



THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND
To Fight AIDS, Tuberculosis & Malaria

Uganda Country Coordinating Mechanism for the Global Fund

Joint Oversight Visit to Buvuma Island



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Contents

Acronyms	2
Executive Summary.....	3
1.0 Introduction.....	6
1.1 Objectives of the Visit.....	7
1.2 Scope of the Visit.....	7
2.0 Oversight Findings and Observations.....	9
2.1 General Observations.....	9
2.2 Sentiments of the District Leadership.....	10
2.3 Findings at Health Facilities	12
2.3.1 General Observations from Health Facilities	12
2.3.2 Namatale Health Center III.....	13
2.3.3 Lukale Health Centre III	14
2.3.4 Lubyala Health Center II.....	14
2.3.5 Nkata Health Centres.....	15
2.3.6 Busamizi Health Centre III	15
2.4 Voices of the Beneficiaries	16
2.4.1 The Communities.....	17
2.4.2 Key Affected Populations.....	20
3.0 Recommendations.....	22
3.1 HIV/AIDS	22
3.2 Malaria.....	22
3.3 Tuberculosis	22
3.4 Resilient and Sustainable Systems for Health	23
3.5 Key Affected Populations.....	23
4.0 Conclusions	24
5.0 Annexes.....	25
Annex 1: List of Participants	25
Annex 2: Activity Itinerary and Program	26
Annex 3: Site Visit Question Guide	28
Annex 4: Pictorial	32

Acronyms

CAFU	Children's AIDS Fund Uganda
DHO	District Health Officer
DIC	Drop-in Center
FBO	Faith Based Organisation
FFOU	Federation of Fisheries Organizations Uganda
FHADI	Fishfolk Health and Development Initiative
HC	Health Center
IP	Implementing Partner
KAP	Key Affected Population
KP	Key Population
LC	Local Council
MoD	Ministry of Defence
MoFPED	Ministry of Finance Planning and Economic Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoW	Ministry of Water
NGO	Non-Governmental Organisation
PHC	Primary Health Care
PLHIV	Persons Living with HIV
PP	Priority Population
PR	Principal Recipient
PWD	Persons with Disability
TASO	The AIDS Support Organisation
UAC	Uganda AIDS Commission
UCCM	Uganda Country Coordinating Mechanism for the Global Fund
USG	United States Government
VHT	Village Health Team

Executive Summary

The Uganda Country Coordinating Mechanism for the Global Fund conducted a joint oversight visit across multiple health facilities and communities in Buvuma. These visits aimed to assess the implementation of Global Fund-supported health services for HIV, TB, and malaria, identify challenges in service delivery, and engage community members in discussions about healthcare accessibility. The visits provided an opportunity to verify reports, observe facility conditions, and document concerns raised by both health workers and community members.

Key Findings

Healthcare Infrastructure and Service Delivery: Several health centers, including those classified as Health Center III, lacked the necessary infrastructure, with many awaiting upgrades from the Ministry of Health. Key challenges included insufficient staff housing, unreliable power supply, and poor facility maintenance. In some cases, newly constructed buildings were already in poor condition due to inadequate contractor oversight.

Drug Availability and Stock Management: While TB, malaria and HIV medications were generally available, shortages persisted for other essential drugs and medical supplies, leading to frequent referrals for patients to purchase medicine from private pharmacies. There were also issues with last-mile drug distribution, particularly for remote island communities, where transportation challenges led to inconsistent supplies.

Limited Access to Emergency Transport: Emergency referrals were significantly hindered by the lack of reliable transport services. Boat ambulances were available in some areas but were costly to operate, while land ambulances were unavailable. As a result, many patients faced delays in receiving urgent medical care. Community members proposed alternative transport solutions, such as facility-owned boats, to improve emergency response times.

Gaps in HIV/AIDS and TB Programming for Key Populations: The current Global Fund approach primarily focuses on fisher folk, but oversight visits revealed that other high-risk groups, such as sex workers, were not receiving targeted support. Additionally, stigma and fear of discrimination were driving some patients to abandon treatment. Community members highlighted the need for more condom dispensers and better sensitization on adherence to HIV and TB treatments.

Water, Sanitation, and Hygiene (WASH) Challenges: Many communities, including those in Nyebana and Namatale, faced severe sanitation challenges due to the lack of toilets and clean water sources. Some health facilities also lacked proper waste disposal mechanisms, with incinerators either unavailable or non-functional.

Community Engagement and Coordination Issues: Community members expressed appreciation for the oversight visits, noting that many external organizations implement projects without adequately understanding local challenges. Additionally, there were

coordination gaps among fisher folk organizations, some of which were unknown at the national level, raising concerns about effective representation in health programming.

Recommendations

Healthcare Infrastructure Investment: The Ministry of Health should prioritize upgrading and maintaining health facilities, ensuring that Health Center IIIs meet required standards. Staff housing and reliable power sources should be addressed to improve service delivery.

Improved Drug Stock Management and Transparency: Efforts should be made to optimize drug inventory management and ensure last-mile distribution is effective, particularly in remote areas. Community involvement in monitoring drug stocks could also improve accountability and reduce stock outs.

Strengthening Emergency Transport Solutions:

- **Subsidized or Cost-Sharing Transportation:** Partners should establish a cost-sharing system for ambulance use or provide alternative affordable transportation, such as facility-owned boats for lower-level health centers on the islands.
- **Centralized Ambulance Management:** MoH should centrally manage heavy investments like boat ambulances to ensure they have a dedicated budget for operation and sustainability.
- **Multisectoral Dialogue on Ambulance Use:** A joint discussion between MoH, MoFPED, MoLG, MoW, MoD, and implementing partners should be held to explore sustainable and effective use of ambulances by the communities.

Community Sensitization on Malaria and Other Health Conditions

- **Malaria Awareness:** MoH should conduct targeted awareness campaigns on malaria symptoms, the importance of early diagnosis, and other potential causes of fever.
- **Intentional Planning for Special Populations:** Service provision should be tailored to the unique needs of key and priority populations, ensuring that vulnerable groups like sex workers and fisher folk receive adequate healthcare services.

Recognition of Healthcare Workers: MoH should write a letter of commendation/appreciation to health workers in Buvuma Island in recognition of their dedication and commitment despite the challenges they face.

Strengthened Community Engagement and Coordination

- TASO and Buvuma District Local Government should convene a partners' meeting before the end of 2024 to harmonize partner support in the district.
- **Community-Led Health Monitoring:** MoH should develop formal feedback mechanisms for community members and increase community participation in health facility management committees. Community-led monitoring of drug stocks and supplies would help reduce mistrust in service delivery

Expansion of WASH Facilities: Government and development partners should invest in public sanitation facilities and clean water access, particularly in communities where rocky terrain makes toilet construction difficult. Waste disposal management at health centres should also be improved.

Conclusion

The oversight visit highlighted both progress and persistent challenges in healthcare service delivery across the Buvuma islands. While Global Fund-supported interventions have made a significant impact, gaps remain in infrastructure, drug availability, transport, and targeted programming for key populations. Addressing these challenges requires a more inclusive, community-driven approach, enhanced coordination among stakeholders, and greater investment in healthcare infrastructure. The recommendations outlined in this report aim to strengthen service delivery, improve accessibility, and ensure that health programs effectively meet the needs of vulnerable communities.



1.0 Introduction

Among the most economically disadvantaged of Uganda's 146 districts, Buvuma comprises 52 islands, the largest sharing its name and reaching 19 miles long and 13 miles wide. Many of the others are much smaller. Some have no electricity. Only nine have health facilities, and about 20 have pharmacies. Due to rising water levels, some are not easily accessible by small boats.

Buvuma Island, situated on Lake Victoria, is a remote area with unique healthcare challenges, including access to essential health services. Recent media reports have raised concerns about a shortage of condoms, with some community members reportedly using polythene bags as alternatives. This alarming situation points to gaps in sexual and reproductive health services, particularly in the availability of condoms, which are essential for preventing HIV, other sexually transmitted infections (STIs), and unintended pregnancies.

The Global Fund has provided critical support to Buvuma Island through various health services aimed at improving the well-being of its population, particularly the vulnerable fisher folk community. This support includes;

- Two boat ambulances, which play a vital role in providing emergency medical services, given the island's challenging geographic location and limited healthcare infrastructure.
- Integrated outreaches tailored to the fisher folk, ensuring they receive essential health services such as malaria testing and treatment as well as HIV testing, prevention, and treatment.
- TB contact tracing, helping to identify and manage tuberculosis cases within the community, thereby reducing the spread of the disease.

Buvuma Island also receives funding from the US President's Emergency Plan for AIDS Relief (PEPFAR) through Makerere University Walter Reed Project (MUWRP) across 12 health facilities to support the TB/HIV continuum of prevention and care which encompasses;

- HIV/TB prevention services (provision of PEP, PrEP, VMMC, behavioral interventions change & TPT).
- Case identification and linkage to care (through targeted HTS).
- Care and treatment (Ensuring availability & accessibility to HIV/TB services at health facilities and through outreaches for islands with no health facility).
- Monitoring and evaluation (tracking and supporting availability of tools, periodic reporting, performance review meetings, EMR functionality).

- Health Systems Strengthening (HRH support both technical & support staff, infrastructure & capacity building)
- Laboratory services with a functional Lab Hub
- Supply chain support –Ordering and tracking availability of medical commodities and supplies and support for last mile delivery

These initiatives collectively enhance access to healthcare and contribute to the overall health outcomes on Buvuma Island.

Therefore, the utilization and management of the boat ambulances, which are crucial for transporting patients across the island’s challenging terrain and waters, need to be assessed. The provision of emergency health services through these boat ambulances is vital for timely access to healthcare, particularly in this geographically isolated area.

In response to these challenges, the Uganda Country Coordinating Mechanism conducted a joint site visit to Buvuma Island to oversee the service provision, ensure the availability of key healthcare supplies like essential medicines and condoms, and evaluate the utilization of boat ambulances.

1.1 Objectives of the Visit

The objectives of the site visit were as follows:

1. **Evaluate Service Provision:** Assess the availability, accessibility, and quality of health services offered to the community, with a focus on HIV prevention, malaria and TB services, maternal health, and emergency services.
2. **Investigate Commodity Availability:** Explore commodity supply chain challenges with a focus on reported stock outs of condoms and other essential health supplies.
3. **Assess Utilization of Boat Ambulances:** Review the use of boat ambulances for emergency medical services, examine logistical challenges, and ensure they are being utilized effectively for patient transport and emergency care.
4. **Engage with Community and Health Providers:** Hold discussions with community members, healthcare providers, and local leaders to gather feedback on health services, gaps, and needs related to sexual and reproductive health and emergency medical transport.

1.2 Scope of the Visit

The CCM delegation:

- Conducted field visits to health centers on Buvuma Island to assess service provision. These included;

- Buvuma HC IV
 - Busamuzi HC III
 - Namatale HC III
 - Lukale HC III
 - Nkata HC II
 - Luby HC II
- Met with healthcare providers, including district health officers, to discuss supply issues of essential medicines, commodities and supplies including condoms and the overall state of healthcare service delivery.
 - Visited the docking points of boat ambulances to assess their operational capacity and effectiveness in emergency transport.
 - Engaged community leaders, local authorities, and members of the public to gather perspectives on healthcare challenges and proposed solutions.



2.0 Oversight Findings and Observations

The key findings and observations from the site visit highlight program performance, challenges, and areas requiring improvement. Observations were gathered through direct field assessments, providing a comprehensive understanding of the progress and gaps. The findings informed recommendations for strengthening implementation and ensuring alignment with strategic objectives.

2.1 General Observations

Disconnect with External Organizations: Many organizations implement health interventions in the district without fully understanding the local context. However, there is appreciation for the Global Fund’s approach of visiting and assessing the grassroots situation before making program decisions. Community members emphasized the need for more meaningful engagement from external organizations to ensure their initiatives are relevant and effective.

Ambulance Support Issues: Ambulance support remains a significant challenge, as the personnel operating the boat ambulance are not adequately facilitated. With no local revenue, the island relies entirely on ministry support to maintain ambulance services. Additionally, there is a critical need for a land ambulance, as many people die while waiting for transport from Kiyindi. The community urged the government to address this gap to improve emergency response and save lives.

Health Center Upgrades: Several health centers in the region are in poor condition and await ministry intervention for necessary upgrades. The local government has provided staff and land for healthcare expansion, but ministry support is still needed. Community members have also requested the elevation of a Health Center IV to hospital status to provide more comprehensive medical services.

Limited Medical Access: Limited medical access remains a pressing concern, especially in remote areas where Health Center IIs cannot meet the healthcare needs of the population. The absence of Health Center IIIs in these locations further exacerbates the problem. Additionally, high water transport costs continue to limit access to essential medical services, leaving many residents struggling to receive timely care.

Educational Access: Educational access is another significant challenge. The island has 38 parishes but only 20 schools, making it difficult for children to receive an education close to home. The shortage of secondary schools means many students must travel long distances or drop out entirely. Financial constraints continue to hinder efforts to expand both education and healthcare infrastructure.

X-ray Services: While a mobile X-ray machine is available, logistical challenges prevent its effective use across different health centers. The lack of a structured plan for its transportation and operation has limited its impact. The community called for additional support to ensure the machine is utilized efficiently and benefits as many patients as possible.

2.2 Sentiments of the District Leadership



The oversight team conducted an introductory meeting with key officials from Buvuma District. The session was attended by the Chairperson of LC5 for Buvuma District Local Government, the Resident District Commissioner (RDC), the District Police Commander (DPC), the District Health Officer (DHO), the Chief Administrative Officer, Heads of Departments, and representatives from various technical departments within the district. This meeting served as a platform to establish collaboration and set the tone for the oversight activities.

The district leadership revealed several critical challenges affecting health service delivery and overall community well-being. These challenges span across health infrastructure, disease management, resource allocation, and access to essential services, impacting the district's ability to provide quality healthcare to its residents.

Geographical Isolation and Limited HFs: One of the most pressing concerns raised was the geographical isolation and limited health facilities across the district's 52 islands. With only seven health centers and one Health Center IV serving the entire population, access to healthcare remains severely constrained. The lack of land ambulances and affordable boat transport further complicates patient referrals, leading to delays in accessing urgent medical care.

Burden of HIV, malaria, and tuberculosis (TB): This remains a significant public health concern. HIV prevalence is high among key populations, such as sex workers, who face unique vulnerabilities. While government and civil society organizations have made efforts to address the issue, district officials emphasized the need for additional

partnerships to strengthen the HIV response. Malaria continues to thrive due to favourable environmental conditions, with inadequate follow-up on mosquito net usage reducing the effectiveness of preventive measures. TB management is equally challenging, with many health facilities lacking dedicated isolation wards. The use of shared patient spaces raises concerns about stigma and the potential for reduced healthcare-seeking behaviour among those affected.

Resource constraints and staffing shortages were highlighted as major obstacles to effective healthcare service delivery. Frequent stock outs of medicines and medical supplies were attributed to discrepancies in resource allocation, particularly for facilities that had been upgraded but still received supplies based on their previous lower-level status. In addition, limited transportation options and inadequate staff housing make it difficult for healthcare workers to consistently provide services across the scattered islands.

Seasonal migration patterns: Accurate data collection and health surveillance remain difficult due to the seasonal migration patterns of fishing communities. Frequent movement between islands and to neighbouring districts affects health monitoring efforts, making it challenging to track disease trends and provide targeted interventions.

Access to clean water and sanitation: Beyond healthcare infrastructure, access to clean water and sanitation was reported as a persistent issue in many of the islands. Several communities lack proper sanitation facilities, with some islands having only one public toilet despite high population densities. The district leadership called for expanded efforts to improve water and sanitation systems to reduce the spread of waterborne diseases and improve public health outcomes.

Advocacy and support for key populations emerged as a critical area requiring attention. Due to its unique demographics, Buvuma has a significant number of key populations that contribute to the high HIV transmission rates. District officials urged increased focus and investment in tailored interventions for these groups, ensuring they have access to appropriate healthcare services and support.

Access to healthcare services for key populations in Buvuma District remains a significant challenge due to limitations in health infrastructure, medication availability, and transportation. While malaria treatment and condoms are generally accessible, many residents, including vulnerable groups such as sex workers and fisher folk, struggle with out-of-pocket expenses for essential medications. These financial constraints hinder their ability to receive timely and comprehensive care, further exacerbating health risks within these communities.

Another major concern is the gap in **HIV programming for high-risk populations**. While Global Fund interventions have historically focused on fisher folk, other high-risk groups, such as sex workers, remain underserved. Night-time surveillance identified active hotspots and key locations where sex work is concentrated. However, limited access to HIV/AIDS and TB services at night restricts outreach efforts, leaving many in these groups without critical healthcare support during their peak working hours.

Expanding service hours and tailoring interventions to the realities of these populations could significantly improve health outcomes.

Additionally, **community coordination and representation gaps** pose a challenge to sustainable health responses. The lack of well-connected or recognized community organizations among fisher folk weakens coordination efforts, reducing the overall impact of interventions. While several national-level fisher folk organizations exist, their limited engagement in Buvuma constrains the effectiveness of Global Fund-supported activities. Strengthening community networks and ensuring the active participation of local organizations will be essential for improving service delivery and long-term health outcomes for key populations.

2.3 Findings at Health Facilities

2.3.1 General Observations from Health Facilities

Service Delivery Challenges

Delays in Diagnostic Result Processing: Health facilities experience significant delays (up to two weeks) in processing and delivering diagnostic results, impacting timely patient care.

Limited Male Engagement: Male participation in health services, particularly antenatal care and family planning, remains low. Innovative models are urgently needed to address this gap.



Ambulance Utilization Constraints: The Global Fund’s boat ambulance is reserved for critical cases, but operational disputes among staff hinder its effective deployment.

Community Engagement and Education

Condom Accessibility and Education: Condom availability at the village level—especially female condoms—is insufficient. Enhanced education on proper usage and sizing is critical, alongside strategies to engage youth who avoid formal health trainings.

Socio-Economic Transformation: While community-driven socio-economic initiatives are growing, Buvuma requires tailored interventions to address its unique demographic and geographic challenges.

Infrastructure and Accessibility

Transportation Barriers: Affordable and reliable transportation solutions are urgently needed, including reserved larger boats for severe cases and improved mainland transit coordination.

Accessibility for Persons with Disabilities (PWDs): Health facilities lack adequate infrastructure to accommodate PWDs, raising concerns about equitable access to care.

Water Transport Initiatives: TASO is spearheading discussions to improve water transport services for healthcare delivery on the island.

Funding and Resource Allocation

Donor Dependency and Funding Delays: Many facilities rely heavily on donor support, yet outreach remains inadequate. Delays in Primary Healthcare (PHC) fund disbursements further strain service delivery.

Government Funding Gaps: Limited government funding necessitates urgent partner support to address transportation challenges, infrastructure upgrades, and bed shortages (e.g., TB patients in Buvuma and Kayunga Hospital).

Public Health Priorities

HIV and TB Burden: Buvuma faces a high TB burden, with home-based care prevalent due to insufficient hospital beds. The Catholic Church has played a pivotal role in curbing HIV spread, but renewed livelihood support for affected individuals is critical.

Medication Shortages: Health facilities struggle with limited drug variety, often requiring patients to purchase additional malaria medications privately.

2.3.2 Namatale Health Center III

Moderated by Mr. Richard Mulindwa alongside Ms. Allen Kuteesa, the meeting at Namatale Health Center III provided the CCM team with an overview of the facility's operations, challenges, and community concerns. The facility in-charge highlighted key issues, including inadequate staff housing, intermittent power supply, occasional drug shortages, and the high expectations placed on the facility by the surrounding communities.

Despite these challenges, the facility continues to provide essential health services, leveraging collaboration with Village Health Teams (VHTs) and other personnel to reach patients. The team noted that while HIV, TB, and Malaria drugs are generally available, transportation constraints hinder last-mile distribution, affecting timely access to medication for remote island residents.

Community members voiced concerns over the limited number of condom dispensers, which restricts accessibility for those in need. Additionally, unreliable power supply was reported to affect the functionality of essential medical equipment, compromising service delivery. Transport difficulties also remain a pressing issue, as the scattered nature of the community makes it difficult for residents to access the health center in a timely manner.

2.3.3 Lukale Health Centre III

The CCM team convened a meeting at Lukale Health Center III, moderated by Ms. Lilian Kamanzi and the L.C I Chairperson. Community members expressed their appreciation for the consistent availability of essential medications at the health center. However, they raised concerns about the scarcity of safe drinking water, limited boreholes, and the lack of public sanitation facilities, which continue to pose significant health risks.

Residents also highlighted challenges related to the attitudes of some health workers, citing reports of rudeness and limited availability on weekends. In response, health center officials attributed weekend staffing issues to inadequate staff housing but assured the community that recent facility upgrades had improved weekend service availability.

Another key concern was the insufficient supply of mosquito nets, particularly for larger households. The CCM team acknowledged this issue and encouraged facility officials to collaborate with the District Health Team to address housing and staffing gaps while advocating for increased mosquito net distribution to better serve the community.

2.3.4 Luby Health Center II

During the visit to Luby Health Center II, several critical issues affecting service delivery were identified. The facility continues to grapple with a persistent form of malaria, with little improvement despite the continued administration of the same medication. This raised concerns about the need for alternative treatment approaches and further assessment of malaria resistance patterns.

The lack of an incinerator remains a major challenge, hindering proper medical waste disposal and raising environmental and health concerns. Additionally, staff highlighted the need for further training to enhance their knowledge of the variety of medications available, ensuring patients receive the most effective treatments.

While the staff is well-organized, the absence of an electronic medical records officer has created inefficiencies in patient data management. The facility also received a faulty microscope, limiting its diagnostic capabilities and affecting timely disease detection and treatment.

Another significant challenge is the high fuel cost, which has negatively impacted service delivery, particularly patient transport. Health workers requested more fuel-efficient engines for wooden boats to improve accessibility to healthcare services.

Despite these challenges, the facility reported encouraging progress in preventing mother-to-child HIV transmission, as evidenced by the low number of children born to HIV-positive mothers. This success underscores the effectiveness of ongoing interventions in reducing HIV transmission rates.

2.3.5 Nkata Health Centres

The CCM team engaged with community members and health workers at two Health Centre III facilities in Nkata. While these facilities are classified at this level, the range of services provided remains limited and does not meet the required standards for a Health Centre III. Community members expressed concern that despite the official classification, many essential services are either unavailable or inconsistently provided.

The meeting also highlighted concerns about infrastructure quality. The newly constructed health facility is already in poor condition, with contractors failing to return for necessary repairs. In the absence of professional maintenance, unqualified Village Health Team (VHT) members were engaged in repair efforts, which further compromised the quality of the facility. Community members called for immediate action to address these structural issues.

Stigma remains a challenge in accessing healthcare. One participant noted that some individuals abandon treatment due to fear of being identified as living with HIV, as this could impact their involvement in the sex trade. This underscores the need for stronger sensitization efforts on adherence and positive living to ensure people continue treatment without fear of discrimination.

There was also a strong request for additional condom dispensers to meet the growing demand. Participants acknowledged the efforts of the Ministry of Health in establishing health facilities in the area, recognizing the positive impact. However, they emphasized that more needs to be done to ensure the services provided align with the expected standards of a Health Centre III.

2.3.6 Busamizi Health Centre III

The oversight visit to Busamizi Health Centre III revealed several key operational challenges affecting service delivery. One of the most pressing concerns was the lack of adequate accommodation for health workers. Due to limited housing, staff members are forced to share cramped living spaces, which negatively impacts their work environment and overall well-being.

Delayed funding was another major issue raised during the visit. Primary Health Care (PHC) funds, which are essential for outreach activities and medical services, are often disbursed late. This disrupts planned health interventions, leaving many patients without timely care.

Community members also highlighted the difficulty of accessing the facility, as many areas served by Busamizi HC III are remote and hard to reach. Patients often have to travel long distances, which discourages them from seeking healthcare, particularly for routine or preventive services.

In terms of resources, the health center faces shortages in key supplies, including drug registers and adequate TB testing equipment. Medical waste disposal is outsourced to Green Label, but other waste management practices, such as open burning, remain a

concern. There is an urgent need for improved disposal methods to prevent environmental and health hazards.

An additional challenge identified was the presence of expired emergency drugs. Since these medications are designated for rare cases, they often remain unused until they expire. Health workers emphasized the importance of timely communication with district offices to facilitate redistribution and prevent wastage.

Despite these challenges, staff members expressed their commitment to providing healthcare services to the best of their ability. The CCM team acknowledged these concerns and recommended strategic interventions, including improved resource allocation, timely funding disbursement, and enhanced logistical support to ensure sustainable service delivery.

2.4 Voices of the Beneficiaries



The UCCM conducted a series of oversight visits to various communities in Buvuma. These visits, carried out in collaboration with local authorities, implementing partners, and health workers, provided an opportunity for community members to share their experiences, challenges, and feedback regarding access to health services, particularly those supported by the Global Fund.

Facilitated by local leaders and CCM representatives, the meetings promoted open dialogue using deep listening techniques, ensuring the active participation of women, youth, and persons with disabilities. Each engagement allowed the CCM team to observe first-hand the reported challenges, verify key concerns, and better understand the barriers these communities face in accessing quality healthcare.

2.4.1 The Communities

2.4.1.1 Kabugombe Village

The CCM team visited Kabugombe village and held a community engagement session moderated by the L.C 1 Chairperson and Mr. Sekyanda Ivan from CCM. During the meeting, community members raised several pressing concerns affecting their livelihoods, healthcare access, and overall well-being.

A major issue discussed was the impact of recent changes in fishing laws, which require substantial investment in proper boats and licenses. Many residents, particularly those living with HIV/AIDS who previously relied on fishing as their primary source of income, are struggling to sustain their livelihoods. They called for additional support beyond the provision of antiretroviral (ARV) drugs, such as food and nutritional assistance, which was previously provided by organizations like TASO but has since been discontinued. The community emphasized the need for renewed livelihood support to ensure economic stability for affected households.

Healthcare access remains a challenge, particularly for maternal health referrals. While Malaria, HIV, and TB services are generally available, pregnant women face significant difficulties in accessing emergency care due to high ambulance costs. Many families opt for traditional boats, which are unsafe, especially at night, putting both mothers and infants at risk. Additionally, the community reported frequent stock outs of essential medicines for conditions other than Malaria and HIV. Some residents expressed frustration that while health facilities are well-equipped with diagnostic tools, patients are often sent to buy medications from private pharmacies.

"They only test you but then send you to buy drugs from a private shop." - Jalia, a resident of Kabugombe Village

Concerns were also raised about media reports alleging that some residents resorted to using makeshift materials instead of condoms. The community strongly refuted these claims, affirming that condoms are in sufficient supply and urging media outlets to verify stories before publication to avoid misrepresenting the situation in Buvuma.

Women in the community highlighted the high cost of Caesarean sections, with fees ranging from 200,000 to 500,000 Ugandan shillings, which presents a financial barrier to accessing life-saving maternal health services. While the CCM team took note of these reports, they emphasized the need to confirm this issue with Buvuma Health Center IV.

Finally, residents expressed appreciation for the mosquito nets distributed during the last mass campaign but noted that households with large families often receive only two nets, which is inadequate. They called for a more equitable distribution system to ensure every household member is adequately protected from Malaria.

2.4.1.2 Bukayo Community

The Bukayo community meeting was facilitated by Mr. Tamale George and the L.C I Chairperson, bringing together residents to discuss healthcare service delivery in the area. Community members expressed their appreciation to the government and development partners for ensuring the availability of HIV, TB, and Malaria services. However, they raised concerns about frequent stock outs of medicines for other health conditions, which often force them to purchase drugs from private pharmacies at high costs.

The CCM team investigated these concerns and confirmed that while essential anti-malarial, HIV, and TB medications are consistently available through Global Fund support, additional medicines required for comprehensive treatment are not always sufficiently stocked. This shortage affects patients who need broader medical care beyond the priority diseases.

Additionally, the meeting revealed an information gap contributing to community frustration. Many residents assume that all fevers indicate malaria, leading to misconceptions when health workers diagnose alternative illnesses and do not provide anti-malarial drugs. Some community members interpreted this as denial of treatment. To address these misunderstandings, residents suggested involving local representatives in health monitoring to improve transparency and communication, while health workers were encouraged to enhance community engagement and awareness to build trust in the healthcare system.

2.4.1.3 Kitamiro Village

The Kitamiro community meeting was facilitated by Mr. Tamale George and the Youth Representative to the District Council. Using interactive methods, the facilitators encouraged active participation, particularly from women and youth, ensuring that diverse perspectives were heard.

Community members expressed their appreciation for the availability of HIV, TB, and Malaria services, with many affirming that they had consistent access to treatment. Mr. Mulamba Charles, popularly known as "Younger," shared his experience of receiving regular services but highlighted the struggles faced by economically vulnerable individuals, particularly people living with HIV who had been displaced from fishing. He emphasized the need for additional nutritional support to help with treatment adherence.

A major concern raised was the high cost of ambulance services. Residents reported a lack of clarity regarding the pricing of ambulance services and appealed for a standardized, more affordable system to ensure that emergency transportation is accessible to all.

One community member remarked, ***“Even if you took the ambulance away, we’d lose nothing. It’s too costly for us to use.”***

Additionally, concerns were raised about health workers’ attitudes and cases of staff not being available on weekends, which limited service accessibility. In response, the CCM team engaged with facility officials, who acknowledged staffing shortages and assured the community that steps were being taken to address these challenges and improve service delivery.

2.4.1.4 Namatale Community Meeting

The Namatale community, led by L.C 1 Chairperson Charles, expressed their appreciation for the reliable availability of HIV/AIDS services.

“I have had a positive experience with these (HIV/AIDS) services, but there is a need for renewed livelihood support for individuals living with HIV, similar to what was previously provided by TASO.” - Ms. Nasenya Lovia, a resident of Namatale Village.

Water and sanitation challenges were a major concern, particularly the lack of toilets due to the rocky terrain. Residents appealed for government support in constructing a public sanitation facility to improve hygiene conditions in the area.

The high and inconsistent costs of ambulance services were also highlighted, with community members suggesting a more affordable alternative, such as a smaller boat with manageable fees for patient transport. Additionally, they requested the availability of female condoms at local health facilities to enhance reproductive health options.

2.4.1.5 Nyebana Community Meeting

The Nyebana community, home to approximately 2,500 people, faces severe sanitation challenges, with the entire population relying on a single toilet. This situation poses significant health risks, emphasizing the urgent need for improved sanitation infrastructure.

Community members reported that while condom use is common, there is a strong demand for increased availability, particularly for female condoms. This is especially critical given the high number of female sex workers in the area, who require reliable access to protection to reduce the risk of sexually transmitted infections (STIs).

Education remains a major concern, as Nyebana lacks schools despite its growing population. Children must travel to other areas for education, creating barriers to consistent learning and increasing dropout rates.

Medical outreach services are limited, with medications provided for only three months at a time, regardless of the patient’s condition. Additionally, testing services are costly,

with residents paying 5,000 UGX per test, making routine health checks inaccessible for many.

The transient nature of the male population, which moves with fishing seasons, further complicates healthcare access, as many individuals do not seek services consistently. Malaria remains a major health issue, with cases surging during outreach visits. However, inconsistent drug supplies due to the island's remote location continue to hinder effective treatment and disease control.

2.4.2 Key Affected Populations

Service Availability and Access Challenges: Implementing partners and health facilities are making significant efforts despite challenges such as unreliable and costly transport networks. Malaria medication and condoms are consistently available at health centers. However, for many other illnesses, patients are often referred to private clinics or pharmacies to purchase medication, which is then administered at the facility.

High Vulnerability in Buvuma Island Communities: The general population in Buvuma Island faces severe challenges in accessing medical care due to the limited capacity of existing facilities and high referral costs. Vulnerable groups, including Key Populations (KP) and Priority Populations (PP), require more integrated support to ensure equitable access to healthcare services.

Gaps in Global Fund Programming: The Global Fund's programming in Buvuma has largely focused on Fisher Folk communities. However, findings from this visit indicated that sex workers and other vulnerable populations, who are also at high risk for HIV/AIDS and TB, have not received tailored interventions. There is a need to remodel program strategies to better address the needs of all high-risk groups.

Missed Surveillance Opportunities for HIV Response: Independent night surveillance efforts revealed key findings:

- **High-risk locations:** Galaxy Bar (Kimansolo night on Wednesdays), Rhino Sound (Fridays), Buvuma Island Beach (Sundays), and several emerging hotspots.
- **Sex worker operations:** Many sex workers operate from rented rooms, bars, mobile money kiosks, and restaurants. They are primarily active at night, making daytime outreach ineffective.
- **Hotspot areas:** The Kazinga-Kasali area has numerous sex work hubs, including Happy Boys, Tavern, and Aunt Sarah's Place. Previously a silverfish trade center, the area attracted many sex workers, including migrants from Rwanda, but activity has declined due to government restrictions on silverfish trade.
- **Client base:** Sex workers primarily serve truck drivers (transporting goods like matooke, timber, and bananas), fisher folk, boda boda riders, visitors, and men employed by government and civil society organizations.

Given these insights, key affected populations programming should be restructured to include tailored interventions such as Drop-in Centers (DICs) and Community Drug Distribution Points (CDDPs) to improve service accessibility.

Coordination Gaps in Fisher Folk Community Organizations: There is a noticeable lack of coordination among fisher folk organizations, which is crucial for sustaining Global Fund investments. The CCM team encountered an unfamiliar Fisher Folk organization, FFOU, operating at the community level without national recognition. Despite previous engagements with UFFCA, ACODEV, FHADI, and others, no organization had an established Drop-in Center (DIC) or coordination office in Buvuma. Strengthening local coordination is essential to ensure effective community engagement and the sustainability of national health responses beyond donor funding.



3.0 Recommendations

3.1 HIV/AIDS

Livelihood Support Initiatives: Implementing Partners and MoH programs supporting income-generating activities or alternative livelihoods should be introduced to assist people living with HIV (PLHIV) who have been economically affected by fishing restrictions. Sustainable livelihood options will help improve their financial stability and overall well-being.

Nutritional Supplements: Food support or nutritional supplements should be provided for PLHIV by implementing partners, especially in economically vulnerable areas like Buvuma. Proper nutrition plays a crucial role in maintaining the health of individuals on antiretroviral treatment, ensuring better adherence and treatment outcomes.

Community Education: Continuous awareness campaigns should be conducted to educate communities on the importance of adherence to HIV treatment and available services. Strengthening community engagement will help encourage consistent participation in treatment programs and reduce stigma surrounding HIV/AIDS.

3.2 Malaria

Increase Mosquito Net Allocation: Efforts should be made by MoH to expand mosquito net distribution to ensure that households receive an adequate number of nets based on their size. Many families currently receive only two nets, which is insufficient for larger households.

Education on Malaria Symptoms and Diagnostics: Targeted awareness campaigns should be conducted by MoH and Implementing Partners to educate communities on malaria symptoms, the importance of proper diagnosis, and other potential causes of fever. Many residents assume that all fevers are malaria-related, leading to misunderstandings when tests come back negative.

Health Facility Support: Healthcare facilities should maintain a consistent supply of anti-malarial drugs to reinforce community trust in the healthcare system. Reliable availability of essential medications will encourage people to seek timely medical care and adhere to prescribed treatments.

3.3 Tuberculosis

Supportive Supervision for VHTs: Village Health Teams (VHTs) should receive adequate resources and logistical support to enhance their ability to conduct continuous TB case finding and community education. Strengthening their capacity will improve early detection and treatment adherence.

Strengthen TB Health Education: Ongoing support for educational programs and awareness campaigns by implementing partners is essential to improve knowledge about

TB, its symptoms, and treatment. Reducing stigma within communities will encourage more people to seek timely diagnosis and care.

3.4 Resilient and Sustainable Systems for Health

Subsidized or Cost-Sharing Transportation Solutions: A cost-sharing system for ambulance services should be established by MoH to make emergency transport more affordable for communities. Additionally, providing alternative transportation solutions, such as a dedicated facility boat at lower-level health centers on the islands, would improve access to care.

Enhance Health Worker Training and Supervision: Improving supervision and accountability for health workers is essential to address absenteeism and professional conduct concerns. Organizing regular community dialogues will allow residents to provide direct feedback to health facilities, fostering transparency and better service delivery.

Improve Stock Management and Transparency: To prevent stock-outs of essential drugs, inventory management must be optimized by MoH. Additionally, clear communication with communities about available medications and services will help manage expectations and reduce frustration.

Strengthen Community Engagement in Health Monitoring: Formal feedback mechanisms should be developed to increase community participation in health facility management. Community involvement in monitoring stock and supplies can help address trust deficits and ensure that concerns are promptly addressed.

Increase Investment in Infrastructure: More staff housing should be constructed, and reliable power sources secured, especially in remote health facilities. These improvements will enhance service continuity and create a more supportive working environment for healthcare providers.

3.5 Key Affected Populations

Establishment of Drop-In Centers (DICs) and Peer Capacity Building: Drop-In Centers (DICs) should be set up to provide safe spaces for key populations (KPs) and priority populations (PPs) to access health services and support. Training and empowering peers, particularly in sex work and fisher folk hubs, can enhance service uptake and encourage community-led advocacy for health services.

Mapping Health Facility Gaps and Adapting Service Delivery: A comprehensive mapping of islands without health facilities is necessary to ensure no area remains underserved. Differentiated service delivery models—such as mobile clinics and outreach programs—should be implemented to improve access to healthcare in remote areas.

Strengthening Health Extension Services: Integrating Community Health Extension Workers (CHEWs) in remote and high-risk areas would help bridge healthcare gaps,

particularly for mobile and marginalized populations. These workers can provide essential health services and complement existing healthcare structures.

Remodelling National Grant Approaches: Global Fund strategies should be revised to focus not only on fisher folk but also on other high-risk groups, including sex workers and the wider island community. A more inclusive approach would ensure that healthcare interventions reach all vulnerable populations.

Empowering Local KP Platforms for Community Advocacy: Establishing localized KP and PP community platforms would enable more targeted advocacy and service demand. These platforms can improve engagement with service providers and address the specific needs of sex workers and fisher folk communities.

Enhanced Coordination among Stakeholders: The Country Coordinating Mechanism (CCM) should collaborate with the Uganda AIDS Commission (UAC), principal recipients (PRs), and implementing partners (IPs) to strengthen coordination and maximize the impact of health programs. Aligning national and community efforts will create more sustainable and effective interventions.

4.0 Conclusions

The oversight visit provided critical insights into the healthcare challenges faced by communities in Buvuma and surrounding islands. While there have been notable improvements in the availability of essential drugs, particularly for HIV, TB, and malaria, significant gaps remain in healthcare service delivery, infrastructure, and community engagement.

One of the key challenges identified was the inadequate health infrastructure, including poorly equipped health centers, lack of proper waste disposal mechanisms, limited staff housing, and unreliable power sources. Many facilities continue to struggle with stock-outs of essential drugs, delayed funding for outreach activities, and logistical challenges in transporting medical supplies to remote areas. In particular, high transport costs and inadequate ambulance services have made emergency referrals difficult, leading to preventable delays in care.

The visit also highlighted serious gaps in malaria response, with mosquito net distributions failing to meet household needs, and health centers struggling with persistent malaria cases despite the availability of medication. Additionally, TB case finding and patient adherence remain concerns, requiring stronger community engagement, increased awareness campaigns, and better support for Village Health Teams (VHTs).

Another major observation was the disconnect between national health programming and the specific needs of key and priority populations (KPs/PPs), particularly fisher folk and sex workers. Current programming has largely focused on the fisher folk community without adequately addressing the vulnerabilities of sex workers, mobile populations, and other high-risk groups. A more inclusive, community-driven approach is needed to

ensure that health interventions are tailored to the realities of these populations, including outreach services that align with their work schedules and locations.

Furthermore, the visits underscored the need for greater coordination among stakeholders, including local health facilities, community organizations, and implementing partners. Several organizations operating in the district appear disconnected from community needs, leading to interventions that are not fully aligned with the lived experiences of the affected populations. Strengthening stakeholder coordination and ensuring meaningful involvement of community representatives in planning and decision-making will be critical for the success and sustainability of health programs in these regions.

In conclusion, while progress has been made in some areas, urgent action is required to address the systemic challenges limiting healthcare access and service delivery. Investments in infrastructure, transport, and community-driven health interventions will be essential in bridging these gaps.

5.0 Annexes

Annex 1: List of Participants

No.	Name	Constituency/Organisation
1.	Allen Kuteesa	TB
2.	Rev. Dairo Emmanuel	Refugees
3.	Micheal Senyonga	Youth
4.	AbdulNasser Magezi	FBO
5.	George Tamale	Private Sector
6.	Hillary Nuwamanya	Youth
7.	Dr. Christine Ogwang	Private Sector
8.	Lilian Kamanzi	Malaria
9.	Sandrine Sirawuka	Refugees
10.	Chemuko Fred	Malaria
11.	Kuraish Mubiru	PLHIV
12.	Florence Nassanga	FBO
13.	Dr. Jackson Bitarabeho	National NGOs
14.	Williams Apako	KAPs
15.	Ndugu Omongo	KAPs
16.	Shakilah Nakyanzi	USG
17.	Patrick Bukoma	PR1 - MoH MoFPED
18.	Benard Emacu	PR1 - MoH MoFPED
19.	Dr. Damian Rutazaana	PR1 - MoH
20.	Epoku Boniface	PR1 - MoH ACP
21.	Ronald Kimuli	PR1 - MoH NMCD
22.	Edgar Nahabwamukama	PR1 - MoH
23.	Steven Senfuka	PR1 - MoH

24.	Egessa John Joseph	PR2 - TASO
25.	William Byaruhanga	PR2 - TASO
26.	Johnes Nsubuga	PR2 - TASO
27.	Mutaawe Joshua	FFOU
28.	Angel Asasira	FFOU
29.	Enock Anguyo	CAFU
30.	Simon Ayebale	FHADI
31.	Caroline Ainomuhangi	CCM Secretariat
32.	Salomy Nakazzi	CCM Secretariat
33.	Henry Mutebe	CCM Secretariat
34.	Tonnie Stieve Luyimbazi	CCM Secretariat
35.	Ivan Sekyanda	CCM Secretariat
36.	Lawrence Mulondo	Media
37.	Kalyowa Musitafa	Media
38.	Peter Sserugo	Media

Annex 2: Activity Itinerary and Program

DAY & DATE	TIME	VENUE	PLANNED ACTIVITIES & SCHEDULE
Pre-visit: Monday 14 th October 2024	09:00 a.m. - 10:00 a.m.	UAC Seminar Room	Preparation meeting <ul style="list-style-type: none"> Briefing on the Logistical Arrangements for the Site Visit Selection and Consensus on the Site Visit teams, report writing process & arrangements
DAY 1: Monday 14 th October 2024	10:00 a.m. - 5:00 p.m.	Buvuma district	Depart from Kampala to Buvuma Island: Convene at the CCM Secretariat Offices/Uganda AIDS Commission (UAC) premises & Parking of individual Vehicles.
DAY 2: Tuesday 15 th October 2024	09:00 a.m. - 10:30 a.m.	Buvuma district headquarters	CCM Site Visit Team Members' brief entry meeting at Buvuma District Headquarters with the District Teams including the Comprehensive Implementing Partner, District Health & Education Teams, the Chairperson LC V and Chief Administration Officer (CAO)

	11:00 a.m. – 01:30 p.m.	Buvuma Islands	Field Visit to the Grant implementation/Service Delivery Sites/Centers; <ul style="list-style-type: none"> ▪ Clinical/Health Facilities: <ul style="list-style-type: none"> ✓ Buvuma HC IV ✓ Busamuzi HC III ▪ Community members/Beneficiaries <p><i>Note: Team will split up into 2 so that sites are visited simultaneously</i></p>
	02:30 p.m. – 04:00 p.m.	Buvuma Islands	Debrief meeting with the Teams (all CCM Site Visit Teams to share findings and discuss recommendations)
DAY 3: Wednesday 16 th October 2024	09:00 a.m. – 11:30 a.m.	Buvuma Islands	Travel to implementation sites
	11:30 a.m. – 02:30 p.m.	Buvuma Islands	Field Visit to the Grant implementation/Service Delivery Sites/Centers; <ul style="list-style-type: none"> ▪ Clinical/Health Facilities: <ul style="list-style-type: none"> ✓ Lukale HC III ✓ Nkata HC II ✓ Lubyu HC II ▪ Community members/Beneficiaries <p><i>Note: Team will split up into 2 so that sites are visited simultaneously</i></p>
	03:00 p.m. – 04:00 p.m.	Buvuma Islands	Debrief meeting with the Teams (all CCM Site Visit Teams to share findings and discuss recommendations)
DAY 4: Thursday 17 th October 2024	09:00 a.m. – 10:30 a.m.	Buvuma Islands	Travel to implementation sites

	11:00 a.m. – 01:00 p.m.	Buvuma Islands	Field Visit to the Grant implementation/Service Delivery Sites/Centers; <ul style="list-style-type: none"> ▪ Clinical/Health Facilities: <ul style="list-style-type: none"> ✓ Namatale HC III ▪ Community members/Beneficiaries <p><i>Note: Team will split up into 2 so that sites are visited simultaneously</i></p>
	02:00 p.m. – 04:00 p.m.	Buvuma district headquarters	Debrief meeting with the District Teams (all CCM Site Visit Teams to share findings and recommendations)
DAY 5: Friday 18th October 2024	8:00 a.m. – 5:00 p.m.		Travel from Buvuma Islands to Kampala district

Annex 3: Site Visit Question Guide

1. Healthcare Service Provision

For Healthcare Providers and Facility Managers

- What are the main healthcare services provided to the community on Buvuma Island?
- What challenges do you face in delivering healthcare services to the community?
- How frequently do you experience shortages of essential medical supplies, including reproductive health products?
- Are there specific health conditions or diseases that are particularly prevalent on the island?
- How do you handle emergency cases, particularly when the patient needs specialized care not available on the island?
- What support do you receive from the Ministry of Health, Uganda AIDS Commission (UAC), and other stakeholders?
- How do you engage with the community in providing health education and encouraging health-seeking behavior?
- What recommendations do you have for improving healthcare service delivery on the island?

For Community Members

- How easy is it for you to access healthcare services on the island?
- What challenges have you or others in the community faced when trying to access healthcare services?
- Are there particular services that are difficult to access, such as reproductive health or maternal care?
- Do you feel that healthcare workers are responsive to the needs of the community?
- How does the community generally deal with health emergencies, especially if they require transportation off the island?
- What changes would you like to see in the healthcare services provided on Buvuma Island?

2. Condom Availability and Sexual Health

For Healthcare Providers and Supply Chain Managers

- Can you describe the current situation regarding the availability of condoms on Buvuma Island?
- How do you receive your condom supply, and how often do restocks occur?
- Have there been recent shortages of condoms or other reproductive health products? If so, what caused these shortages?
- What measures are being taken to address the shortage?
- How does the facility educate the community on the proper use of condoms and other contraceptive methods?
- Are there other forms of contraceptives available, and how accessible are they?
- What challenges do you face in ensuring that the community has consistent access to condoms and other sexual health products?

For Community Members

- Have you or others in the community experienced a shortage of condoms on Buvuma Island?
- How has the shortage affected your sexual health practices or decision-making?
- Are there alternative contraceptives available, and do people use them?

- How does the community typically respond when there is a shortage of condoms?
- What information or education have you received about safe sexual practices?
- What changes would you like to see to ensure consistent access to condoms and other reproductive health services?

3. Boat Ambulance Utilization

For Boat Ambulance Operators and Healthcare Workers

- How often are the boat ambulances used for medical emergencies?
- What types of medical emergencies typically require the use of the boat ambulances?
- How is the decision made to transport a patient using the boat ambulance?
- Are there any challenges with operating or maintaining the boat ambulances?
- Are the boat ambulances well-equipped to handle the emergencies they are called for?
- How far do the boat ambulances typically travel, and what are the common destinations for patients requiring transfer?
- Are there any issues with reaching remote parts of the island, particularly during poor weather conditions?
- What improvements do you think are needed to enhance the utilization and effectiveness of the boat ambulances?

For Healthcare Facility Managers

- How do you coordinate emergency medical services involving the boat ambulances?
- What challenges do you face in ensuring that boat ambulances are available when needed?
- How do you ensure that the boat ambulances are properly maintained and staffed?
- Are there any delays or issues in responding to medical emergencies due to the reliance on boat ambulances?
- What support would help improve the functionality and availability of the boat ambulances for the community?

For Community Members

- Are you aware of the boat ambulances that are available on the island for emergency medical services?
- Have you or anyone you know used the boat ambulance service? If so, how was the experience?
- Are there any delays or challenges in accessing the boat ambulance during a medical emergency?
- How does the community view the availability and importance of the boat ambulances?
- What recommendations do you have for improving access to emergency medical services through the boat ambulances?

4. General Questions for All Stakeholders

- What are the most urgent health-related issues on Buvuma Island that need to be addressed?
- What forms of support from the government or development partners would be most beneficial to improving health services on the island?
- How do you engage with local authorities or other organizations to address health challenges?
- What recommendations do you have for improving overall healthcare delivery on Buvuma Island?
- What role do you think the CCM, Ministry of Health, or other partners could play in addressing the issues identified during this visit?

Annex 4: Pictorial





