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I. Introduction and Rationale

Kalangala district is made up of a total of 84 Islands spread in Lake Victoria. It has an area coverage of 9,066.8Km² out of which only 432.1Km² (4.8%) is land. With 296Km² of land, Buggala is the biggest Island that form Kalangala district. It is surrounded by Mpigi district to the North, Mukono to the East, the Democratic republic of Tanzania to the South and Masaka and Rakai districts to the West. The total population of the district is 34,766 (20,849 male and 13,917 female). The district lies between Latitude 0⁰ 10' and 1⁰ 00' South and Longitude 32⁰ 01' and 32⁰ 52' East. The main economic activities include: fishing; lumbering; farming and tourism. According to the 2014 population census, the district population was estimated to be 54,293. While the number of women was 29,944, that of men was 31,349.

The state of health services in Kalangala is extremely worrying. Statistics show that 57 of all inhabited islands in Kalangala have no health centres. The most affected islands are Nkose, Nkese, Kivunza, Kyagalanyi, and Luwungu landing site. Apart from Bugala, the main island which has five health centres including Kalangala Health Centre IV, the remaining 57 islands are grappling with lack of health centres. The repercussion is that residents in this part of the country have no access to health programmes like antenatal and immunization services. To make matters worse, medical workers in areas with health centers are poorly-facilitated to reach out to all the hard to reach islands. The lack of health centers on these hard to reach islands implies that most people especially expectant mothers could be dying because they have no proper and timely medical attention. As a result, most mothers are depending on traditional birth attendants.

It against this background that residents have been demanding for well-equipped hospitals in the hard to reach islands to improve the quality of health services in their areas. Due to the perturbing state of health services in the district, Rotary Club of Kamapala Sesse Islands is proposing to introduce the motorcycle and boat ambulance program in Kalangala district to enable people access better health services in hospitals at the main island and other neighboring districts.

II. Program Objectives

The general objective of this program is to enhance movement of extremely sick people and expectant mothers to health centres to avoid loss of lives.

Specific Objectives

There are several specific objectives of the program include:

- * Enhancing access to specialized medical services by extremely sick people.

* Improving Kalangala district capacity to handle health emergency cases.

III. Area of Operation and Target Population

This program is targeting 5 remote islands where transport to nearest health centers is difficult. These include Nkose, Nkese, Kivunza, Kyagalanyi, and Luwungu landing site. All people living on these Islands are targeted by this project.

IV. Operationalization of the Ambulance Program

The district steering committee will carry out awareness campaigns in targeted areas about the operations of the scheme. Low cost motorcycle-trailers and boats will be procured. The motorcycle trailers will be kept at the health centers where a facilitated coordinator will be responsible for receiving calls from those interested in utilizing the services.

On the other hand, the boat ambulances will be stationed at the docking areas. The idea is that people in need of better health care services are ferried from islands that lack appropriate services to islands where there are better health care services. The village health team (VHT) will be in charge of controlling the utilization of the motorcycle trailers and boat ambulances with facilitation from the district health department.



An example of the 3.0 powered engine boat to be procured

V. Activities and Time frame

There are several activities of this program as indicated below.

Activities	Timeframe								
Signing of memorandum of understanding with Kalangala district leadership									
Community consultation									
Raising resources for buying procuring motorcycles and boats									

Organizing community based ambulance services monitoring committee									
Organizing intensive community education program on signs and symptoms of emergencies									
Formal inauguration of ambulance services									
Conducting of periodic review meetings with ambulance service monitoring committee									

VI. Expected outcomes

There are several expected outcomes of this program. These include:

- ✓ Significant reduction in loss of life due to treatable diseases.
- ✓ Increased number of people seeking better health services.
- ✓ Improved maternal and child health status in targeted areas.
- ✓ Improved quality of life among people in targeted areas.

VII. Sustainability

This program will be embedded in the district health care scheme. The District Health Department will form an ambulance service steering committee that will be responsible for coordinating and monitoring progress of the program. There will be area steering committees in all the targeted areas to coordinate the scheme. In a bid to sustain the local ambulance services, there will be provision of small fee to cover the cost of fuel. Consultations will be carried out to ascertain how much communities are willing to contribute towards the scheme.

VIII. Program Monitoring and Evaluation

Monitoring of this program will be done at various levels. The community steering committee will be equipped with basic monitoring and evaluation techniques. During periodic meetings, the steering committee will review the progress of the program. Members of the committee will continuously hold discussions to ascertain whether or not the program is in line with the objectives of the program. More so, they will discuss about the challenges faced and how to mitigate them. The ambulance managers will maintain a logbook to ensure that all emergency cases handled are recorded. A focal point person attached to the district health department will also periodically prepare a progress reports. The Rotary Club of Kampala Sesse Islands will also hire a consultant to evaluate the program.

X. Budget

The budget presented below is in line with the key activities of the project.

Items	Number Staff/items	Unit cost	Total Days/Units	Total Cost
1. Community consultations				
<i>1.1 Refreshments</i>	300	2000	1	600,000
<i>1.2 Stationary</i>	300	3000	1	900,000
2. Refreshments for organizing community-based ambulance services monitoring committee	30	2000	1	60,000
3. Organizing intensive community education program on signs and symptoms of emergencies				
<i>3.1 Refreshments</i>	300	2000	1	600,000
<i>3.2 Stationary</i>	300	3000	1	900,000
4. Procuring 10 motorcycle trailers	10	1,000,000	1	10,000,000
5. Procuring 3 boat ambulances with 3.0 Diesel engines	3	13,000,000	1	39,000,000
6. Formal inauguration of ambulance services				
<i>6.1 Refreshments</i>	500	1000	1	500,000
7. Conducting of periodic review meetings with ambulance service monitoring committee				
<i>7.1 Refreshments</i>	30	1000	4	120,000
8. Monitoring and Evaluation				
<i>8.1 Consultancy fees for consultant (Baseline, midline and Endline)</i>	1	6000000	3	18,000,000
Total				70,680,000

NB: During meetings, the district will be responsible for providing space, public address system and publicity services. Therefore, these costs are omitted in the above budget.