



EXPERIENCES FROM THE FIELD

WORKING WITH LIMITED RESOURCES IN OYAM DISTRICT

Working in a Ugandan district means being involved on multiple levels – from the hospital to the community, from procurement to health centers. It also means engaging both nationally and globally while maintaining strong ties with local staff and the rural dimension of the district itself.

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In Oyam District in northern Uganda's Lango sub-region, where CUAMM has been active for years, "leaving no one behind" – especially mothers, children, adolescents, and those who live far from health facilities in the poorest and most remote areas – is very challenging. The many problems, often of an economic, organizational and/or logistical nature, reflect even broader and deeper complexities.

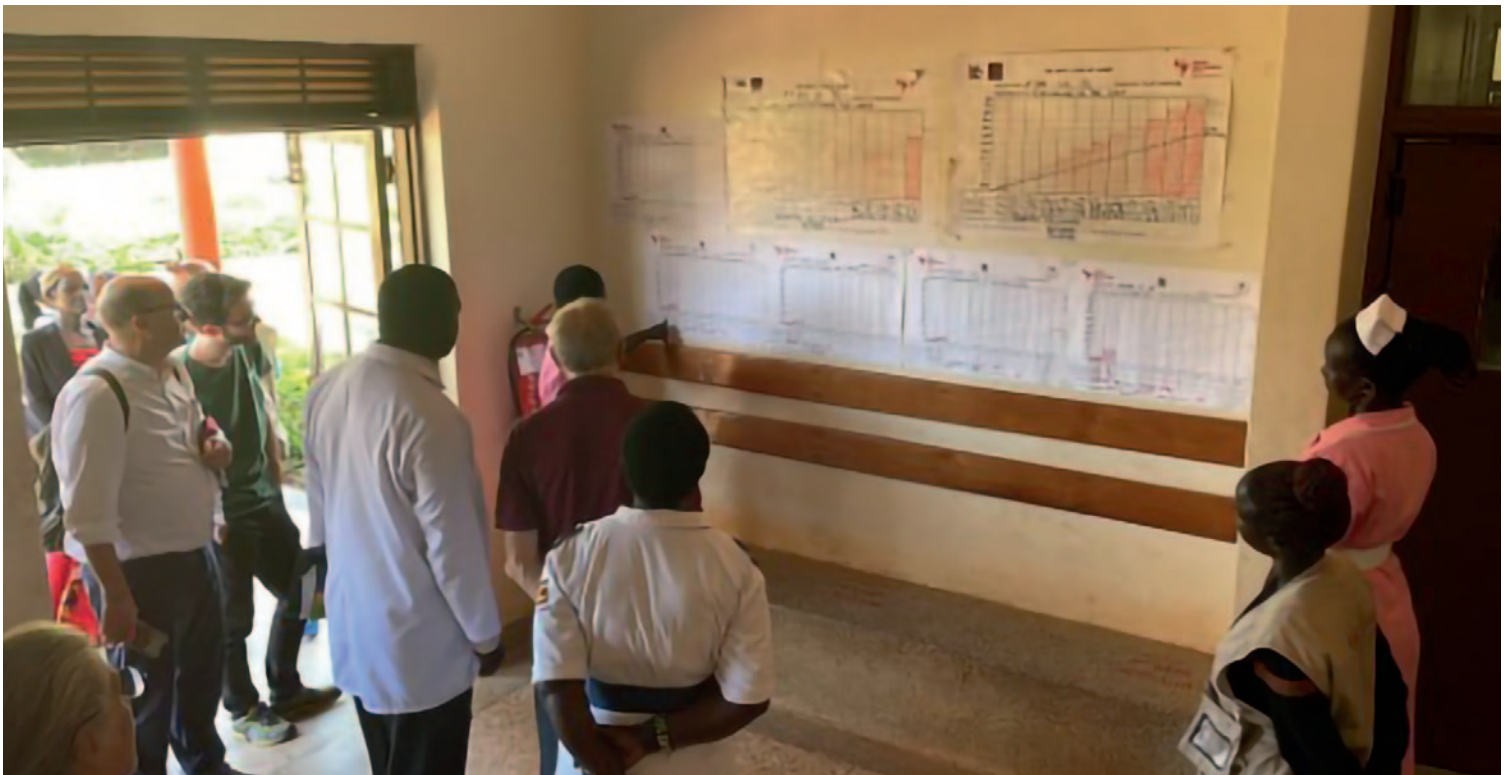
A GLOBALLY-CONNECTED DISTRICT

Supporting this district means **meeting the health needs of more than half a million people** who live in rural areas, yet are still affected by global dynamics. Even while hoping that challenging periods like the COVID-19 pandemic will not recur, Oyam has been impacted by the consequences of the war in Ukraine for years now, with soaring food prices and medicine shortages

up to 50%. 2025 also brought the unexpected news that Donald Trump was shutting down the U.S. Agency for International Development (USAID) and suspending its programs. Oyam District is also affected by the situation in broader Uganda, where economic growth has not kept pace with the country's commitment to improving public health. Only 35% of the personnel meant to work in government health units per the country's organizational chart have been hired. Those who *are* working are completely overwhelmed, which impacts the quality of care delivery as well. In a context this complex, how can we ensure the **continuity** of our projects?

FOCUSING ON SOLUTIONS

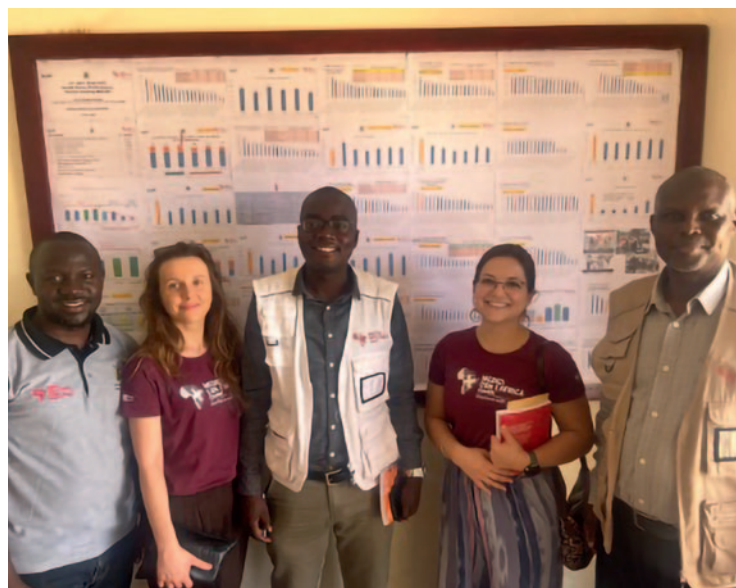
Our top priority is to find **solutions** to mitigate the consequences of the situation on people's health. We try to ensure the continu-



ity of vital activities, such as those provided by Village Health Team volunteers, and of the availability of drugs for the treatment of diarrhea, malaria, and pneumonia in children. When drugs are in short supply, we redistribute what is available among the health units; in fact, those that do their job well and succeed in treating a high volume of patients are the first to run out of drugs. We optimize drug prescriptions in the units in compliance with the Ministry of Health's clinical guidelines, which entails making visits – sometimes joined by local authorities – to support and supervise the units and resolve issues affecting team spirit, such as job negligence, absenteeism or failure to comply with contractual obligations.

PEOPLE ARE TRULY “RESOURCES”

People are the primary resource in resource-limited settings. This means that key outcomes should be shared, first and foremost among those who are most directly involved: health unit staff and their managers. We did so, for example, after recording a significant (over 35%) drop in maternal deaths thanks to training provided to midwives working in the units, improved quality of care, and the availability of two ambulances for emergencies. This is why every year, CUAMM prepares graphs in each health unit to highlight key indicators (for example, the number of deliveries), updating them on a monthly basis, comparing them with previous figures and targets, and discussing them in monthly meetings before sending reports to the district. In addition, presentations are given every three months at evaluation



meetings attended by unit managers, politicians, partners, and members and directors of the District Health Team, and posted on large notice boards in the district to keep everyone **aware of the work** being done and the challenges still to be met.

It is essential that people be kept informed about the results of their hard work, which they generally carry out with great perseverance, in precarious living conditions, often far from their families. In Oyam, this is not only a CUAMM priority, but also a formula for success. Giving visibility to **data and people**, and optimally communicating the latter's accomplishments, are vital for enhancing health service quality at every level.