



Bukobero Community Health Centre Buwaali Sub-County, Bududa District, Uganda

The Bududa District (Bududa) in southeast Uganda is a world apart. Located on the southwestern foothills of Mt. Elgon, it is a misty, remote area known for its Arabica coffee. Often called the “forgotten district,” Bududa is one of the poorest regions in Uganda and health services are desperately needed.



The area is prone to severe mudslides and the main health facility providing comprehensive care for several sub-counties in the region was swept away in 2010 by the worst mudslide in Uganda’s history. The slide also destroyed three villages and killed hundreds of people. The health facility has never been rebuilt and people must walk several hours for health care, often impossible during the rainy seasons when rivers are swollen and bridges washed out. This is especially difficult for women in labor.

Now there is a chance to bring much needed health services to the people of this beautiful region.

The Bukobero Community Health Centre:



Architectural rendering of the clinic

The people of Buwaali Sub-County in Bududa have asked for help in building a new community-owned Health Center III (HCIII) to replace the one that was lost. Besides Buwaali, it will serve five surrounding sub-counties, including the county where the original clinic was located. Three of these sub-counties also have no health facilities. An HCIII is licensed to provide maternity services which are desperately needed in the area.

The community is so committed to this project! Money has been raised to help purchase land out of the slide zone, a “Community Based Organization” (CBO), a legal entity in Uganda, has been set up to own the land and operate the clinic, and additional land has been donated for the road to the clinic and future expansion. The CBO is comprised of village elders, activists, and leaders, both men and women. Over 50 people have joined the CBO and mobilizers are spreading the word to surrounding villages.



Villagers are already constructing the road to the clinic site. And they will continue to contribute through in-kind donations, including clearing the land, donating poles for building scaffolding, making bricks, site labor, and supplying food to the construction crew, among many other things.

The Bududa Region – the need:



Bududa is one of the poorest regions in Uganda. Nationwide, the average per capita annual income is approximately \$700¹; in Bududa it is \$300. Approximately 43% of the population lives in extreme poverty, or below the equivalent \$1.90 a day². Most families are subsistence farmers who sell the little excess they grow to buy a few necessities. This extreme poverty is compounded by lack of access to health care. People must make the difficult decision to use their limited resources to pay for transport to distant health facilities or go without treatment.

Poverty and lack of access to health care and health education has especially affected the health of women and children.

Malnutrition resulting in stunting (short for age) is a chronic problem in the Bududa region; 49% of children under five years of age are stunted, almost twice the national average³. Poverty is not the only reason for stunting. Frequent infections in the early years of life are also a risk factor. Stunting often begins in utero and its impacts last for generations. Cognitive development can be effected and women who were stunted as children often have narrow pelvic structures leading to obstructed labor and higher negative birth outcomes⁴. Increasing the education of mothers and providing health services can greatly decrease the prevalence of stunting.

An important maternal health indicator is the percentage of births delivered in a health facility. At 55%, Bududa has the lowest rate of health facility deliveries in Uganda. The remaining births occur at home, often without the help of a qualified birthing attendant.⁵ Currently in Buwaali and its five surrounding sub-counties there are only two health centers serving a population of over one-hundred and fifty thousand people, and only one of those provides maternal delivery services⁶. With hills ranging from 3,900 to 5,900 feet and two rainy seasons that dump 70 inches of rain on the region, washing out roads and bridges, walking to a health facility miles away, especially while pregnant or in labor, is often impossible.

Lack of access to family planning services has contributed to a fertility rate that is one of the highest in Uganda: 7.2 births per woman compared with 5.4 nationally⁷. Grand multiparous women (five or more pregnancies) are at much higher risk for maternal and neonatal complications. This fertility rate has also resulted in a population density of 1,000 people per square kilometer, leading to deforestation and slides as population pressure pushes cultivation higher and higher into slide zones. There is a desperate need for a health clinic that can provide not only good medical care but also access to family planning, quality health and nutrition education, youth friendly services, and obstetric services.



Stunting with rickets

¹ Trading Economics, <https://tradingeconomics.com/uganda/gdp-per-capita>, 9/2018.

² The Uganda Poverty Assessment Report, 2016, World Bank.

³ Uganda Demographic and Health Survey, 2016.

⁴ Dewey, et al. Long-term consequences of stunting in early life. *Maternal and Child Nutrition*, 2011

⁵ Uganda Demographic and Health Survey, 2016.

⁶ Health Facilities Inventory, Uganda Ministry of Health, 2012.

⁷ Uganda Demographic and Health Survey, 2016.

Why support this clinic?



Proudly holding the health center plans

meets government requirements, government support is available for certain programs, such as Primary Health Care, Child Immunizations, Maternal Health, and HIV/AIDS counseling and treatment. The community is also generating ideas for additional income generation to support the clinic. These include bee keeping, insurance programs, increasing tourism, and starting a local coffee cooperative.

The Bukobero Community Health Centre will bring much needed health services to the area.

Essential services such as vaccinations, pre and post-natal care, safe deliveries, HIV-AIDS prevention and treatment, family planning, and help for common illnesses such as malaria, respiratory infections, and diarrheal diseases, will at last be accessible.

There are many, many worthy projects in this world and much need. Why support this one?

Because the need is great and the community is committed. The idea and leadership for this clinic came not from an outsider, but from the community itself. Besides the work already planned and completed, the CBO is also preparing for the sustainable future of this health center. It knows that it is one thing to build a clinic, but another to keep it running.

Health center leadership is already meeting with national and local health officials to secure long-term support for clinic operations. Once the clinic



Road building for the health center

Who we are:

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David Wamuwaya is a registered nurse with ten years of experience. Currently working at the Bwindi Community Hospital in southwestern Uganda, David was born and raised in the Bududa District and has a passionate commitment to the health of his community. He believes not only in the importance of good medical care but the importance of health education so people can remain healthy. David is working closely with the community to establish the Bukobero Community Health Centre and will be the Clinic Director when it is completed.



Sheila Hosner has a Master of Science in International Health from Humboldt University and Charite´ Medical School in Berlin, Germany. She worked in Rwanda with Tulane University’s Country Program and with the World Health Organization in Geneva. In Uganda, Sheila worked at Bwindi Community Hospital where she coordinated a program providing medical care to people who could not afford it. Under her leadership, the program grew over ten-fold in two years. Sheila is the Development Director for the project.

Bukobero Community Health Centre CBO Officers:



Constant Makwa, Chairperson. Constant is a retired from a career as a teacher of building construction trades in technical colleges. He now farms and grows coffee. A long-time community leader, he will oversee the construction of the health facility.



Modesta Namwokoyi, Vice Chairperson. Modesta is a teacher by profession and has a passion for working with the disabled, youth, and orphans. Modesta co-leads CBO meetings and helps mobilize the women of the community, learning their concerns and sharing them with the leadership of the CBO.



Fred Peter Maira Mutsaka, Secretary. Fred is a certified accountant and is employed by the local government to promote small businesses and help develop new income generating activities. Fred is the secretary for meetings and coordinates banking and auditing for the CBO.



Patrick Kibet, Community Mobilizer. Patrick is also a teacher and spends many of his off hours walking the hills surrounding the community to engage others and encourage their support of the Bukobero Community Health Centre. He is working to develop a team of mobilizers.