KAMULI MUNICIPAL COUNCIL

OFFICE OF THE MUNICIPAL HEALTH OFFICER

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IN ANY CORRESPONDENCE ON THIS MATTER PLEASE QUOTE.

Date: 6th June 2026

REPORT ON THE COMMUNITY DIALOGUES CONDUCTED ON 2nd & 3rd JUNE 2026

Venues and Dates

Venue	Date
Bukaaye Zone, Kamuli Municipality	**2nd June 26**
Bulamya Zone, Kamuli Municipality	**3rd June 26**

Background

It is a good practice for institutions and organizations to give accountability to the public and promote community participation in decision making and planning. These act as key strategies for community empowerment, health system strengthening, and improving service delivery in the country. Relatedly, the ministry of health has continuously advocated for community dialogues between institutions/organizations and the stakeholders as part of the feedback collection mechanism. It is upon that background that the office of the Municipal Health Officer, in partnership with stakeholders organized dialogue meetings in the communities of Bulamya and Bukaaye, where stakeholders including the local leaders, community members, health workers, implementing partners and administrators came together to address the prevailing gaps.

Objectives of the dialogue meetings

- To discuss the current health status of the population of Kamuli municipality
- To share with the stakeholders the performance of the municipal health office in key indicators
- To identify key factors influencing access and utilization of health services at the various government health facilities in Kamuli Municipality
- Promote community participation in planning and decision making in matters affecting their own health
- Develop action plan for improved health outcomes

List of categories of participants

1. Representatives from the Municipal Health Team
2. The Management of Kamuli General Hospital
3. Health facility in charges from Kamuli Municipality
4. Local council leaders
5. The Community Members
6. Village health team members
7. Opinion leaders
8. Religious leaders
9. Youth representatives
10. Women representatives
11. Implementing partners
12. Health workers
13. Administrators from the Municipality including the Municipal Clerk and division clerk

Activity Description

The activity followed the agenda below

1. Arrival of participants
2. Opening prayer
3. Anthems (Busoga, National & East Africa)
4. Welcoming remarks from the Municipal Health Educator (MHE)
5. Welcoming remarks from the LC1 chairperson
6. Communication from the LC 2 chairperson
7. Health education sessions on
    - Tuberculosis and Malaria by the MHE
    - HIV/AIDS by the district ART focal person
    - Family planning by the district Family planning focal person
8. Status report by the Municipal Health Officer
9. Communication from Implementing partners (UPHOLD the girl child)
10. Feedback from the community
11. Reactions to the issues raised by the community by
    - Medical Superintendent-Kamuli General Hospital
    - Municipal Health Officer
12. Remarks by the Town clerk
13. Closing remarks by the Municipal Mayor
14. Closure

Agreed Actions and Recommendations

Gap / Issue Raised	Action	Responsible Person
Bukaaye Community		
"The latrines for Kamuli general Hospital are very dirty. You go there to get better but end up getting sicker"	• The patients and attendants be sensitized on good latrine habits • The latrines be cleaned at least 3 times a day since the facility has cleaners contracted to do that work	**Medical Superintendent**
"The biggest problem there is at the lab, you go in the morning, but you can get results in the evening. Most shockingly, after waiting for all that time, they tell you, there are no drugs. You only get Panadol"	• The laboratory team to triage patients and prioritize investigations according to urgency and duration that is required for the results to come out. • The lab team to sensitize the patients and attendants about the various tests dynamics so that they are reassured	**Medical Superintendent**
"In the lab at Kamuli general Hospital (KGH), there is a man who is very rude, he bucks at patients. Even when you with a convulsing child, he will back at you, and you will be left with no option but cry and wait for God to decide"	• The community was asked to report such incidents in real time, by either visiting the offices of the Medical Superintendent (M/S), Principal Nursing Officer (PNO) or the Hospital Administrator (H/A). Or • Call the numbers of the institution heads that are displayed at every department on the walls of the hospital, Or • Write on the piece of paper and drop it in the suggestion box which is right at the hospital reception. Meanwhile, • The M/S pledged to talk to all staff about the issue.	**Medical superintendent** Community
"At Mulago (KGH), the health workers there prioritize books with some money in between. If you think you will be worked on without offering anything, you are lying to yourself"	• The community was tasked to use the toll-free lines to report any health workers who refuse to work on them on grounds that they refused to give them money • The community was also warned against tempting and corrupting the health workers since it was revealed that many patients and care givers initiate the giving of money	**Community**
"You take your patient to Mulago (KGH) and tell you to go for a scan. But surprisingly, the health worker directs you somewhere across the road. The question is, don't we have a scan at the hospital?"	• The M/S explained that the imaging services were a bit disorganized by the renovation work going on at the facility, but informed the public that scanning was being done, but x-rays were not being done because the x-ray machine had not been assembled due to technical issues. He pledged to engage the responsible persons to ensure that x-ray machine becomes operational, and the community shall be informed accordingly through available means.	**Medical superintendent**
"We are fed up with wasting all day at the health facility and at the end we told "the following drugs are not available; you go to such a pharmacy and buy them" it is as if they send us to their individual private pharmacies in town here. Tell us, doesn't government send drugs in Kamuli?	• The Municipal Health officer informed the public about the health facilities that serve the population in the municipality, including Busota H/C III, and Kamuli Youth center and encouraged them to consider using those facilities before going to line up at KGH. This would help reduce on the waiting time, reduce drug stockouts and decongest KGH. • The M/S to advocate for an increase in the budget for drugs at the health facility coz the available budget doesn't effectively address the demand.	**Community** & M/S

Gap / Issue Raised	Action	Responsible Person
"In the Maternity at KGH, it is like they recruited soldiers and not health workers. The midwives there just buck at patients, and they don't even care for the mothers in labour. I am a VHT, but I can assure you that I had to push my baby on the floor in post-natal ward after being ignored by the midwives several times despite my husband's plea. Even though I am a VHT, but I had to do through that experience, your system doesn't favour anyone"	• The M/S to hold departmental meetings and discuss the issue raised • The community was encouraged to note the names of such health workers and report them in real time to the hospital management	**M/S** & Community
"This goes to Busota H/C III health workers. They are very disorderly. You can go there very early but because they are disorganized, the first one may end up being the last to leave the facility"	• The health facility in charge to hold meetings with OPD staff	**In charge Busota H/C III**
"Personally, I was very sick and went to Busota H/C III for medication, the health worker on duty put me on a drip and never returned, I was there from 2:00pm to 10:00pm in the night when my relatives came to check on me. I wanted to go to the toilet but couldn't, it was really tough for me."	• The facility in charge to talk to the health workers • The MHO to hold meetings with the facility in charges and iron out such issues	**MHO** & In Charges

Achievements

- Stakeholders were successfully brought together for a dialogue
- The community was updated on their health status, and the progress towards the health indicators.
- The community was informed about the services offered in various health facilities in the Municipality and which services are offered were.
- Stakeholders managed to develop a joint action plan
- Strengthened accountabilities of government office holders and increased community ownership of health interventions and the health facilities
- It promoted community participation in decision making and planning for their own health.

Lessons Learned

- There is misinformation about health services delivered at various health facilities among community members. There is need to strengthen dialogue meetings as a way of addressing such mis information

Challenges

- Inadequate funding limited the scope of mobilization
- Low turnup of community members
- Competiting community activities such as burial ceremonies affected community attendance

Activity Photos

Figure 1 A health worker sensitizes the community about HIV in Bulamya Zone, Kamuli Municipality

Figure 2 A resident of Bulamya raising a concern during the dialogue in Bulamya zone, Kamuli Municipality

Figure 3 The Medical Superintendent responding to some of the issues raised against KGH during the Dialogue in Bulamya, Kamuli Municipality

Figure 4 The representative from the office of the Municipal clerk giving her remarks in Bukaaye zone, Kamuli Municipality During the Dialogue

Figure 5 The CDO addressing community members during the dialogue in Bukaaye, Kamuli Municipality during the dialogue

Figure 6 A community member submitting during the dialogue in Bukaaye, Kamuli Municipality

Figure 7 A community member giving feedback to the officials during a dialogue in Bukaaye., Kamuli Municipality

Figure 8 One of the Implementing Partners in UPHOLD the Girl Child Organization talking to the Community

Figure 9 A community Member complaining about extortion from patients

Figure 10 The Area VHT (Bukaaye), submits feedback from the community

Figure 11 The RDC-Kamuli District addressing the community