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An Assessment of the Accessibility of Health Services for Hard to Reach Areas: A Case Study of Bugala Island in Kalangala District.

The research focuses on assessing the accessibility of health services in the hard to reach areas with specific focus on Bugala Island in Kalangala District. A clear background and significance of the study has been done specifically focusing on the target area by deriving literature that points to the area of study. The legal frame work of the study was supported by making reference to the 1995 Constitution of the republic of Uganda and other acts of parliament. The problem statement literally brings to light the need for this research. In this case, the problem is that Kalangala is actually a hard to reach area which brings into question how access to health is managed through the delivery of services. There are four objectives addressed in this research; 1) to establish whether grass-root consultations are carried out during national budget development processes. This is mainly to assess government deliberate efforts to prioritise service delivery and how this translates into access to health services; 2) how the health facilities HCII and HCIII handle referral cases. This is mainly to see how health services address real health issues which is an accessibility issue; 3) whether there are factors affecting sufficiency of medical personnel; addressing Human Resource allocation to justify access to health and 4) to recommend methods of improving on health service delivery in hard to reach areas. The conceptual scope, geographical and time scope (8months research) is emphasised. The justification of the study is mainly to look into the policy framework and ascertain whether this can be used as a platform to influence government policy on allocation of resources for hard to reach areas. The conceptual framework is drawn based on the research topic with clear independent variables (e.g. budget prioritisation; transport, communication); Intervening Variables (e.g. Governance) and dependent variables (e.g. Lack of drugs; death). The research adopts the descriptive study approach where it considers both the homogeneity and heterogeneity of the samples to be investigated. The research uses two sampling methods (snowball and purposive sampling) to select 44 respondents i.e. 15men, 20 women, 5 Health In-charges, 3 Local Council Chairpersons and 1 District Health Officer. The data collection method is through key informant interviews for all the respondents using interview guides, questionnaires and observation as key instruments. The data were analysed using Ms Excel where 37 tables, figures and graphs used to further illustrate the findings.

The findings in this chapter clearly show that; the budgeting process is fully participatory at local government levels involving local politicians like councillors and most importantly community members. However, the analysis shows that the consultations are carried out but not followed through to the implementation level; the referral system in Bugala mainly depends on Masaka Referral hospital which is off the main island and there is no definite system in place to know whether referral cases actually reach their destinations; there is no water ambulance to ensure that emergency cases reach referral centres; lack of proper transportation and the expensive nature of transport are the main constraints facing the referral system. Most of the recommendations and conclusions are made in light of improving service delivery through policy reform. And so the conclusion made shows that the men and women of Bugala Island do not have access to health services mainly because they are in a hard to reach environment. Whereas there is an indication that the government makes grass-root consultation, the level of these consultations translating into

development planning is detached. The interpretation here is that; the failure to provide proper access to health services in Bugala Island only mounts to violations of Human Rights where the right to health, information, and right from discrimination are all classified as violations.

Key Words: **Health Services, Kalangala District**