



Commitment of Lower Health Care Settings towards Provision of Quality Health Services to People Living with Non Communicable Diseases: A Situation Analysis Report, Nyamuyanja Health Centre IV, Isingiro District

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Abstract

Faculty of Medicine, Mbarara University of Science and Technology has been involved in commitment to address the health challenges in rural communities, improving students desire to work in rural areas, engage in rural health service delivery, research and innovation within Uganda and beyond. Extensive reach to South Western Uganda through a program: Community Based Education and Research Service (COBERS) which has promoted learning, helping students become exposed to under-serviced rural community settings, improved health needs assessment skills, community diagnosis skills, challenge prioritization and community health intervention projects. Thus, Faculty of Medicine, Health facility, community and students have benefited from these placements. This report present what the health facility is doing at its level best to ensure that quality and accessible health services are delivered to people living with Non Communicable diseases (NCDs) where the prevalence of hypertension, diabetes and asthma is high amidst challenges such as drug stock out, limited funds. Tremendous efforts are being made to deter the situation and improve the superiority of care.

Keywords: Non Communicable diseases (NCDs); Lower Health Care Settings; Hypertension; Diabetes; Asthma

Introduction

NCDs are world's leading causes of death and infirmity, with cardiovascular disease accounting for half of NCD deaths [1]. They are Worlds' leading cause of death and disability and the main driver of increasing health care costs and undermine the economy, individuals and their families, communities and country at large [2,3]. Cardiovascular diseases account for most NCD deaths, 17.9 million people annually, followed by cancers 9.0 million, respiratory diseases 3.9 million and diabetes 1.6 million and these four

groups account for over 80% of all premature NCD deaths [4]. Chronic diseases with no short term treatment and cure. Modern medicines reduce the suffering, assist to manage symptoms and increase the life expectancy, thereby contributing to productive population [5]. Most premature NCD deaths are from mainly behaviour risk factors-tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet. More than 80% of one billion smokers worldwide live in low and middle income countries, where the burden of tobacco related illness and deaths are heaviest [6]. Also, about 2.3

million people die each year because of alcohol, more than HIV/AIDS and tuberculosis.

Population exposure to causation factors play a key role in causation of disease, all or one may contribute positively to risk of developing the disease or particular state. Risk behaviour factors for NCDs are largely determined by trade, education, urban development and other ‘non health’ sectors.

Specific Objectives

- To ascertain the level of health services provided to people living with NCDs served by Nyamuyanja Health centre IV.
- To pinpoint barriers to effective health service delivery to people living with NCDs encountered by the facility.

Methods

This study involved review of medical records of Nyamuyanja Health Centre IV from January to June 2019 during a three weeks placement at the facility. Permission was sought from Health facility to review the medical records which they provided. Information was extracted from Health Management Information System Out Patient department attendance records.

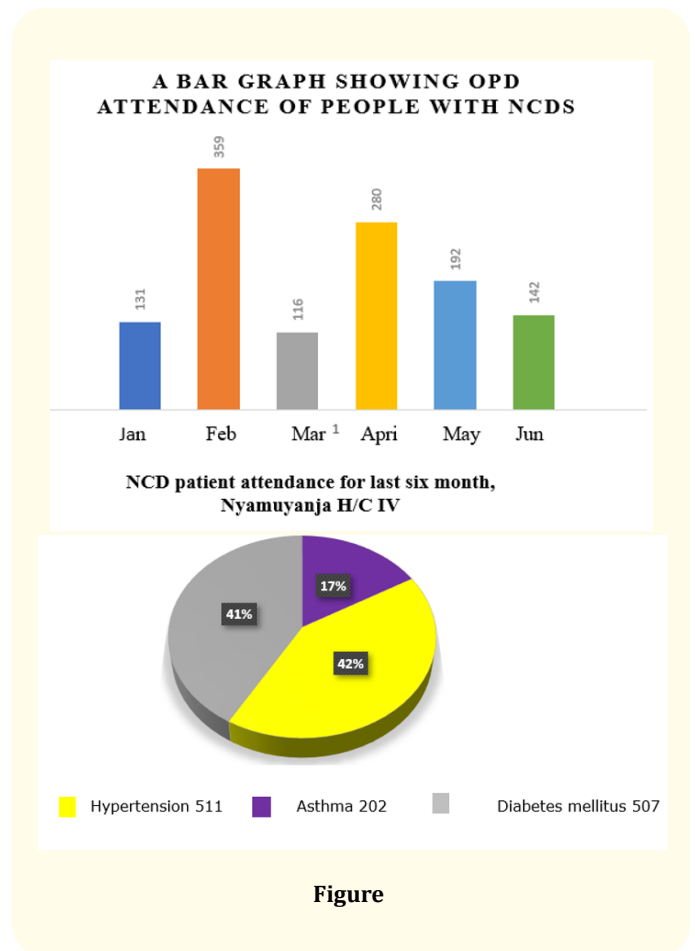
Results and Discussion

Cough and flu was the major challenges amongst the population served by the health facility during the period. Other health challenges included NCDs, malaria, urinary tract infections and sexually transmitted infections. A total of 1220 patients were seen during the last six months.

Accelerated efforts

A special NCD clinic day has been formed and held every Tuesday, during this day, priorities are given to clients suffering from NCDs. This enable quality health care for all clients, improved data collection for improved planning and service delivery, reduced socio-economic costs owing to improved and timely treatment of clients leading to littler complications and improved quantification of medicines such as insulin for diabetes where there is a times stock out.

Drugs, clinician-client education, medical assessment and laboratory services are given free of charge. During this period, the team participated in providing health services to the clients seek-



Figure

ing medical services from the facility. All these aim at reaching more clients and increasing number of clients seen each time for comprehensive health service delivery.

Organised outreaches to screen and treat clients are always organized once a month with support from implementing partners including Ministry of Health Uganda.

Conclusion

Many health facility in lower health care settings in Uganda are under staffed as well as under equipped. This placement demonstrated that supporting health workers in lower health facility can have an advanced impact on the quality of care given to people living with NCDs and general health service conveyance. This model of service delivery is recommended for health care settings in cas-

es where no clinic has been established and staffed specifically to attend to seeking clients NCD services for all-inclusive health care service delivery especially in resource constraint settings.

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