Community Dialogue Report for Mbarara District

Prepared by

Stella Neema

November 2020

Facilitators

Catherine Kansiime

Sunday Benjamin

Maxima Tibwita

George Sendege

Jean Tumuhairwe

Bennon Asiimwe

1.1 Introduction:

Holistic Approach to Unravel Antibacterial Resistance in East Africa (HATUA), seeks to address the global antibacterial resistance (ABR) crisis through local action, mapping the burden and drivers of disease to translate global strategy into local solutions. ABR research was conducted in the East African Countries: Kenya, Uganda and Tanzania and focused on four key elements of the ABR problem namely: the pathogen, the patient, and the community with the disease and therapy landscape. The results informed the preparation of community dialogues. As indicated in the Hatua case for support, we conducted Community Dialogue (CDs) that brought together participants from the community catchment areas of the health facilities we did the study from to a face-to-face engagement, to share experiences, find and design solutions to prevent ABR. The dialogues were informed by Hatua baseline surveys and qualitative data.

This report presents deliberations from community dialogue meetings comprising of two meetings in Mbarara one of the Hatua target district in Uganda. The dialogues were conducted from 19-20th of October 2020. The goals of the community dialogues were to;

1. To disseminate Hatua key findings to the community leaders, members and health workers
2. Reflection on findings, and share experiences
3. Make commitments and action plans to help support the prevention of ABR

We conducted two community dialogues in the catchment areas of the two health centres: Rubaya Health Centre III and Bwizibwera Health Centre IV where Hatua was operating.

Number of Participants: 20 that is 10 per catchment area (Bwizibwera HCIV and Rubaya HCIII)

Category of Participants: 4 Community members, 2 local leaders, 1 VHT, 1Health Assistant, 2 Health workers per catchment area . We were limited to this number due to COVID-19 following the Ministry of Health standard operating procedures on social distancing and the approved number of people per gathering.

DAY ONE	
Community Dialogue Rubaya Health centre	
Health Centre	Rubaya HCIII
Type of Group:	Community members/leaders/Health workers
Number of participants:	Ten
Venue:	Rubaya Sub-county Headquarters hall
Date:	Monday, 19th October, 2020
Duration	10.20- 12.30 pm
Facilitators:	Neema, Kansiime, Benjamin, Sendege. Tibwita, Tumuhairwe

The meeting was opened with a prayer by one of the participants. After that that HATUA team introduced its members and the Rubaya team also introduced themselves. The coordinator introduced the agenda which covered:

1. Objectives of the meeting
2. Presentation of the findings
3. Reaction to the findings
4. Solutions from the community
5. Action Plan

Dr Stella Neema explained reason why participants were all invited representing the people in the catchment areas of Rubaya HCII. She noted that after the presentation of the study findings they would discuss and find ways the community can do to prevent ABR.

1.2 Presentation of Hatua findings

The findings were presented in the local language and a bit of English. Each participant was provided with a hard copy of the presentation. After the presentation there was a discussion on the findings and later the participants presented their commitments and modalities of work to achieve their action plans.

After the presentation, participants were tasked to comment on the results, add more information on these results (Causes, who are most affected, help/health seeking patterns/ behavior), make commitments to prevent ABR, who should do it (responsible persons), time frame, and resources available.

Picture 1: Community Dialogue at Rubaya subcounty

1.3 Development of action plans:

Community dialogue participants made commitments/action plans to prevent ABR in the community. Below we present the community reactions and contributions on the findings presented.

The participants aslso added more information on the causes of ABR and indicated below:

Causes of ABR from the community submissions

- Poor hygiene
- Sharing of drugs with symptomatic patients
- Poverty - lack of enough money to buy full dose } Poverty
- Mixing of antibiotics
- Self-medication
- Use of herbs to treat UTIs
- Poor record keeping for previous treatment by patients

- Low awareness about drug use
- Health workers don't teach about causes and preventions of diseases e.g. UTIs
- Many providers, some not licensed and more interested in profits, some retain patient treatment forms which lead to self-medication if one has little money to go back to a clinic
- Behavior such as use of herbs and alcohol can affect effectiveness of drugs/treatment

Solutions to prevent ABR

The members presented the following solutions:

- Behavioral changes through education and awareness creation on proper use of drugs by health workers in communities
- Test for effective antibiotics treatment for a patient to avoid resistance
- Research on effective antibiotics treatment and phase out those causing resistance. More research on health and treatment issues in communities.
- Health worker should be honest and mind about patients' health and give proper treatment and information
- Provide full doses that is enough especially at government health facilities. And provide updates on new drugs

ACTIVITY PLANS/ACTION PLANS SUGGESTED BY MEMBERS: RUBAYA

What should be done	How it should be done	Responsible person	Community resources
1. Mass testing of people in communities and sensitization	• Done at health facilities in communities	• VHTs to mobilize • Nurses from health facilities • LCs to mobilize for community hygiene	• Community service • Community contribution like money and transport • Money from government
2. Awareness creation on drug use	• Done by health workers at community levels • LCs to mobilize people	• VHTs • Health workers like nurses, drug sellers	• Healthy workers • Money and transport • Media coverage / radios • Books, pens, T-Shirts
3. Laws regulation drug sellers	• Licensing all drug sellers • Inspection by drug authorities on regular basis according to categories and drug shops • Qualification of drug sellers when licensing	• National Drug Authority (NDA) • Health worker, district councils • Drug inspectors	• Personnel • Transport • Guiding materials • Legal knowledge/guidance
4. Testing drugs for effectiveness on resistance	• Decentralization of diagnosis and treatment to local levels by government • Government to test antibiotics for resistance and introduce effective ones	• Government through MoH • Research firms • NGOs • NDA • Legislators	• Testing kits • Personnel • Money • Transport
5. Health workers honesty and care about patient health	• Refresher training • Career guidance and legal actions on violating guidelines	• MoH • NDA • Local leadership • Communities	• Money • Knowledge and rights for community member
6. Poverty solutions • Through income generating activities and groups • Fight bribery and corruption	• Formation of groups to invest and generate income groups on saving for health care • Evaluation teams to assess group progress • Health and nutrition to grow health foods • Health groups to address health care • Change mindsets about health issues • Home visit and identify challenges and solutions • Implement policies on bribery and corruption - Be honest and considerate • Form anticorruption groups/ committees • Increase LCs salary	• CDO • Parish Chief • Village Team Coordinators (parish level) • LCs • Community members • Government involvement in developing programs • Government • Community	• Knowledge • Money • Materials/handouts • Seedlings from government/NGOs • Time investment
7. At individual and family level take drugs as prescribed	• Man involvement in health • Share health care information	• Family and individuals • Health workers	• Knowledge

DAY TWO	
Community Dialogue Bwizibwera Health centre	
Health Centre	Bwizibwera HCIV
Type of Group:	Community members/leaders/Health workers
Number of participants:	Ten (10)
Venue:	Bwizibwera Sub-county Headquarters hall
Date:	Tuesday, 20th October, 2020
Duration	10.00- 12.30 pm
Facilitators:	Neema, Kansiime, Benjamin, Sendege. Tibwita, Tumuhairwe

2.0 COMMUNITY DIALOGUE IN BWIZIBWERA

2.1 Introduction

A total of 10 community members participated in the dialogue at the district sub-county headquarters in the afternoon. They were presented with the findings of HATUA phase one using both the local language and English.

Picture 2: Bwizibwera Community dialogue

BWIZIBWERA HEALTH CENTRE

Their review on causes of ABR

- Fear to explain symptoms by patients in cases of UTI
- Political interference in health issues and mushrooming drug shops
- Poor storage of drugs
  - Not completing doses due to: Busy schedules, feeling better before treatment completion
  - Not affordable financially
- Sharing drugs
- Self-medication

- Poor perception of health workers in giving strong drugs for simple illnesses
- Poor time keeping when taking drugs because some don't know how to follow time
- No awareness by health workers on use of dosage of drugs in communities
- Poor hygiene (environmental and personal)
- Interest in profits by drug sellers where some not honest and money minded, they treat what is not there
- Lack of diagnostics or testing before giving patients drugs, both in private and government health facilities
- Poor perceptions by patients on non-medical treatments like health diets, eating exercise etc
- Poverty or inadequate money to buy full doses
- Cultural perceptions e.g. seeking traditional healers first thinking illness is due to witchcraft
- Unqualified drug sellers prescribing wrong drugs
- Poor immunity of patients due to other infections
- Overuse of a particular drug for a long time, sometimes drugs are used to treat other infections
- Use of expired drugs especially keeping them with the aim of using them again or later
- Failure of both couples to get treatment of UTIs
- Multiple sexual partners
- Misdiagnosis of a disease or poor equipment which give wrong diagnosis

The following were the commitments made by the community dialogue participants in Bwizibwera.

Solutions to ABR suggested by the participants

- Prevention campaigns on health issues at all levels
- Awareness creation on ABR and UTI, proper hygiene both personal and environment, proper dosage and treatment (sensitize communities, politicians, health workers, etc)
- Empower young people to become better in managing health issues
- Need for medical insurance to address issues of lack of money to buy drugs - (Stop self-medication and more sensitization)
- Provide enough drugs and supplies in government facilities to make drugs available and accessible (MoH)
- Male involvement in health promotion and health care seeking
- Government regulations on qualified drug sellers in clinics and drug shops
- Integrate health issues and ABR in all sectors, outreach programs, churches, communities, etc.
- Safe sex and couple testing and treatment
- Patients should accept recommendations to each healthy for some illnesses don't need medication

ACTIVITY PLANS/ACTION PLANS SUGGESTED BY MEMBERS: BWIZIBWERA

What should be done	How it should be done	Responsible person
1. Awareness and sensitization of communities on health issues	• Community dialogues and meetings • Integration of health at all levels e.g. meetings, churches, schools, outreach programs (through health educators) • Categorize beneficial for trainings and to train others through peer trainings, or peer to peer • Media e.g. radios, flyers, TVs, social media • Plan these activities in annual work-plans at health and district levels	• Local leaders • Health workers • Peer leaders/educators • Village Health Teams (VHTs) • Religious leaders • Town agents • Community Development Officers (CDos) • Extension workers, Vets.
2. Medical insurance at community level	• Saving for health problems like it's done for burials through groups • People should own their lives and stop depending on government. Health is Wealth (sensitization) • Cost sharing of health by government and communities/patients at government facilities where they save e.g. Diabetic patients • Next council deliberate on it as an issue for further follow up	• Policy makers • Community members • Town Council, District and Parliament • Community groups
3. Regulations on qualified drug sellers	• Implement acts of parliament in this area by local governments • Inspection of drug types for drugs • Sensitize communities on what to look for when they go to these facilities, ask for qualifications of sellers not just certificates hanging on walls • Have an inventory of all clinics and drug shops in the area, if they fulfill all regulations to operate • Regulations beyond drugs to foods, drinks, etc.	• DHOs • Community members • NDA • Health Inspectors • VHTs • LCs
4. Male involvement in health care and couple testing	• Health workers follow up with males or couples to explain importance testing as couples if woman can't convince the man to come • Sensitize community	• Trained counselors • Nurses / doctors • Partner • CDOs