


MATERNAL HEALTH PROJECT 2010 - 2014

Name of Organization: **Sicklecell Association of Uganda (SAU)** Date of Submission: 4th /April /2014

Reporting period: 1st January 2014 to 31st March 2014 District cluster: **Mubende** Sub county: **Nalutuntu**

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Section 1

1.0 Introduction

Sicklecell Association of Uganda has implemented activities for Maternal Health Project in Nalutuntu Subcounty under these result areas; **RESULT 1: Awareness and demand.** Target communities to be aware of their rights and demand for quality Maternal Sexual and Reproductive Health services, **RESULT 2: MSRH services.** Good access to and high utilization of MSRH services in target communities, **RESULT 3: Accountability.** Key duty bearers held accountable for delivery of MSRH services in target areas. It targets female and male community members in the reproductive age group 15 – 49 years.

10th – 14th February, sickle cell Association Staff that is Mrs. Ruth Nankanja, Mr. Edward Sentamu and Mrs. Nakanyike Annet left for Mubende District to implement activities that included; stakeholders meeting with the officials at the District headquarters and Subcounty headquarters chaired by the Executive Director of Sicklecell Association of Uganda. Conducted a refresher training at Nalutuntu Subcounty targeting health workers on patient rights, Health Unit Management Committee on their roles / responsibilities and Community resource persons were retrained on Maternal Sexual and Reproductive health services. Drama and community dialogue were held at Mirembe trading center.

8th March 2014, SAU was given a role of Master of ceremony and exhibited Sicklecell materials at the International women's day celebrations that took place at Kiwuliriza play grounds Namuwongo suburb several activities done included; a press statement by Voices for Health Rights coalition, Cancer screening and Family planning services by Reproductive Health Uganda (RHU), HIV/AIDS testing by TASO Uganda, Blood donation by Uganda Blood Transfusion Services and Health literacy on Sicklecell, Epilepsy, Infertility and Mental illness.

9th – 13th March 2014, SAU staff Mrs. Ruth Nankanja and Mr. Edward Sentamu carried out support supervision with community Resource Persons in the **four (4)** parishes including Ggambwa, Kyanamugera, Nalutuntu and Kyakatebe. Drama and Community dialogue were conducted at Kiwumulo Trading center, three Radio talk shows were held both on Heart FM Mubende and Mboona FM Mityana where one of the talk show was discussed by SAU Executive Director and Program Officer at Mboona FM. We also had an Interface meeting with key stakeholders at Ggambwa Community School these included; health workers, Subcounty officials and the community.

25th – 27th March 2014 Sicklec cell Association of Uganda Program Officer Edward Sentamu coordinated a Drama show and a Community dialogue on Maternal Sexual Reproductive Health at Kyakasengula Trading centre and also made a follow up case on the renovation of Mirembe Health Centre II.

Community sensitisations on Maternal Sexual Reproductive Health Rights are conducted throughout the quarter by the twenty Community Resource Persons facilitated monthly and provided with logistical support by SAU under the supervision of the Focal Person (Ssebunya Amjad).

Integrated outreaches have also been facilitated by SAU and these are conducted by Ms. Asaba Proscovia a Midwife from Kiganda Health Center IV and Ms. Lydia Lwanga a Midwife from Mirembe Health Centre II areas covered included; Kiwumulo, Nkandwa, Kibonwa, and Kabagala.

SAU has been facilitating her Focal person (Amjad Ssebunya) for the monthly cluster meetings in which other focal persons from Kiganda and Myanzi drafted the work plan for the quarter in the first month, they reviewed the progress in the second month and in the third wrote a quarterly cluster report for the implementing cluster partners.

Table 1: Achievements on the targets for the quarter

Result areas/Objectives	Indicator	Actual achievement (numbers)	Deviation from plan	Reasons for deviation and remedial action
Result 1: Awareness and demand	Indicator R1.1: Number of community sensitisation meetings held to disseminate MSRHR information	Total number of meetings 270 Community Sensitisation meetings. Group sensitisation meetings 112 and individual meetings 158 Topics included; Danger signs of Pregnancy,	We had planned 180 sensitisation meetings	We exceeded our target this was because of the support from local leaders to mobilise the community for sensitisation

Result areas/Objectives	Indicator	Actual achievement (numbers)	Deviation from plan	Reasons for deviation and remedial action
		dangers of Gender Based Violence, Attending Antenatal care, hygiene, HIV/AIDS testing, Elimination of Mother To Child Transfusion, male involvement, Family planning, Sicklecell disease and pregnancy, patient rights		meetings.
	Indicator R1.2: Attendances at community sensitisation meetings (groups)	Total number of participants 4034 Participants out of which males were 1550 and Females were 2484 Topics included; Danger signs of Pregnancy, dangers of Gender Based Violence, Attending Antenatal care, hygiene, HIV/AIDS testing, Elimination of Mother To Child Transfusion, male involvement, Family planning, Sicklecell disease and pregnancy, patient rights.	Our target was 1620 participants	We exceeded our target this was because of the refresher training which SAU had facilitated at the beginning of the quarter to build the capacity of the Resource persons in mobilisation skills which can be indicated by their results.
	Indicator R1.3: Attendances for individual information and dialogue with MHP community resource persons	Total number of participants was 2677 out of which 997 were males and 1680 Females	Our target was 1000 participants	We exceeded our target this was because of the refresher

Result areas/Objectives	Indicator	Actual achievement (numbers)	Deviation from plan	Reasons for deviation and remedial action
	(individuals)	Topics covered included; Danger signs of Pregnancy, dangers of Gender Based Violence, Attending Antenatal care, hygiene, HIV/AIDS testing, Elimination of Mother To Child Transfusion, male involvement, Family planning, Sicklecell disease and pregnancy, patient rights		training for the resource persons in communication skills. This has improved their way of approach in different Households where they conduct homevisits.
Result 2: Access and utilisation	Indicator R2.1: Number of outreaches conducted	12 Outreaches facilitated by Sicklecell Association of Uganda conducted by Midwife Asaba Proscovia and Midwife Lydia Lwanga	12 out reaches were planned and implemented	There was no deviation.
	Indicator R2.2: Number of health facilities supported to conduct MSRH service and information outreaches	Two Health facilities that is Kiganda HCIV and Mirembe Health Center II Midwives are facilitated by SAU	We planned to support two Health facilities with guidance from Ass DHO Mubende	There was no deviation
	Indicator R2.8: Maternal deaths recorded at community level	Only one Maternal death at Ggambwa parish	N/A	There was no deviation
Result 3: Accountability	Indicator R3.1: Number of health unit management committees sitting at least 4 times a year.	SAU facilitated one sitting of a Health Unit Management Committee at Mirembe Health Center II	We planned to facilitate only one meeting per quarter.	There was no deviation
	Indicator R3.4: Number of health facilities (Health Centre 3 or 4) with at	Nalutuntu Subcounty only has one Government Health centre II that is Mirembe	N/A	There was no deviation

Result areas/Objectives	Indicator	Actual achievement (numbers)	Deviation from plan	Reasons for deviation and remedial action
	least one functional feedback/redress mechanism in place (i.e. Complaint desks, suggestion boxes, disciplinary committees, meetings etc).	Health Centre II . The suggestion box at the Health centre is functional.		

Table 2: Cumulative progress to date (Total numbers since start of the project to the time of current reporting)

Result areas/Objectives	Indicator	Cumulative achievement (numbers)	Comments
Result 1: Awareness and demand	Indicator R1.1: Number of community sensitisation meetings held to disseminate MSRHR information	1994 community meetings held. Topics covered include; Danger signs of Pregnancy, dangers of Gender Based Violence, Attending Antenatal care, hygiene, HIV/AIDS testing, Elimination of Mother To Child Transfusion, male involvement, Family planning, Sicklecell disease and pregnancy, patient rights, Post Natal Care, Teenage pregnancy.	There has been an improved mobilisation skill among the resource persons.
	Indicator R1.2: Attendances at community sensitisation meetings (groups)	28227 participants Topics covered; Danger signs of Pregnancy, dangers of Gender Based Violence, Attending Antenatal care, hygiene, HIV/AIDS testing, Elimination of Mother To Child Transfusion, male involvement, Family planning, Sicklecell disease and pregnancy, patient rights, dangers of early pregnancy. Post Natal Care.	Local leaders support the resource persons in mobilising the community.

Result areas/Objectives	Indicator	Cumulative achievement (numbers)	Comments
	Indicator R1.3: Attendances for individual information and dialogue with MHP community resource persons (individuals)	17889 participants Topics covered include Danger signs of Pregnancy, dangers of Gender Based Violence, Attending Antenatal care, hygiene, HIV/AIDS testing, Elimination of Mother To Child Transfusion, male involvement, Family planning, Sicklecell disease and pregnancy, patient rights, dangers of early pregnancy, Post Natal Care, Teenage pregnancy	Home visit sensitisation meetings have increased because of the improved communication skills among the resource persons in the community through the trainings facilitated by SAU
Result 2: Access and utilisation	Indicator R2.1: Number of outreaches conducted	12 outreaches that have been facilitated this quarter by SAU include; Kiwumulo, Nkandwa, Kibonwa and Kabagala	These outreaches were being implemented by UNHCO in the last three years.
	Indicator R2.2: Number of health facilities supported to conduct MSRH service and information outreaches	2 Health facilities that have been facilitated this quarter these include; Kiganda Health Centre IV and Mirembe Health Centre II.	UNHCO was facilitating Kiganda HCIV and Myanzi HC III for the outreaches in Nalutuntu
	Indicator R2.8: Maternal deaths recorded at community level	One Maternal Death was registered this quarter at Ggambwa.	This death was due to Health workers negligence at

Result areas/Objectives	Indicator	Cumulative achievement (numbers)	Comments
			Mityana Hospital.
Result 3: Accountability	Indicator R3.1: Number of health unit management committees sitting at least 4 times a year.	1 health unit management committee meeting was facilitated by SAU this quarter	UNHCO was implementing this activity for the last three years
	Indicator R3.4: Number of health facilities (Health Centre 3 or 4) with at least one functional feedback/redress mechanism in place (i.e. Complaint desks, suggestion boxes, disciplinary committees, meetings etc).	Nalutuntu only has one Government Health Centre II but it has a functional suggestion box.	UNHCO was implementing this activity for the last three years

Note: For indicators; R2.2, R3.1 and R3.4; the cumulative will initially increase, once the total maximum number available is reached there will be no cummulatives, instead the the number will remain the same if there are no declines.

Table 3: Mass Media

Type	Number	Topic/Theme
E.g Radio talk shows This is a joint activity implemented by both SAU and UNHCO on 102.3 Heart FM Mubende and Mbona FM Mityana	3 radio talk shows on 102.3 Heart FM and Mbona FM Mityana	Advantages of delivering in a health facility. The needs of a pregnant mothers for safe delivery HIV/AIDS and Maternal Health Sicklecell disease and Maternal Health

Radio spot messages Were run them throughout the quarter on 102.3 Heart FM Mubende	180 spot messages on 102.3 Heart FM	Mothers attending Antenatal care, delivering from Health facilities, male involvement, danger signs, Sicklecell disease and Maternal Health
Drama shows facilitated by SAU.	3 Drama shows at Mirembe Trading center and Kiwumulo Trading center and Kyakasengula Trading center.	HIV/AIDS testing, Antenatal Care, role of Resource persons, dangers of delivering from Traditional Birth Attendants, PMTCT, dangers of domestic violence, effects of alcoholism, dangers of child abuse, Male involvement, Nutrition among pregnant mothers, prevention of Malaria among pregnant mothers, EMTCT.

Section 2: Narrative page

Provide a detailed description on how all activities were implemented per result area and what was achieved as a result of implementing the activities.

2.1 Result area1: Target communities aware of their rights and demand quality MSRH services

2.2 Refresher training for the Health Workers on patient rights, Health Unit Management Committee on their role and responsibilities and Resource Persons on MSRHR 12th / February/2014

SAU team conducted a refresher training for the **Health Workers** on patient rights and these included; the right to Medical Care, a right to equal and fairness with no discrimination regardless of age, tribe, gender among others, Participation on decision making, a healthy and safe environment, Proper Medical care, Be treated by a named health care provider, training and research, right to safety and security, receiving visitors, informed consent, Medical care without consent, refusal of treatment, Be referred for a second opinion, continuity of care, confidentiality, and privacy, the patient right to medical information, custody of medical records, medical records retention, right to redress and right to be visited if hospitalised.

Responsibilities of the patient; provision of information, compliance with instructions, refusal of treatment, respect and consideration, Will

Health workers responsibilities; penalties, duration of admission, comments, suggestions and complaints. Provision of quality health care.

Health Unit Management Committee were also trained on their roles and responsibilities such as bridging the gap between the community and the Health Workers. They play a supervisory role at a Health center, they approve the budget for the Health Unit, they draw up annual workplans reflecting priority needs, they monitor the performance of the approved budget, they regulate and monitor health center finances, to monitor the procurement, storage and utilisation of health center goods and services, to perform any function as directed by the nominating authority.

We also discussed about their **composition** where by the committee consists of a Chairperson who is a prominent public figure, a secretary who is the incharge and other educated members in the parishes.

Procedures for the Health Unit Management Committee

- The Health Unit Management Committee should sit at least once a quarter to conduct health unit business and they could meet often if there is need.
- The meeting should sit at the Health center premises.
- The Chairman at anytime should convene a meeting if there is a special concern.
- Issues discussed should be decided by the simple majority of the committee members present by voting.
- The minutes of the proceedings should be entered in the minute book maintained by the secretary of the committee
- The term limit for the chairperson committee should be three years.

Community Resource Persons (Village Health Teams) were retrained on the six (6) Key Actions of Village Health Teams in community health for example, the Key Tasks of the Village Health Team Members, the importance of community mobilization for Village Health Teams, the opportunities for social mobilization and community empowerment , Who can help Village Health Teams to mobilize village members for health activities?, The Meaning of Record Keeping, the Importance of Record Keeping, How do you create a Village Record Book, How Do Village Health Teams get the Information to fill in the Village Record Book, Why Village Health Teams need to Monitor Good Health Practices. The Meaning of Home Visiting, Why Should One Conduct Home Visit, the Skills Needed to Conduct a Home Visit,



Participants included; Resource persons, Traditional Birth Attendant, HUMC members, Youth leader, Secretary for Gender, Health Assistant, Health workers, Assistant Subcounty chief, Vice Chairperson LC III, District Councillor during the training session at Nalutuntu Subcounty Headquarters.

Resolutions after the retraining

1. It was agreed among the participants that they will be in position to sensitise the community about the relationship between Sickle cell disease and Maternal Health.
2. It was agreed that the participants will hold their leaders accountable to ensure that quality health care is availed in Nalutuntu Subcounty.
3. Health Workers after the training pledged to respect the patient rights.

Achievement

1. The Village Health Teams, Health Workers, Health Unit Management Committee and subcounty officials were trained on how to use a community score card .
2. One of the Traditional Birth Attendants who attended the training confessed that she has learnt that delivering mothers is illegal and also can acquire HIV/AIDS and Hepatitis B.
3. The participants were re-oriented on how to use a suggestion Box as form of redress mechanism and feedback to the community



Mrs. Zamukunda Justine (In Blue)
represented Traditional Birth Attendants in Nalutuntu Subcounty

Health Unit management Committee Chairperson in his words said that “ We as committee members thank the facilitators for the re –orientation of our roles and responsibilities, I therefore pledge to lead the committee with a purpose.



Health Unit Management
Committee Chairperson Mr. Senyange Wilson of Mirembe Health center II appreciating the re – orientation process.

- The participants were also trained on how to empower the community to hold their leaders accountable. This was evidenced when we invited Nalutuntu Subcounty District Councilor to respond to Maternal Health questions.



District Councilor Hon Kagaba Erio responding to questions from participants to understand result area 3 of accountability.

Some of the questions asked by the participants included;

Qn1. Mr. Kalitunsi Herbert wanted to know from the District Councilor why they donot construct houses for Health Workers at Mirembe Health Center II?

Hon. Kagaba explained that the subcounty and the District have limited funding for construction of these houses.

Qn 2 When will Mirembe Health center II get water ?

Hon Kagaba answered that at the District there is a works and extension commiitte which has drawn a plan of extending water to Kakungube therefore come next financial year, the Health facility will have water.

Secondly, at subcounty level they provided a water tank for rain harvesting which has supported the facility.

Qn 3. Chairman Health Management Commiittee Mr. Senyange Wilson wanted to know why Mirembe Health Center II always face a challenge of drug stockouts.

Hon Kagaba explained that this is due to the Budget ceilings from National Medical Stores.

Qn 4 When are we getting solar at Mirembe Health center II.

He answered that it has to be passed by the subcounty council then brought to the District hopefully come next financial year that issue will be sorted out.

Qn 5 When will the District upgrade our roads for accessibility to Health centers?

Hon, answered that the District together with Uganda National Roads Authority will upgrade Myanzi – Bukuya road this financial year.

1.3 Drama and Community Dialogue on Maternal Sexual Reproductive Health Rights at Mirembe Trading Center on 14th – February -2014



Male involvement during the community dialogue.



Kamusenene Drama group performing to the community of Mirembe Trading Center sensitising the community on Maternal Sexual and Reproductive Health Rights.

Lessons learnt from music and Drama shows on MSRHR .

- It is dangerous to deliver from Traditional Birth Attendants
- Pregnant mothers must attend antenatal care for the safety of the mother and newborn.
- HIV/AIDS testing helps mothers to save the New born from being infected (Elimination of Mother to Child transmission)

- Dangers of domestic violence to a pregnant mother
- Advantages of delivering under a skilled Health Worker.
- The role played by Village Health Team in the community.
- Responsibilities played by men during and after pregnancy

Community dialogue : The main theme was Male Involvement

What is Male involvement?

Men playing their roles and responsibilities for their wives during and after pregnancy

What are these roles and responsibilities?

- Providing the necessities like Mamakits.
- Providing transport for the mother to and from the Health center,
- Buying clothes for the newborn
- Accompanying her for antenatal care
- Accompanying her during delivery,
- Buying Mamakit for the mother,
- Providing good food for the pregnant mother,
- Paying Hospital bills,
- Encourage Family planning
- Husbands encouraging their wives to take the new born for immunisation,
- Encouraging their wives to go for post natal care
- Testing for HIV/AIDS with their spouses.

Why men fail to fulfill their responsibilities

- Poverty has been a key factor in affecting men to buy the necessary equipment for their families.
- Most men are addicted to alcohol therefore they resort to use the money to buy alcohol
- When men accompany their wives for delivery, Health workers pressure them to buy Mama Kits and pay for Hospital bills even if its a Government facility this scares them.
- Planting and Harvesting seasons are also major hinderance for men to accompany their wives to Health facilities.
- The power of decision making is among men they even decide for us wether to use Family Planning or not.
- Men fear to be tested for HIV/AIDS and thus avoid going to health facilities with their wives.

What can be done to bring men on board.

- Men were encouraged to accompany their wives during and after pregnancy to a health facility.
- Women proposed to their local leaders to find a way of penalising their husbands who fail to fulfill their responsibilities.

- Women were encouraged to save money and not to wait for men for provision because during the process of labour, this can cause delay.
- Continuous sensitisation of men to know their responsibilities in a home.

1.4 Support supervision meetings with the community resource persons on MSRHR (9th -14th March 2013)

Sicklecell Association of Uganda conducted support supervision exercise in the four parishes of Nalutuntu Subcounty that is Ggambwa, Kyanamugera, Nalutuntu and Kyakatebe. Each parish has five (5) resource persons and all of them participated in this exercise. Questions were designed to evaluate the work done by resource persons to the communities such as;

- Have you ever received information about maternal sexual and reproductive health rights?
- If yes where did you get this information on Maternal Sexual and reproductive health rights?
- Have you ever received information about patients' rights?
- Where did you get information on rights from?
- Do you know where you can access recommended MSRHR services when you need them?
- If yes where do you for MSRHR services?
- Do you think it is necessary to be supervised by skilled health worker during pregnancy?
- Do you know what a pregnant woman needs to do to have a safe pregnancy?
- Do you know the danger signs during pregnancy?
- Do you support / use family planning?
- Does your partner support you during pregnancy?

1.4.1 SAU team started the supervision with Bujeru village which is sensitised by Mr. Ruberanjeyo our Community Resource Person and we interviewed fifteen (15) House Holds.

- The question about whether they had ever received information on MSRHR, they all said yes and this information was received through the door to door and group sensitisation meetings conducted by the community resource persons, through radio for example Heart FM Mubende, Sun FM Mityana, Mbona FM Mityana, CBS FM and Radio Simba.
- The question concerning patient rights, eleven (11) House Holds confessed that they knew their rights and even cited some examples such as a right to medication, a right to Health, a right to privacy and a right to be seen by a Health worker. This information was received from the Community Resource Person (Mr. Ruberanjeyo John) and through Radio messages. The four (4) House Holds were not aware of their rights this was because for them as men they thought that these sensitisation meetings were only targeting women.
- About accessing MSRHR all the fifteen (15) House Holds agreed that they knew where to access them and cited Kasanda Health Center iii, Myanzi Health Center iii, Mityana Hospital and private clinics.

- On being supervised by the skilled Health worker all the interviewees agreed that it was necessary to be supervised by a skilled Health worker. The reasons given were early referrals, saving the life of the Mother and Newborn; in case of a C- section it becomes easier for the Health Workers to conduct that operation instead of delivering from the village.
- About what pregnant women need to have for a safe pregnancy, all the households agreed that a Mama kit is a necessity and having transport to the Health facility.
- All households agreed that they knew the danger signs of pregnancy and gave examples such as malaria, bleeding, headache, swelling of the feet and vomiting.
- Most women in Bujeru do support family planning but men do not allow them to use it because of its side effects such as over bleeding, loss of sexual appetite and dryness among their wives.
- Thirteen (13) households the women agreed that their husbands have been supportive during and after pregnancy in providing transport, assisting in domestic work such as fetching water, cleaning the compound, washing plates and digging.



Some of the Households visited during support supervision at Ggambwa parish.

1.4.2 SAU team travelled to Kyanamugera parish Kalagi village and interviewed fifteen (15) households the same questions.

- Yes, Information on Maternal Sexual Reproductive Health Rights has been received from the Village Health Teams, Heart FM Mubende, Mbona FM Mityana, and Sun FM Mityana, posters, Health facilities and Non Governmental Organisations such as Sicklecell Association of Uganda. This information included; attending Antenatal care four (4) times, Family planning, nutrition, immunisation, post natal care, Sicklecell disease and Maternal Health.

- Fourteen (14) households agreed that they have ever received information on patient rights through sensitisation meetings conducted by the resource persons. They cited some rights which included; a right to health, a right to privacy and a right to treatment.
- All households agreed that they knew where to access Maternal Sexual Reproductive Health Rights; this was at Kiganda Health Center IV, Mityana Hospital and Myanzi Health Centre III.
- All the households agreed that it was necessary to be supervised by a skilled worker because this saves the mother and the newborn from dying in the hands of a Traditional Birth Attendant and supports early referral.
- All Households knew what a mother needs to have a safe pregnancy they cited examples like gloves, razorblade, Cotton, clothes among others.
- All households knew some danger signs of pregnancy; they gave example such as vomiting, headache, fever and swelling of the feet.
- Only two Households where women accepted that they use family planning but the rest of the women were depending on decisions from their husbands who have negative attitudes towards family planning use.
- Most mothers complained that their husbands were not financially supportive since they have more than one wife.



Teenage pregnancy is very common in Kyanamugera parish; these are girls of 14 – 16 years being interviewed by the Executive Director SAU accompanied by a resource person in red attire.

- These teenage mothers were not very clear of their rights
- They had fear of Family Planning in case the husband refused.
- They were still too shy to express themselves and most of their time was spent in domestic work.
- There is still need to build their self esteem to be above to decide for themselves.

1.4.3 SAU team also conducted support supervision in Nalutuntu parish

We interviewed ten (10) households accompanied by all the five (5) resource persons in that parish

- All households agreed that they have ever received information on Maternal Sexual Reproductive Health Rights from community resource persons, Health facilities and on Heart FM Mubende.
- They all agreed that they have received information on patient rights through sensitisation meetings conducted by their resource persons (Nampima Margret) and Non Governmental Organisations such as Sicklecell Association of Uganda. These rights included; a right to proper medication, a right to health among others.
- We access Maternal Sexual and Reproductive Health Rights at Kiganda Health Centre IV, Mityana Hospital and Myanzi Health Center iii.
- They all agreed that it was necessary to be supervised by a skilled Health worker because it helps to eliminate mother to child transmission of HIV/AIDS.
- They all knew what a mother needed to have a safe pregnancy, these included; gloves, Cotton, razorblade and threads.
- They all knew the danger signs of pregnancy such as vomiting, swelling of the legs, fever and bleeding.
- Seven households were not supporting the use of family planning because of its negative effects such as loss of sexual appetite among women.
- Mothers from all these households agreed that their husbands have been supportive financially and also doing house chores. They also thanked the resource persons for sensitising their husbands and confess that things are changing.



This pregnant mother in the middle explained to the team that the husband refused her from using Family Planning, the day she will use it will be the end of her life.

The team conducted support supervision in Kyakatebe parish accompanied with the resource persons, we interviewed ten (10) households.

- All households agreed that they have ever received information on Maternal Sexual and Reproductive Health Rights from sensitisation meetings conducted by resource persons, radio talk shows and Drama shows.
- They all agreed that they knew patient rights such as a right to Health and medication among others. They received this information from resource persons.

- They all access Maternal Sexual and Reproductive Health Rights from Kiganda Health Center IV and Mityana Hospital.
- They all agreed that it was safe to deliver in the hands of a skilled health worker, this helps for early referral.
- They all knew what a mother needs for a safe pregnancy, they gave examples like gloves, Cotton, razorblade (Mama kit)
- They all knew the danger signs of pregnancy and gave examples such as fever, bleeding, headache, vomiting and swelling of the feet.
- Most households, women are not allowed by their husbands to use family planning.
- Out of the ten households only three where mothers have received financial support from their spouses.



Some of the households visited at Kyakatebe parish, Mirembe village with community resource persons.

1.5 Community dialogue and drama show on Maternal Sexual Reproductive Health Rights at Kiwumulo trading centre Nalutuntu Subcounty on 12th March 2014

This dialogue and drama show was facilitated by Sicklecell Association of Uganda. Kamusenene Drama Group presented to the community drama performances on Maternal Sexual Reproductive Health Rights topics which included; HIV/AIDS testing by both the mother and the husband, methods of preventing HIV/AIDS such as using condoms, dangers of Domestic Violence in a home, the role played Village Health Teams, dangers of delivering from Traditional Birth Attendants, dangers of alcoholism in a family, dangers of male dominance, importance of family planning and danger signs of pregnancy.

Some of the participants included; Community Development Officer, Health Assistant, Midwife Kiganda Health Centre IV, Executive Director SAU, Area Councillor and community resource persons.

1.5.1 The main theme for the dialogue was about Family Planning

A midwife from Kiganda Health Centre IV Sister Asaba Proscovia was invited to talk about; what is Family planning, what are the methods of Family planning, what is the importance of Family planning and side effects of Family planning.

She explained to the community that Family Planning is spacing children for proper planning. Different types of Family planning were mentioned such as Pills, Depo, Condoms, vasectomy, implant and IUDS.

Importance of Family Planning; it helps both the father and mother to plan properly for their children in terms of Education, Health and Nutrition. The mother does not wear out quickly, reduces maternal mortality.

Side effects of Family planning included; headache, some bleeding and nausea though she explained to them that all these side effects can be managed at a health facility.

Questions from the Community

Q1. I once used Family Planning but ended up getting pregnant, what had happened?

Answer, this depends on which type of Family planning you are using for example may be you were using pills, but somehow you forgot to take them that night and your husband did not remind you that led to your ending up with the pregnancy.

Q2. Our husbands do not allow us to use Family planning, what can we do?

Answer, the Midwife emphasised the role of men in supporting their wives to use Family planning because it benefits both of them.

Q3. Do you have method for men for example an Injection?

Answer, the only methods we have for men are using condoms and vasectomy.

Community Development Officer and the Health Assistant emphasised that Family planning in order to be effective both partners must participate.

Executive Director SAU also recommended that good communication in a home is very vital and this simplifies the use of Family Planning services. She informed the community that all these services are free in Government facilities.

Those with Sickle cell disease can also access Family Planning services most especially Depo provera which helps them to get more blood in their bodies.



Drama shows attract men to receive information on MSRHR Midwife Asaba Proscovia from Kiganda HCIV sensitising the community about Family Planning at Kiwumulo Trading center

1.6 Radio talkshow on Mbona FM Mityana District on 12th March 2014 at 7.00 – 8.00 Pm

Sicklecell Association of Uganda Executive Director Mrs. Ruth Mukibi Nankanja and Program Officer Edward Sentamu were hosted at Mbona FM by Mr. Mike Ssebalu. The main theme was about the relationship between Sicklecell disease and Maternal Health. Sicklecell mothers were emphasised to access Family Planning services especially Depo which helps them to get more blood in their bodies, attending Antenatal care should be done more than four times, testing for sicklecell disease is paramount because sicklecell careers can pass on the abnormal gene to their offsprings.



Mrs. Ruth Mukiibi at Mbona FM for a Radio talk show relating sicklecell disease with Maternal Health.

1.7 25th – 27th March 2014 Drama show and Community Dialogue on MSRHR at Kyakasengula Trading center.

SAU program officer and the Focal person coordinated a Drama show and a Community dialogue on Maternal Sexual and Reproductive Health Rights at Kyakasengula Trading center, among the participants included; the community, Sub county Health Assistant, Community Development Officer, Chairman LCIII and two midwives from Kiganda Health Center IV and Mirembe Health center II.

Lessons learnt from the Drama show

- We need to prevent Gender Based Violence from our homes
- It is advantageous to deliver from Health facilities than Traditional Birth Attendants.
- Family planning is a key to reduce on Maternal Mortality in Nalutuntu Subcounty
- Men should support their wives during and after pregnancy.
- HIV/AIDS testing among pregnant mothers is key because this can save a Newborn from acquiring the disease.

Community dialogue theme was about why should women deliver from Health Centers

- Skilled Health workers will detect the mother if she is for an operation or normal delivery.
- Its good for mothers because they can test for HIV/AIDS and eliminate the child from acquiring the disease.
- They are given a Mamakit at Kiganda Health Center IV.
- They are given Mosquito nets to prevent the mother and Newborn from getting malaria
- It also helps the Healthworkers to make an early referral.

What are the major hinderances of women not delivering from Health Centers

- Sometime Health workers make us pay for services such as conducting an operation costs 150,000/= at Kiganda Health Center IV and 100,000 at Mityana Hospital. This sometimes scares away mothers and deliver from Traditional Birth Attendants who ask for 35,000/=
- Some mothers who do not attend Antenatal care always fear to go and deliver from Health centers because Midwives ask for the ANC chart.
- The poor attitude from Myanzi Health Center III Midwife scares a way mothers from delivering in that facility.
- Long distances forexample travelling from Kyakasengula to Kiganda Health Center IV sometimes hinder mothers from delivering at Health facilities and ending up delivering at home for example Ms. Nakatudde Jane remarked that “ **Last Month i got labour pains at**

night and moving from Kyakasengula to Kiganda HCIV was very far, as my husband was accompanying me to the facility, i delivered at the house door steps but good enough my baby and i were in good health. Early morning my husband rushed us at Kiganda HCIV for review and Health workers discovered that the umbilical cord was not tied properly, they discharged us in a few minutes”.

What must be done to encounter these hinderances

- Health workers must stop asking payments from the Government facilities
- Mothers also need to attend 4 times for Antenatal Care to avoid fears that the Midwife will ask for the ANC chart.
- They requested Myanzi subcounty officials, the District and other partners to intervene in the change of attitude the Midwife at Myanzi Health center III.
- To reduce on the long distances, they requested Nalutuntu subcounty and District officials to complete their Health Center III which is located in their area Kyakasengula for improved quality Health care

2.7 Result 2: Good access to and high utilization of MSRH services in target communities

Sicklecell Association of Uganda has facilitated twelve (12) outreaches throughout the quarter. These outreaches are being conducted by two Midwives that is Ms. Asaba Proscovia from Kiganda Health Centre IV and Ms. Lwanga Lydia a Midwife from Mirembe Health Centre II Four (4) outreaches were conducted each month. Hard to reach areas covered included; Nkandwa, Kibonwa, Kabagala and Kiwumulo.

January	Target 645 people	Attended Males 53 Females 97 Mothers 149 Children 153 Total 452	Reasons for variations The planting season affected the intended target. This was because most residents spend time in gardens.
February	Target 690 people	Attended Males 74	The variance was due to inadequate mobilisation by the

		Females 102 Mothers 142 Children 146 Total 464	concerned resource persons.
March	Target 753 people	Attended Males 90 Females 144 Mothers 129 Children 167 Total 530	Rainy season affected our intended target. This was because most residents were in gardens planting.

2.2 Facilitate Monthly cluster meeting

Ssebunya Amjad SAU focal person was facilitated to participate in the cluster meetings to draft work plans for the quarter in the first month, to review the progress of the activities in the second month and to write a cluster report in the third month.

2.3 Facilitate Health Unit management Committee.

SAU has facilitated one meeting this quarter and among the agenda for the meeting was about water at the facility. Mirembe Health Center II was given a water tank for rain harvesting. Although during dry seasons the facility faces a problem of water scarcity. Therefore the meeting forwarded their request to the Subcounty officials for feedback.

2.4 International Women's Day 8th March 2014 at Kiwuliriza playgrounds Namuwongo.

8th March 2014 Sicklecell Association of Uganda was given a role of Master of ceremony and exhibited Sicklecell materials at the International women's day celebrations that took place at Kiwuliriza play grounds Namuwongo suburb several activities were done and these included; a press statement by Voices for Health Rights coalition calling upon men to get involved in supporting their wives during and after pregnancy, Cancer screening, Immunisation and Family planning services by

Reproductive Health Uganda (RHU), HIV/AIDS testing by The Aids Support Organisation Uganda (TASO), Blood collection by Uganda Blood Transfusion Services and Health literacy on Sicklecell, Epilepsy, Infertility and Mental illness. It was organised by Epilepsy Support Association of Uganda (ESAU) Other organisations that participated included; UNHCO, Joyce fertility support centre, Mental Health Uganda, Health Action Group, AGHA Uganda and THETA.

2.8 *Result 3: Key duty bearers held accountable for delivery of MSRH services in target areas*

2.8.1 District and Subcounty stakeholder advocacy meeting

The meeting was conducted on 11th February 2014 and the main participants from the District included; District Health Officer (Dr. Wilson Mubiru), Chief Administrative Officer (Mr Kiberu Charles Nsubuga), District Chairperson (Mr. Amooti), Assistant District Health Officer – Maternal Child Health (Mr.Sendikadiwa), Mr. Kawuma Charles (District Health Educator) and Mugume Trevor (District Health Inspector)

Subcounty Officials included; Community Development Officer, Subcounty Chairperson, Secretary for Health , Sub County Chief

Agenda for the meeting included; opening prayer, Communication from the Executive Director, Cost Extension period 2014, responses from the officials, wayforward and closing prayer.

Meeting with District Officials.

- District Health Officer Mr. Mubiru Wilson is in agreement with Sicklecell Association of Uganda to make follow ups on maternal death Audits starting with the community.
- District Health Officer was also in support of the intergrated outreaches in far reached areas and that Midwives will get supplies from Kiganda Health Center IV
- There is need to have a partners meeting with UNFPA who are implementing maternal related activities in Mubende District.
- The District Health Officer was very pleased with the facilitation of Intergrated outreaches and Health Unit Management Committee quarterly meetings.
- The Chief Administrative Officer Mr. Kiberu Charles asked Sicklecell Association of Uganda to write a three year report explaining in summary what took place from 2011 – 2013. This was because he was new in the District.
- It was also resolved that Sicklecell Association of Uganda had to draft a Memorandum of Understanding between Sicklecell Association of Uganda and Mubende District for the cost extension period.
- The Chief Administrative Officer informed Sicklecell Association of Uganda that Nalutuntu Health Center III is to be completed this financial year
- The District Chairperson Mr. Ammoti Kibuuka thanked the MHP implementers for helping the community in sensitising them about their rights and responsibilities.
- He asked Sicklecell Association of Uganda to continue with implementing the three result areas and he promised to give any support needed.

- He also informed Sicklec cell Association of Uganda that the District had already submitted the Bills of Quantities to the District Engineer for the completion of Nalutuntu Health center III.
- He asked Sicklec cell Association of Uganda to lobby for the recruitment of Health Workers for Nalutuntu Health Center III
- Assistant District Health Officer in charge of Maternal Child Health (Mr. Sendikadiwa) proposed to Sicklec cell Association of Uganda to have a team of midwives to conduct integrated outreaches in Nalutuntu Sub county
- He also accepted that these midwives will get supplies from Kiganda Health Center.
- He explained that the biggest challenge to mothers is the three delays.
- He also advised Sicklec cell Association of Uganda that it will be better to show some films to the community such as why Mrs. X died.

Meeting with Nalutuntu Subcounty Officials

- The community Development Officer Nalutuntu pledged to get two midwives from Kyanamugera and one from Kyakatebe
- He also bought the idea of maternal Health film shows to the community
- He communicated the transfer of a subcounty Health Assistant by the names of Dinah Nalugooti who replaced Ms. Nabukeera Solomy.
- SAU team gave a District stand about the three result areas
- Radio talk shows and spot messages were agreed on by the officials that we need to use a radio with good listenership.
- The Chairman LC III proposed that it would be good if we pass a Bi- law to discipline all husbands who just impregnate women without supporting them.
- It was agreed that the Focal person need to divide the 20 Village Health Teams among all the villages in Nalutuntu subcounty for proper accountability and transparency.

2.8.2 Interface meeting with key stakeholders on Maternal Sexual Reproductive Health Rights at Ggambwa Community School

The key participants included; an incharge from Mirembe Health center, a Health Assistant, a Community Development Officer, area counselor other active community members.

The agenda was drafted with an opening prayer, Communication from the Executive Director SAU, Drug stockouts, attitude of Health Workers, way forward and closing prayer.

An opening prayer from Ms Mbatudde Teddy, the Executive Director explained that something can be done to improve on the area of Health in our subcounty for example the relationship between the Health Workers and the Community.

The meeting was opened for discussion;

Qn1 Mrs Nalubega asked about why drug stockouts on Health facilities?

Answer from Incharge Mirembe Health Center II that the challenge is from the limited funds disbursed to the District. We also get drug stockouts every after four months may be you came that day when they were stockouts. Anti biotics like X-pen, Genta and imbrufen have been pushed to Health center III

Health Unit Management Committee is vital to inform the community that there are no specific drugs at the facility.

Qn 2 Mrs Nassolo Grace, a mother with a sickle cell child asked whether it is possible to get a sickle cell clinic at Kasanda Health Center III?

Answer from Executive Director SAU, as SAU we have partnered with Ministry of Health and we sit on the working committee Ministry of Health. It was resolved that after giving out the Electrophoresis machine to all regional referral Hospital then MOH will set up these clinics at regional referrals for a start and gradually improve however some treatment can be given as of now.

Sickle cell drugs can be accessed at any facility as long as the Health worker as prescribed it for the patient.

SAU together with MOH have drafted clinical guidelines and training manuals for health workers to be able to attend to any Sickle cell patient.

Ministry of Health is carrying out a sickle cell survey country wide to find out the prevalence of the disease and this will be done in one year.

Qn 3 Mr. Ruberagyeyo John asked, why Health facilities do not work on weekends?

Answer from Incharge Mirembe Health Center II, at the level of Health Center II we are under staffed. There is also no accommodation for Health Workers.

Qn 4: Nabakooza Solome asked about the bad attitude of a Midwife at Myanzi Health center III ?

Answer from the Health Assistant, the midwife from Myanzi has been already reported to higher authorities for negligence on duty for example she left a delivering mother and answered a phone call then a newborn died, she sells Mamakits to the patients at 10,000/= therefore, we leave it to the authorities to do their work.

Qn 5 Mwanje Prossy asked when the Health Unit Management Committee should be elected because since time memorial it has been the same?

Mrs. Ruth ED SAU promised to talk to UNHCO who are implementing the Maternal Health Project in this subcounty to take up that issue.

The meeting ended with a closing prayer from Mr. Amjad Ssebunya a focal person Nalutuntu Subcounty.

Qn 6) How soon can a mother go to the health facility? A mother narrated to us that, "i went four (4) days earlier to Mityana Hospital i got labour pains, i asked for a C- section they said it will be at 6.00 pm when it clocked 10.00 pm i reminded the Health workers, they pushed me at 1.00 pm, i reminded them at 1.00 pm by 3.00 pm i could not help myself and i over heard the Doctors saying the baby is dead. We should help the woman that is when i got the C-section and my baby was dead. Did they help me? Is it relevant to go early?" This was september 2013.

Health Assistant Nalutuntu Ms. Nnalugooti Dinah who replaced Ms. Nabukeera Solomy reminded women that men donot get pregnant so they should be responsible for their actions.



Some of the participants who attended the interface meeting at Ggambwa trading cente.

25th March 2014 following up on the renovation of Mirembe Health Center II

SAU Executive Director wrote a letter to the Local Council III Chairman Mr. Peterson Kamulegeya seeking feedback from him concerning the renovation of Mirembe Health Center II with reference from Nalutuntu Subcounty Local Government 2013/2014 Budget speech where they allocated the renovation of Mirembe Health centre II 8,000,000/=. The letter was delivered by the Program Officer and feedback is awaited for not less than a week. Attached is the letter to LCIII Chairman and Budget speech

2.9. Advocacy progress: report on the indicators below using the questions;

- **Is there evidence and signs of enhanced advocacy effectiveness and opportunity?**
 - i. Yes, the increased awareness and demand for quality health services has been evidenced during the community dialogues held at Kiwumulo, Mirembe and Kyakasengula trading centers where the community has tasked both the Subcounty and District officials to complete their health center III in order to reduce on the long distances travelled by mothers to either Kiganda HCIV or Myanzi HCIII and sometimes Mityana Hospital.
 - ii. Integrated outreaches have managed to reach out to hard reached areas such as Nkandwa, Kibonwa, Kabagala and Kiwumulo some these areas are near lake shores where they do not even have a Health centre II. This quarter our Midwives reached out to **1412 people**
 - iii. Renovation of Mirembe Health center II, the Subcounty have got the

contractor to come and start up the renovation before end of this Financial Year.

- **What change has there been and how did it come about?**

- i. This increased awareness and demand for the community towards Maternal sexual and Reproductive Health Rights was due to the continuous sensitization meetings conducted by the resource persons.
- ii. The increased number of people to can now access the Maternal Sexual Reproductive Health Rights was due to the integrated outreaches facilitated by Sicklec cell Association of Uganda.
- iii. Renovation of Mirembe Health Center II was due a community dialogue staged at the facility, then the health workers voiced out their problem of the linking roof and the damaged walls at the facility. The Subcounty Officials agreed to pass 8,000, 000/- for renovation FY 2013/2014.

- **What was the role of the MH project in securing this outcome?**

- i. The role of the MHP was the facilitation to the resource persons who are conducting these sensitization meetings to empower the community to become aware and demand for improved quality services.
- ii. Sicklec cell Association of Uganda facilitated **(12) twelve** integrated outreaches for those in hard reached areas to access and utilize Maternal Sexual and Reproductive Health services.
- iii. Community dialogues facilitated by SAU have enabled those who were voiceless to be heard by the duty bearers and they become accountable for improved Maternal Sexual and Reproductive Health services.

- **What change has there been in the focal institutions (at community, district or national level) for the MH project and how did it come about?**

At Community level

- i. This increased awareness and demand for the community towards Maternal sexual and Reproductive Health Rights was due to the continuous sensitization meetings conducted by the resource persons.
- ii. The increased number of people to can now access the Maternal Sexual Reproductive Health Rights was due to the integrated outreaches facilitated by Sicklec cell Association of Uganda.
- iii. Renovation of Mirembe Health Center II was due a community dialogue staged at the facility, then the health workers voiced out their problem of the linking roof and the damaged walls at the facility. The Subcounty Officials agreed to pass 8,000, 000/- for renovation FY 2013/2014.

District level

- i. At District level through the Chief Administrative Officer Mr. Kiberu Charles promised that before the end of this financial year Nalutuntu Subcounty will have their Health Centre III functioning with all the required equipment to help mothers not to travel long distances to Kiganda HCIV or Myazi HCIII.
- ii. The District through the Chief Administrative Officer Mr. Kiberu Charles signed SAU's addendum for the extension period January to December 2014 a

National Level

- i. We have been involved in different stakeholders meeting together with other Civil Society and lobbying Government to increase on the Health Budget with 40 billion for Primary Health Care and payment for the Village Health Teams.
- ii. Advocated for the payment of Health workers delayed salaries
- iii. Advocated for the reconnection of water at Mulago referral Hospital

What was the role of MHP in securing this outcome?

- i) This National level advocacy was led by the Secretariat Uganda National Health Consumers Organisation lobbying Government to increase on the Health Budget at Imperial Hotel and Sheraton Hotel.
- ii) Payment of Health workers was secured through holding a press conference with Health Workforce Advocacy Forum at AGHA offices on 21st March 2014
- iii) Reconnection of water at Mulago was through holding a press conference with Voices for Health Rights partners at our Secretariat Uganda National Health Consumers Organisation.

3.0 Signs of positive change in key audiences' at national and district levels in support of actions geared towards improving maternal health.

National Level

- Reconnection of water at Mulago referral Hospital was through holding a press conference with Voices for Health Rights partners at our Secretariat Uganda National Health Consumers Organisation which the Government reacted fast and water was connected the next day.
- Health Workers salaries have been sent on their accounts due to the advocacy made by SAU in partnership with Health Workforce Advocacy Forum at AGHA offices.
- Lobby meetings are still ongoing for the increment on the Health Budget.

District level

- The District promised through the Chief Administrative Officer to complete Nalutuntu Health Center III before the end of this Financial Year.

3.0.1 Signs of positive change at district level with actions that respond to maternal health needs of communities

- The District promised through the Chief Administrative Officer to complete Nalutuntu Health Center III before the end of this Financial Year

3.0. 2 Signs of positive changes at national level (MOH, Parliament and general political leadership) in response to maternal health improvements proposed by the MHP partners.

- Reconnection of water at Mulago referral Hospital was through holding a press conference with Voices for Health Rights partners at our Secretariat Uganda National Health Consumers Organisation which the Government reacted fast and water was connected the next day.
- Health Workers salaries have been sent on their accounts
- Lobby meetings are still ongoing for the increment on the Health Budget.

Tabel 4: Progress on the work plan (show in brief the status of implementation of each planned activity for the period under review)

Result areas/Objectives	Planned activities	Actual	Variance and Mitigation measures
Result 1: Awareness and demand	Community sensitisation meetings	270 Meetings	There were no variances
	Community dialogues	3 Dialogues conducted	There were no variances
	Drama and Music	3 Drama shows conducted	There were no variances
	Radio talkshow and spot messages	3 Radio talk shows Were conducted	There were no variances
	Support supervision	A quarterly support supervision was conducted	There were no variances
	Logistical support	Resource persons were facilitated	There were no variances

Result 2: Access and utilisation	Integrated Outreaches	12 outreaches were facilitated by SAU and the Midwives had targeted 2088 people but attended to 1446	The variance was due to the planting season in Nalutuntu Subcounty where most of the residents spend time in gardens.
	Quarterly District stakeholders meeting	One quarterly District meeting was conducted	There were no variances
	Advocacy during two annual events at National level	Women's International Day was celebrated at Namuwongo Kiwuliriza play grounds	There were no variances
Result 3: Accountability	Interface meetings	One interface meeting was held at Ggambwa community school	There were no variances
	Cluster meetings faciliation	SAU focal person has been facilitated monthly	There were no variances
	Facilitate HUMC meetings	One meeting was facilitated at Mirembe Health Centre II	There were no variances
	Follow up on MSRRH case	A case on the renovation of Mirembe Health Center II was followed	There were no variances

Section 3:

3.1 Lessons learnt

- i. SAU learnt that it was necessary to write an addendum to Mubende District Chief Administrative Officer indicating our one year cost extension period January to February.
- ii. Some Health Unit management Committees need to be oriented in their work and others have been existing since time memorial for example Myanzi Health Centre III.
- iii. Drama shows are a tool of mobilisation for male involvement to be sensitised on Maternal Sexual and Reproductive Health Rights.
- iv. Conducting successful sensitisation meetings you need to involve local leaders to mobilise communities.
- v. Support supervisions are very critical because they help to discover the gaps and challenges faced by the Community Resource person and provide solutions for them.
- vi. Radio talk shows are the quickest mode of communication to the targeted population this was evidenced at Mboona FM Mityana on 12th March 2014 where people far beyond Mityana phone in to ask some questions which were responded too by Executive Director SAU and Program Officer.
- vii. Despite the work done by Maternal Health Project there are still some health workers that have poor attitude towards mothers for example Midwife Maggie at Myanzi Health Centre III who answered a phone call amidst delivery which led to the Newborn death. SAU reported this case to the Program Officer UNHCO (Mr. Kirigwajjo Moses) for follow up. The same Midwife abused Mr. Semanda a HUMC member when he intervened in this case.

3.2 Challenges

What are the main challenges and their implication on the achievement of the project results?

- i. Over staying and non performance of the Health Unit Management Committees like the one at Myanzi Health Centre III.
- ii. Limited Primary Health Care to support outreaches and other activities at the health facilities

- iii. Family planning uptake is still low, this is attributed to men who are the decision makers in families.
- iv. Male involvement is still low in terms of finances and physical support.
- v. Mobilising the community during planting season is very difficult
- vi. Poor attitudes of some Health workers especially Midwives at Myanzi Health Centre III and Mityana Hospital.

3.4 Recommendations

Which action should be taken to address the challenges? (They must be feasible and in the means of the project, they should also answer the challenges)

- i. The HUMC at Myanzi Health Centre III needs to be revisited.
- ii. Lobbying Govt to increase and pay the Village Health Teams who are doing a tremendous work in the community.
- iii. To advocate at National level that the Government can increase on the Health Budget and specifically Primary Health Care.
- iv. Implementing partner's still need to dialogue all stake holders concerning the poor attitude of health workers at Myanzi Health centre III.
- v. Continuous sensitisation meetings on Family Planning use.
- vi. To lobby Government increase on the Primary Health Care package to local Governments

3.5 Conclusions

Maternal Sexual and Reproductive Health Rights cannot only be achieved by one partner but it's a combination of different stakeholders who can be supportive in achieving this Millennium Development Goal 5. Together we can do better.

However, there are some gaps which need to be addressed at both facility and district level for example the poor attitude of health workers at Myanzi Health centre III and Mityana Hospital which has been hindering some mothers from accessing these facilities.