependency), but have found it difficult to continue after this has been withdrawn suddenly.

Incentives

It is becoming increasingly clear that incentives for Community's own Resource Persons (CORPs) are necessary. However the question remains, the nature and source of incentive.

How we compromise the donors and communities priorities

"Much as it is good to strengthen and channel resources to districts, the centre (Secretariat) need not be sidelined as it is still vital for linkage, technical assistance etc." "How do we address these and many other challenges?"

Conclusion

In this paper an attempt has been made to show how the Association at the Secretariat level un-