

**Factors affecting access to decentralized
health services: A study of households seeking
malaria treatment for children in Bundibugyo
District**

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ABSTRACT

This study is an interrogation of factors that inhibit access to health services for treatment of malaria among children below five years. Analysis is done in the context of decentralization which ideally is supposed to bring more effective and relevant services closer to people. The high burden and mortality due to malaria among children in Bundibugyo despite changes in the service delivery mechanisms that decentralization brings provoked this study, thus calling for an interrogation of challenges within the service delivery system, and outside, for addressing the treatment needs for malaria.

The study was conducted in Bubukwanga and Busaru sub-counties of Bundibugyo district, in western part of Uganda. A cross-sectional survey design was used to generate descriptive and analytical data mainly from 80 households using cluster and multi-stage techniques, and from purposively selected key actors involved in health service provision. Frequencies and other statistical manipulations were used for analysis of quantitative data, while thematic analysis was used for qualitative findings.

Overall, the incidence and burden of malaria is high in Bundibugyo district. Access to treatment has not significantly improved with increasing proximity to public health facilities (HCIV, HCIII, HCII and HCI-CDD) because the lower units especially the HCII and CDD are not functional. It is still a common practice, despite the existence of the different levels under decentralized service structure, for mothers and care takers of children to skip established referral points and move direct to the main hospital. This is mainly due to drug stock outs in lower units, lack of staff or sheer absenteeism of providers, and lack of adequate information, combined with the traditional inhibitors including negative attitudes and perceptions, distance, cost and time, and availability of alternatives in the private sector. In short, the expected results from decentralized health services in the case of malaria treatment among children are not realized in Bundibugyo.

Beyond the policy framework of decentralization, it is necessary to improve funding from the government and other stakeholders to sustain flow of drugs, reagents and equipment at all levels, attract and retain staff at decentralized facilities, facilitate service providers well, with accommodation, tools of trade and other motivators, and mobilize communities to enhance participation and ownership of structures. This way the system will work.