REPUBLIC OF UGANDA
MINISTRY OF HEALTH

SAFE MOTHERHOOD CONFERENCE

29-31 OCT. 2024

SPEKE RESORT HOTEL MUNYONYO

4th NATIONAL SAFE MOTHERHOOD CONFERENCE, AWARDS & EXPO

Theme: Strengthening Community Engagement for Sustainable Maternal and Child Health

Abstract Book

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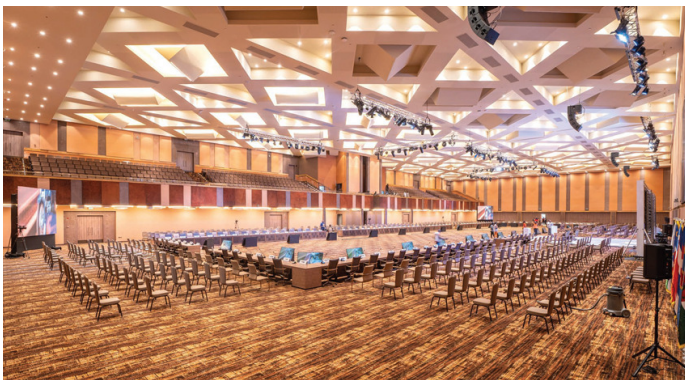
Perfectly located on the shores of Lake Victoria, a mere 30 minutes from Entebbe International airport, spread across 110-acres of prime land, Speke Resort Munyonyo and Munyonyo Commonwealth Resort, Kampala's premium destination, the lavish estate stands as the definitive pinnacle to opulent living. The 5 Star Resorts with over 20 years' experience represents a destination that can play host to exceptional and unique events



About NSMC

National Safe Motherhood conference is an annual scientific conference organized by Ministry of Health and its Partners. It was launched in 2021 and it has since been held annually. The conference has brought together stakeholders in maternal and newborn care to galvanize a political, financial and public health response to reproductive, maternal, newborn, child and adolescent health issues in the country.
The conference agenda is to provide a comprehensive and engaging experience for attendees, with a mix of expert speakers, interactive sessions, and opportunities for networking and collaboration.

Central Topics

Leadership and Governance

Financing Mechanisms

Health systems and Work force

Strengthening quality of care

Health Information Systems

Family planning

Essential Medical Products

Implementation

KEY MESSAGES

Statistics from the 2022/2023 Annual maternal and perinatal death surveillance and response reports (MPDSR reports) show a drop in Maternal Mortality Rate from 189 to 90 per 100,000 live births and a drop in Neonatal Mortality from 27 to 22 per 1000 live births. This improvement is attributed to increased access to maternal health services. Within 5 years, the Ministry of Health has increased Health Centre IIIs (HCIIIs) by up-to 411 facilities; 380 as upgrades from HC IIs and 31 as completely new facilities. We have also managed to upgrade 10 HC Ivs from HCIIIs. Additionally, 400 HCIII were equipped with basic maternal and child management equipment and other 40 non-functional HCIII fully functionalized. All these efforts combined with those of our health workers that are committed to serve our people plus support from our partners is what accounts for this great improvement.

However, we continue to register a considerable number of mothers dying due to preventable causes that include; obstetric haemorrhage, hypertensive disorders, sepsis, obstructed labour and unsafe abortion. With the sustainable development goal (SDG) target to reduce the global maternal mortality ratio to <70/100,000 livebirths, and neonatal mortality rate of 12/1000 live births for every country, more needs to be done to accelerate progress and improve survival rates. For Uganda to achieve these global targets, there is need for broad stakeholder participation in understanding, when, where and why maternal and perinatal deaths are happening. Community members are a key stakeholder to this process because they can provide the necessary information that is critical to exploring the social factors and quality of care issues that contribute to the deaths.

This 4th National Safe Motherhood Conference is organized under the theme, "Strengthening Community engagement for Sustainable Maternal and Newborn Health." World Health Organization (WHO) recognizes the importance of engaging communities in promoting health. It describes Community engagement as vital to linking health problems to appropriate health promotion actions consequently improving maternal and newborn behaviors. Lessons from recent outbreaks such as COVID-19 and Ebola suggest that interventions that do not foster community engagement at all levels are likely to be inefficient and unsustainable.

Therefore, throughout this conference, we will focus on best practices, share success stories, and identify strategies to enhance community participation in maternal and newborn health initiatives in Uganda. I urge each of you to engage fully in the discussions, to ask tough questions, and to propose actionable solutions. By working together, we can build a safer and healthier future for mothers and infants across Uganda.

Dr Diana Atwine
PERMANENT SECRETARY,
MINISTRY OF HEALTH

I am delighted to welcome you to this pivotal conference on "Strengthening Community Engagement for Sustainable Maternal and Newborn Health." As we gather in this conference, we are united by a common purpose: to enhance the well-being of mothers and their newborns through active community involvement. The Ministry of Health applauds the collaborative support and invaluable financial input provided by our development and implementing partners towards the organisation of this conference.

Uganda has made remarkable strides in improving Maternal and Child Health leading to healthier families and communities. Through concerted efforts and strategic interventions, the country has witnessed a significant reduction in Maternal and Child mortality rates. However, challenges persist in achieving the ambitious national and global targets. The country's neonatal mortality rate stands at 22 per 1,000 live births. The goal is to reduce this to 19 by 2025, to meet Uganda's National Development Plan III targets and 12 by 2030, to meet Uganda's joint SDG 3.2 targets.

An emerging consensus Is that building stronger health delivery systems will require more than multi-sectoral collaboration. An emphasis on community-based primary health care is critical for the fight against the top killers of children and mothers around the world. Collaboration with community members facilitate the identification of concerns and acknowledge the importance of community-level knowledge and resources. By fostering collaboration between healthcare providers and communities, we can create an environment where every mother and child has the opportunity for a healthy life.

The objective of this year's conference is to provide a platform to showcase innovative approaches, technologies, and interventions that have the potential to transform maternal and newborn healthcare delivery at the community level. We will explore successful models from various regions, discuss the challenges we face, and collaboratively identify solutions that can be adapted to our unique contexts.

I would like to extend my appreciation to the organizing committee of this conference being led by Prof. Annettee Nakimuli. Thank you for your dedication and passion for this important cause. I look forward to the discussions and the meaningful outcomes that will emerge from this conference.

Dr Richard Mugahi
COMMISSIONER REPRODUCTIVE AND INFANT HEALTH

It is my honor to welcome you to the 4th National Safe Motherhood Conference. We gather not only to share knowledge but to reaffirm our commitment to the health and well-being of mothers and newborns in Uganda. Maternal mortality, though declining globally and nationally, remains a significant indicator of health system performance and societal well-being. The disparities in maternal and newborn health outcomes are glaring, with marginalized communities often experiencing disproportionate challenges. Factors such as access to quality healthcare, education, and socio-economic conditions play pivotal roles in shaping the trajectories. The urgency to address maternal and newborn health issues is underscored by the Sustainable Development Goal 3 – "Ensure healthy lives and promote well-being for all at all ages." Safe Motherhood is at the heart of achieving this goal, and concerted efforts are required to bridge existing gaps. This conference presents an invaluable opportunity to discuss how to strengthen community involvement in health strategies aimed at improving maternal and newborn health in Uganda. Community participation and empowerment can improve access to health services and health service outcomes. While in this conference, we shall explore innovative strategies, share best practices, and strengthen our collaborative efforts to ensure every mother and their newborn receive the care they deserve. With community involvement, I believe we shall eventually have no mother and their newborn lost due to preventable causes. Thank you all for attending this 4th National Safe Motherhood Conference; I wish you a wonderful stay and successful discussions.

Associate Prof. Annettee Nakimuli
Dean School of Medicine, Makerere University
President of the East Central and Southern Africa College of Obstetrics & Gynecology (ECSACOG)
NASMEC PET Subcommittee Chair
Chair Organizing Committee

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SPEKE RESORT HOTEL MUNYONYO

Theme: Strengthening Community Engagement for Sustainable Maternal and Child Health

DAY 1 PROGRAM
TUE. 29TH OCTOBER 2024

	SPEAKER	MODERATOR/CHAIR
08:30 – 08:40 AM Opening address and Objectives of the NSMC 2024	**Prof. Annettee Nakimuli** **Chair-NSMC 2024** Associate Professor of Obstetrics and Gynaecology. Dean School of Medicine MaKCHS. Chair-NASMEC-PET	**Ms. Juliana Lunguzi** Team lead Integrated Sexual & Reproductive Health UNFPA Uganda.
08:40 – 08:50 AM Strengthening digital Access to Reproductive maternal Newborn Child and Adolescent Health Guidelines & Protocols. The SafeMama App	**Dr. Phillip Lugolobi** Team Lead SafeMama	
08:50 – 09: 20 AM Annual birth injury report, the gap analysis for maternal health and the SDP survey report	**Dr. Richard Mwesigwa** Program analyst Maternal Health and Fistula UNFPA	
09:20 – 10:00 AM Panel Discussion The Annual birth injury report, the gap analysis for maternal health and the SDP survey report	**Dr. Kayondo Musa** Chair Obstetrics and Gynecology Mbarara University for Science and Technology **Dr. Richard Mwesigwa** Program analyst Maternal Health and Fistula UNFPA **Dr. Christine Nalwadda** Head of department Community Health and Behavioral Sciences – Makerere University School of Public Health	
10:00 – 10:20 AM Q&A Session		
10:20 – 10:50 AM Tea Break and Networking Video: Local Maternity and Neonatal Systems – Life Saving Connections - USAID Uganda Health Activity		

OPENING CEREMONY

	SPEAKER	MODERATOR/CHAIR
11:00 – 11:30 PM The Uganda Annual MPDSR report	**Dr. Richard Mugahi** Commissioner Reproductive and Child Health - Ministry of Health.	**Dr. Henry Mwebesa** Director General Health Services - Ministry of Health Uganda
11:30 - 11:50 PM Keynote address: Experiences from community engagement for safe motherhood	**Dr. Jean Chamberlain** Professor of Obstetrics and Gynecology – McMaster University Canada founding director of Save the Mothers	
11:50 - 12:00 PM Remarks from the Inter-Faith Religious Leaders	**Apostle Dr. Joseph Serwadda** President Born Again Faith in Uganda	
12:00 - 12:10 PM Remarks by UNFPA Country Representative	**Ms. Gift Malunga** UNFPA Representative	

	SPEAKER	MODERATOR/CHAIR
12:10 - 12:20 PM Remarks by UNICEF Country Representative	**Dr. Robin Nandy** UNICEF Country Representative	**Dr. Henry Mwebesa** Director General Health Services - MOH
12:20 - 12:30 PM Remarks by USAID Mission Director	**Ms. Daniele Nyirandutiye** USAID Mission Director	
12:30 - 12:45 PM Remarks by Permanent Secretary Ministry of Health	**Dr. Diana Atwine** Permanent Secretary, Ministry of Health	
12:45 - 1:00 PM Remarks by the Minister of Health	**Dr. Jane Ruth Aceng** Minister of Health	
1:00 - 1:20 PM Speech by the Chief Guest: National involvement in ensuring community engagement	**Rt. Hon. Robinah Nabbanja** Prime Minister – Republic of Uganda	
1:20 - 1:30 PM National Launch: 1. Maternal Perinatal Death Surveillance and Response Report 2023/2024 2. Gap Analysis report on Maternal Health 3. Annual Child Injuries and Fistula Report. 4. Service Delivery survey on reproductive Health Commodities 5. SafeMaMa App		
1:30 – 2:30 PM GROUP PHOTOS & LUNCH		

PARALLEL SESSIONS 2:30 – 5:00 PM

Breakout session 1 — **Family Planning;** Chair: Dr. Ddungu Peter; Deputy Country Director – Marie Stope Uganda — Victoria Ball Room

No.	Abstract title	Author/Presenter
1	Increasing Uptake of Immediate Postpartum Family Planning at Lwanda HC III in Rakai District	Fiona Nabugewa
2	Enhancing Male Uptake of Family Planning Services in Uganda: Innovative Use of Male Engagement Groups in Eastern Uganda	Andrew Gidudu
3	Leveraging on community structures for family planning uptake	Agoa Lillian
4	Addressing Social Norms and Demand Generation for Family Planning in Karamoja Sub Region: A Case Study of Abim District	Sam Ariko
5	Increased LARC uptake among women of reproductive age accessing health services at Swinga HC III	Emvikia Freda
Q & A		

Breakout session 1

Victoria Ball Room

6	Leveraging on Village Health Teams in Amplifying Family Planning Access in Bidibidi Refugee settlement through innovative methods: A case study in Bidibidi Refugee Settlement, Yumbe District -	Akuku Daniel Amoko
8	A human-centered solution for making access to contraceptives more discreet for adolescent girls and young women in bidibidi and palabek refugee	Nabunje Juliet
9	settlements Increasing the uptake of contraceptives among out of school young people in	Alice Kabaruli
10	Kamuli district through youth saving and loan associations. Increasing uptake of postpartum family planning through intergration in other MCH servives and community engagement. A case Study at Kyegegwa general	Byaboona Doreen
11	Hospital Leveraging on peer mobilizers to increase access to Family planning information and services to adolescent girls and young people (AGYW) in Jinja and Bugiri districts, Eastern Uganda	Dauda Ziraba
	Q & A	

Breakout session 2

Health systems and workforce; Chair: Ms. Allen Namagembe; Deputy Project Director Uganda Private Sector Family Planning project - PATH

Sheena Hall

No.	Abstract title	Author/Presenter
1	A Community Health Worker led approach to uptake of fistula intervention services in West Nile	Kwikiriza Benson
2	Engaging Communities, Ensuring Futures	Apio Teddy Margret
3	Enhancing Antenatal Care attendance through empowered Village Health Teams using Timed and Targeted Counseling Approach in Bumanya Sub- County, Kaliro district, Uganda: a before and after study design	Benjamin Elasu
4	Enhancing Maternal and Newborn Health Outcomes through deployment of midwives in Emergency settings: A case study of Ugandan refugee settlements	Atwiine M Catherine
	Q & A	
5	Utilizing the MAP-IT model to improve maternal outcomes using grass-root health workers in Kapelebyong district	Olede Jude
6	Working with Self-Care Promoters (SCPs) in advancing Self-Managed Contraception (SMC) programming among Vulnerable Adolescent girls and young women in Humanitarian settings. A Case of Bidibidi Refugee settlement, Yumbe	Muhwezi Justus
7	Implementing effective early community referral of mothers in Labour to BEmONC health facility using tricycle ambulance referral system & VHT structures in Aya HCIII	Amadrio Agnes
8	Scaling up the uptake of Diphtheria-Pertusis-Tetanus Vaccine coverage in Barakara HCIII. A quality Improvement Approach in West Nile	Baguma Siraji
	Q & A	
9	Lived Experiences of Women with Maternal-Near Miss at Kawempe National Referral Hospital	Nakitto Barbra Mukasa
10	Quality of services sustained through coaching: A case of post transitioned locations	Josephine Nabukeera

Break out session 3

Essential medical products; Chair: Dr. Thomson Ngabirano; Senior Technical Advisor JHPIEGO

Albert Hall

No.	Abstract title	Author/Presenter
1	Improving maternal health outcomes in Karamoja through availability of safe blood and blood products	Emmanuel Locham
2	Community-Based Approaches to Promoting Maternal and Newborn Health: Lessons on Working with VHTs to Distribute Sayana Press in the Acholi Sub-Region	Cinderella Anena
3	Collaborative Strategy to Engage Community Stakeholders in increasing Capacity for Utilization of Novel and Underutilized Reproductive Health Products in Uganda	Racheal Najjemba
4	Using Digital Tools to Strengthen Family Planning Stock Monitoring Experience USAID/ Uganda Family Planning Activity	Asiimwe Albert
5	Pioneering and Sustaining blood donation drive in Bidibidi refugee settlement in Yumbe District.	Kakanyero John Paul
	Q & A	
6	Birth preparedness and complications readiness among pregnant mothers attending Kawempe national referral hospital Uganda	John Zimula
7	Implementing a holistic community engagement program to improve the promptness of Antenatal Care services: Lessons learned from Kichwamba HCIII	Rusoke George William.
8	Follow up of exposed Mother-Baby pairs to reduce sero-conversion at St. Mary's Hospital Mother Baby Care point	Amuge Coleta
9	Prevalence, Trends and Factors associated with patients referred to Kawempe National Referral Hospital	Naggita Mary Grace
10	Prevalence and Trend of HIV among Pregnant Mothers Attending Antenatal Care in Fort Portal City, Western Uganda	Kabahenda Annet
11	Experiences of Men who Attended Antenatal Care at Lacor Hospital. A qualitative study	Oyet David
	Q & A	

Break out session 4

Maternal and Newborn Quality of Care; Chair: Dr. Allan Katamba Director Integrated Health Service Delivery-USAID/UHA

Meera Hall

No.	Abstract title	Author/Presenter
1	Quality of Care and Perceptions Facilitating Continued Delivery of Mothers with Traditional Birth Attendants: A Case of Mitooma District, Southwestern Uganda	Taremwa Julius
2	Experiences of mothers receiving maternal and child healthcare delivery services from traditional birth attendants in Mayuge district, a phenomenological study	Enid Kawala
3	Optimising feeding of preterm infants in Uganda through the provision of a lactational support programme and a human milk bank: An integrated approach	Kathy Burgoine
4	Empowering communities, safeguarding mothers: the impact of family care groups in Kawempe	Ruth Nakalembe
	Q & A	
5	Improving Immunization Coverage by Reducing Drop-out Rates through a Community-centered Approach: A Case Study of Panyagara HCIII in Kotido District, Karamoja	Sarah Nababi
6	Partnering for Prevention: Advancing Men's Role as Supportive Partners in SRHR in Wakiso District - A Human-Centered Engagement Strategy	May Namukwaya
7	Postnatal Care Redesign: A Community QI Approach to Improving PNC Outcomes in Bududa District	Betty Mukyala
8	Enhancing SGBV prevention and response services in Mayuge district	Irene Ayanga
9	Rare Case of Quadruplets Vaginal Delivery in Western Uganda: Missed Opportunities during Antenatal and Referral	Leonard Ssebwami
	Q & A	

	SPEAKER	MODERATOR/CHAIR
08:30 – 08:40 AM Recap of Day one: Video documentary for previous day and review of Action points	**Dr. Kenneth Mugabe** Chair scientific committee NSMC 2024	**Ms. Grace Latigi** Health Specialist, UNICEF
08:40 – 09:10 AM Keynote Address: Newborn mortality, a global, regional, and	**Dr. Gagan Gupta** Senior Advisor Health – MNCAH, UNICEF Headquarters	
09:10 – 09:30 AM Community Financing Model: Community engagement to improve Respectful Midwifery Care in Northern Uganda	**Dr. Rachel Zaslow** Executive Director- Mother Health International	
09:30 – 10: 10 AM Panel Discussion: Strengthening community systems for accelerated reduction in newborn mortality: The role of Community	**Dr Esther Nyamugisa** (Panel Chair) Health, HIV Manager - UNICEF Uganda **Dr. Upenytho George** Commissioner Community Health Department, MoH **Mr. Henry Lulu** Assistant DHO Adjumani **Dr Harriet Bitimwine** UNICEF Uganda **Sr. Cornety Nakiganda** Kivumba, Community Midwife, Adara Uganda **Dr. Ekirapa Elizabeth** Associate Professor, Makerere School of Public Health	
10:00 – 10:20 AM Q&A Session Video: Health Workers Save Lives - Seed Global		
10:20 – 10:40 AM Break Tea and Networking		

	SPEAKER	MODERATOR/CHAIR
10:40 – 10:50 AM Strengthening Urban health Systems and Governance for Improved Outcomes for Women and Children	**Dr. Nathan Tumwesigye** Chief of Party USAID MCHN Activity.	**Dr. JP. Bagala** Technical officer Safe Motherhood - Ministry of Health
10:50 – 11:10 AM Collaborating to Implement RMNCAH strategies and guidelines for High-Impact Interventions at National and Subnational Levels	**Ms. Agnes Namagembe** Senior Technical Advisor RMNCH, FHi360	
11:10 – 11:15 AM Video: The MPDSR Story		

	SPEAKER	MODERATOR/CHAIR
11:15 – 11:35 AM Kampala's Data-Driven Approach to enhancing Urban RMNCAH and Nutrition Services	**Dr. Richard Kagimu** Deputy Chief of Party/Technical Director – MCH, USAID MCHN Activity	**Dr. JP. Bagala** Technical Officer Safe Motherhood Ministry of Health
11:35 – 11:40 AM Video: Reaching the urban poor		
11:40 – 11:50 AM Q&A Session		
11:50 – 12:10 PM Key lessons and take aways from USAID - MCHN	**Dr. Buluma Denis** Supervisor Medical Services, Rubaga Division, Kampala Capital City Authority	
12:10 – 12:40 PM National Launch 1. Newborn care Standards 2. Newborn Investment Case 3. Implementation Strategy for Child and Newborn 4. Paediatric Death Review Guidelines 5. USAID MCHN Activity legacy document(s)		
12:40 – 12:50 PM Recognition of institutions that have collaborated with MCHN Activity for improved outcomes for women and children	**Dr. Nathan Tumwesigye** Chief of Party USAID MCHN Activity	
12:50 – 1:00 PM Remarks by USAID	**Jessica Healey** Office Director Health and HIV, USAID Mission Uganda	
1:00 – 1:15 PM Remarks by the Hon. State Minister for Primary Healthcare	**Hon. Margaret Muhanga** Minister of State for Primary Health Care.	
1:20 – 2:00 PM GROUP PHOTOS & LUNCH		

PARALLEL SESSIONS 2:00 – 5:00 PM

Breakout session 1

Local Maternity and Neonatal Systems; Chair: Dr Benon Musaasizi; Technical Program Lead Health & Nutrition - World Vision

Victoria Ball Room

No.	Abstract title	Author/Presenter
1	Decongesting the Regional Referral Hospital by functionalizing lower-level CEmONC facilities for improved maternal and newborn health outcome: A case of Busoga region -	Stephen Bwekingo Twinomugisha
2	The impact of Specialist phone consultations on Maternal survival: A case of Rugaaga HCIV, Isingiro district	Vanessa Namayanja
3	Post-Discharge follow-up for high-risk Newborns: Interfacility and community linkages for preterm babies in Moyo District	Patricia Pirio
4	Reducing Maternal Mortality through the Regional Local Maternity and Neonatal System – Lango subregion	Migisha Busharizi Daniella
	Q & A	
5	Using digital platforms (Phone calls) mitigates access challenges to high-risk clinics: Learnings form Kaabong District	Allan Kiprop
6	Strengthening linkage and referral towards facility-based deliveries through pregnancy mapping by village health teams (VHTs)	Sam Cherop
7	Roll out MNH-IRR collaborative: Lessons from Elgon Local Maternity & Newborn System	Hassan Kato
	Q & A	
8	Enhancing cross-consultation and referral systems in Local Maternity and Neonatal care in Sheema district	Kwikiriza Pearl Agatha
9	Improving Institutional Deliveries at Busano HCIII	Nandutu Madina
10	Pre-referral communication and coordination on the Local maternity and newborn WhatsApp, a savior for near misses in Acholi subregion	Ayoo Kevin Sunday
	Q & A	

Breakout session 2

Strengthening quality of care; Chair: Dr. Santa Engol; Technical Advisor, Maternal and Newborn Health- Clinton Health Access Initiative

Sheena Hall

No.	Abstract title	Author/Presenter
1	Co-creating Health Solutions with the marginalized, indigenous Batwa Communities in Kigezi Region: A Human-Centered Design Approach	Fortunate Kagumaho.
2	Integrated Community-based Maternal Child Health and Nutrition Interventions to Improve Health Outcomes in urban slums of Kampala.	Ezekiel Mupere
3	Quality improvement approach to increase the percentage of high-risk pregnant women enrolled in care: lesson from Yumbe regional referral hospital	Letio Susan
4	Perceptions of Quality of Care in Midwife-led Birth Centres (MLBCs) in Uganda: Why do women choose MLBCs over other options?	Scovia Nalugo Mbalinda
	Q & A	
5	Using Hub and spoke model for improved ANC 4th visit plus attendance and diagnosis of high pregnancies across 6 hard to reach sub-counties in Bukwo	Kibet Fred/Sam Cherop
6	Creative local innovations to improve 6th day pnc; a case study of kakooge HCIII, Buyende district	Achoda Daniel
7	Improvement of quality of Antenatal care at Atipe HC III -	Olal Lameck
8	Using community peer attachment model to Improve ANC 4 attendance for pregnant women at Kanyantorogo Health Centre III	Charity Amanya
	Q & A	

Breakout session 2		Sheena Hall
10	Strengthening linkages referrals follow-up and outcomes of high-risk pregnant mothers at kirima HCIII kanungu district	Katusingyize Greenia
11	Treatinet teleMEDICINE - Bridging Uganda's rural Maternal-Child Healthcare Gap, Bundibugyo district, Uganda	Baluku Hannington Gift
12	Respectful maternity care (RMC): Disconnect between perspectives and practices of midwives from a referral hospital in Kampala, Uganda	Monica Andru
13	Masafu Hospital's Human Papilloma Virus (HPV) Vaccination Journey: Improving HPV Vaccination Uptake among Teenage Girls in Busia District	Namugere Suzan
Q & A		

Breakout session 3	**Newborn Care;** Chair: Dr. Bonita Birungi; Regional Director, ELMA Philanthropies, East Africa.	Albert Hall
No.	Abstract title	Author/Presenter
1	A cluster randomised trial to evaluate the effectiveness of household alcohol-based hand rub for the prevention of sepsis, diarrhoea and pneumonia in Ugandan infants (the BabyGel trial)	Martin Chebet
2	Acceptability of transferring low birthweight infants less than 2500g in Kangaroo care in a low-resource setting in eastern Uganda	Waiswa Derrick
3	Improving classification & correct management of all live birth that provided essential newborn care at one hours in Moyo General Hospital Labor Suit, Moyo District	Wasswa Christopher
4	Assessing neonatal survival and associated factors among extreme preterm deliveries at Mulago specialised women's and neonatal hospital and Kawempe national referral hospital - a retrospective study	Kalule Denis
5	Assessing the Quality of Newborn Care at Community Level in Uganda: evidence from the 2023 National Situational Analysis on Newborn Health	Ronald Wasswa
Q & A		
6	Early experiences of zero-dose children in Kampala: How do we reach missed communities in underserved urban areas?	Louis Bwayo
7	Prevalence and Factors Associated with Neonatal Sepsis at Neonatal Intensive Care Unit of Gulu Regional Referral Hospital	Arim Barbara
8	Saving new-born lives with Donor Human Milk: Lessons from ATTA Breastmilk Community	Tracy Ahumuza
9	Supporting high risk newborns to survive and thrive through community follow up programmes	Beatrice Niyonshaba
Q & A		
10	Applying the three delays model to characterize integrated local interventions for averting neonatal deaths in Eastern Uganda; A rural Community level Intervention and lessons	James Muhumuza
11	Accelerating progress in paediatrics and PMTCT to reach every mother and newborn	Charles Twesigye
12	Finding Missed Children with Malnutrition Using a Purposive Community Model in a Low Burden District in Uganda	Syrus Ntudhu
13	Strengthening multi-sectoral collaboration for Zero HIV infections amongst infants born to HIV positive mothers: A second Anniversary of Nabitende sub-county, Iganga district	Mbaha Chrispus
Q & A		

Breakout session 4	**Financing Mechanisms;** Chair: Mr. James Junguru Head SACCOS, Stanbic Bank Uganda.	Meera Hall
No.	Abstract title	Author/Presenter
1	Unlocking the potential of Local Governments in Health Financing: A case of TCI Post transitioned locations in Uganda	Nabukeera Josephine
2	Leveraging available WISH2ACTION project district partner resources to do more with less – a case of ''no cost radio talk shows supported by resident district commissioners	Simon Peter Lugoloobi
3	Primary healthcare financing model for a sustainable ambulance referral system focusing on maternal and newborn health	Candiru Judith
4	Engaging Village saving and Loan Associations to improve uptake of postnatal care at 6 days	Joel Okello
5	The gain of scraping user fees to improve maternal child health services at Pakadha Health centre III, Zombo district	Omyer Teopista
	Q & A	
Breakout session 4	**Family Planning;** Chair: Dr. Tonny Kapsandui; Head of Programs AMREF Uganda.	Meera Hall
No.	Abstract title	Author/Presenter
6	Quality improvement approach to increase Post partum family planning uptake among adolescent mothers from 1% to 60% in Twajiji HCIII	Aber Victoria
7	The Challenge Initiative improves Family planning access in Mbarara	Nshabohurira Agatha
8	Using Peer-led approach to improve Post-abortion Family Planning counselling and uptake. A case Study at Ayiri HCIII, Adjumani District	Tako Stephen
9	Leveraging on existing cultural institutions to advocate for Family Planning awareness raising, behavior change communication, informed decision making and contraceptive uptake in selected cells in Fort Portal City	Kisembo Brian/ Kabahenda Annet
	Q & A	
10	The impact of mobilizing communities through dialogues on the uptake of modern contraceptives in Rakai District	Shannon Ahumuza
11	Using antenatal couples' counselling in to improve postpartum family planning uptake- experience from accu project	Vincent Mubangizi
12	Counselling process not a barrier in long term reversible contraceptive use among rural women at Kakuka health centre III in Bundibugyo district	Mbambu Hellen
13	Community engagement for family planning	Nakku Deizy
	Q & A	

	SPEAKER	MODERATOR/CHAIR
08:20 – 08:30 AM Recap of Day two: Video documentary for previous day and review of Action points	**Dr. Nelson Twinamasiko** NSMC 2024 Scientific Committee	**Dr. Rita Wadimba** Country Director Pathfinder & Chief of Party USAID-Family Planning Activity
08:30 – 9:00 AM Key Note Address: Reimagining Family Planning access for Better Safe motherhood Outcomes	**Dr. Lillian Sekabembe** Country Representative PSI	
9:00 – 9:20 AM Business case for Private Sector investment in Family Planning	**Dr. Timothy Kasule** Programme Analyst, Reproductive Health Commodity Security – UNFPA	
09:20 – 10:05 Panel Discussion: Building a Sustainable future for family planning programs in Uganda	**Sr. Kahunzire Christine** ADHO MCH - Gomba district **Owek. Kimbugwe Godfrey** Deputy Prime Minister of Obwa Kamuswaga Bwa Kooki **Mr. Kasoro William** Chairman LC5- Ntoroko district **Ms. Sharon Ayebare** Youth champion- Kyenjojo district **Dr Richard Mugahi** Commissioner Reproductive and Child Health - Ministry of Health	
10:05 – 10:20 AM Q&A Session		
10:20 – 10:50 AM Break Tea and Networking		

	SPEAKER	MODERATOR/CHAIR
10:50 – 11:10 AM Post-Abortion Care Guidelines and implementation in Uganda	**Dr. Simon Peter Kayondo** Association of Obstetricians and Gynecologists of Uganda (AOGU)	**Miss. Fatia Kiyange** Executive Director CEHURD
11:10 – 11:50 AM Panel Discussion: Best practices, challenges and barriers to service access and solutions and emerging evidence.	**Ms. Josephine Ajambo Lavoy** Associate Director Planned Parenthood Global. (Panel Chair) **Sr. Atim Grace** In-charge Tororo General Hospital - Service provider **Prof. Lynn Atuyambe** Makerere School of Public Health **Mr. Silverster Ochieno** Ipas Africa Alliance Uganda **Dr. Denis Chemonges** Head of Health Systems Strengthening PSI	
11:50 – 12:00 PM Q&A Session		

	SPEAKER	MODERATOR/CHAIR
12:00 – 12:20 PM Strengthening Multisectoral Coordination to Reduce Teenage Pregnancies: Surveillance, Response and Accountability	**Mr. Drake Rukundo** Development Consultant; Ministry of Finance and Economic Development	**Miss. Fatia Kiyange** Executive Director CEHURD
12:20 – 12:40 PM Overview of the Self-care approach and role in accelerating the realization of Universal Health Coverage	**Dr. Olive Sentumbwe-Mugisa** WHO Country Office	
12:40 – 1:10 PM The Uganda Self-care Guidelines and Investment Case.	**Dr. Moses Muwonge** National Self-care Consultant	
Remarks from the Minister of State for General Duties	**Hon. Anifa Kawooya** Minister of State for General Duties – Ministry of Health	
National Launch 1. Self Care Guidelines 2. Self Care Investment Case		
1:10 – 1:20 PM Q&A Session		
1:20 – 2:00 PM LUNCH		

PARALLEL SESSIONS 2:00 – 5:00 PM

Breakout session 1 — **Leadership and Governance** : Chair: Dr. Simon Peter Lugoloobi; Clinical Services Manager Reproductive Health Uganda — Victoria Ball Room

No.	Abstract title	Author/Presenter
1	Using a model HUMC approach to functionalize Lower-level health Facility leadership for improved Maternal and Child Health services across 24 PNFPs in Busoga diocese	Paul Kasu
2	The Role of Leadership in Enhancing Maternal and Child Health Services in Mukono Municipality	Namala Alex Lwasa
3	Improving First Trimester ANC First Trimester Through Health Unit Management Committee Engagement at Naiku HCIII	Olupot Mercy
4	Reducing on Teenage Pregnancy in Oraba HCIII, Koboko District	Anguyo Richard
5	Mapping of Traditional Birth Attendants in an urban setting: A Case Study of Kampala City	Ronald Mutumba
	Q & A	

Breakout session 1

Victoria Ball Room

6	Reducing Maternal Mortality in Kitgum District, Acholi Subregion	Daniel Kamya
7	Key Family Care Practices improves Refugee Maternal and Child Health Seeking and Compliance /Response to illness in West Nile	Samuel Otoober
8	Enhancing SGBV prevention and response services in Mayuge district	Irene Ayanga
9	Community interventions to improve high risk pregnancy outcomes	Kobusinge Lilian
	Q & A	

Breakout session 2

Adolescent health; Chair: Mr. Stanley Opio Angwella; ASRH-R Advocacy Coordinator - Save the Children

Meera Hall

No.	Abstract title	Author/Presenter
1	Adolescent's mobilization and community support systems to enhance access and utilization of quality adolescents sexual reproductive Health (ASRH) services; An effective multi-Community based intervention in Eastern Uganda	Joseph Egesa
2	Building Public Sector Workforce Capacity to Provide Quality, Youth-Friendly ANC and PAC Services through the ANSWER Project	Samuel Ssanyu Balamaga
3	Pre-appointment reminder phone calls and monthly home visits to Lost-To-Follow-Up Pregnant Adolescent Girls and Young Women to improve Early Infant Diagnosis and retention in Group Ante-Natal and Post-Natal care at Entebbe Regional Referral Hospital	Juliet Nandawula
4	Prevalence and characteristics associated with physical punishment and psychosocial aggression towards children born to adolescent girls 10 to 19 years in Kyotera and Rakai district	Micheal Webba Lwetabe
	Q & A	
5	Sports to kick out teen pregnancy: A Case of EYE Universal project in Kamuli and Mayuge, Uganda	Lilian Ssengooba
6	Working with Youth Led Organizations (YLOs) to strengthen accountability, monitoring and quality for SRHR/SGBV Services	Suzan Nakidoodo
7	Impact of Community and Health provider driven social accountability to sexual and reproductive Health and Rights of Adolescents to reduce Teenage Pregnancies in Madi, Okollo and Terego districts, Uganda	Charles Otema
8	Male engagement on adolescent maternal mental health: An approach to building strong families and community support for adolescent girls in Rakai and Kyotera Districts	Sandra Najuuko
9	Improving the timely uptake of the first antenatal care visit among pregnant adolescents within the first trimester in oyam district	Alumu Monic Peace
	Q & A	

Breakout session 3

Implementation Research; Chair: Ms. Lillian Mpabulungi Ssengooba; Head of Gender Justice Program and Advocacy - Care International

Sheena Hall

No.	Abstract title	Author/Presenter
1	Optimising implementation of maternal and perinatal death surveillance and response to prevent avoidable future deaths in Uganda	Dan Murokora
2	Why guidelines on tetanus Vaccination should be reviewed	Nicholas Muggagga
3	Cost-effectiveness results comparing heat-stable carbetocin & other uterotonics in postpartum heamorrhage prevention in Uganda -	Hadijjah Nakatudde
4	Effectiveness of the modified WHO labour care guide to detect prolonged/obstructed labour among women admitted at publicly funded facilities in Mbarara district, Southwestern Uganda: an ambispective cohort study	Godfrey Mugyenyi
5	E-MOTIVE first response bundle for PPH	Ononge Sam

Breakout session 3		Sheena Hall
	Q & A	
6	Leave it with my baby, until it shed off itself: A rarely controversial case series of lotus birth in Tanzania	Nicodem Komba
7	Improving women's experience of care through a midwife led quality improvement initiative at three healthcare facilities in an urban setting, Kampala Uganda	Richard Kagimu
8	Quality of FP services sustained through coaching: A case of TCI post transitioned locations	Josephine Nabukeera
9	Enhancing patient care through Effective IPC-Yinga HCIII	Timothy Oketayot
10	Strengthening timely referrals and linkage of identified high risk pregnant mothers from Buyende HCIII to Kidera HCIV in Buyende district using a multi sectoral approach	Naigaga Hellen
	Q & A	

Breakout session 4	**Health Information System;** Chair: Ms. Orishaba Grace; Medical Program Team Leader LIFENET	Albert Hall
No.	Abstract title	Author/Presenter
1	Predictive app for pre-eclampsia in pregnant mothers	Okao Moses Mathew
2	Improving Family Planning Data Quality	Kusiima Wilson
3	Overcoming data discrepancies in refugee health information systems: a quality improvement approach in Bidibidi settlement, Uganda -	Oyella Florence Ketty
4	Family Life learning School. A true diagnostic tool for positive increase in ANC 1st trimester at Kakingo HC III, Moroto	Barbra Nayebare
	Q & A	
5	Utilizing data to conduct targeted family health outreaches in hard-to-reach areas: Lessons from Kapchorwa DLG	Otoo Douglas
6	Community Lead social and behaviour change interventions: A key strategy in combating malnutrition in Kotido, Uganda	Innocent Ofwono
7	Increasing early ANC attendance through targeted community outreaches in Moroto district, Uganda	Innocent Ofwono
8	Exploring parental understanding of child sexual abuse and prevention as a measure for HIV prevention in Rwampara District	Kamukama Aloysious
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SPEAKER PROFILES

Rt. Hon. Robinah Nabbanja

Rt. Hon. Robinah Nabbanja is the Prime Minister of the Republic of Uganda and Leader of Government Business in Parliament designate, by H.E. President Yoweri Museveni becoming the 11th person and first female, to occupy the office since Uganda became independent in 1962. Before this appointment, Hon. Nabbanja was the Minister of State for Health in charge of General Duties

Dr. Jane Ruth Aceng

Dr. Jane Ruth Aceng is Minister of Health for Uganda. She holds a Bachelor's Degree in Medicine (MBChB), MMED (Pediatrics), Masters in Public Health and a Diploma in Health System Strengthening. As Minister of Health, she possesses the Constitutional Powers and functions of spearheading the Ministry. Among them are Administration, Policy Formulation and Direction. She has vast experience both as a manager and practicing medical personnel.

Dr. Diana Atwine

Dr. Diana Atwine is Permanent Secretary, Ministry of Health. She is charged with technical leadership as well as stewardship of all financial resources at the Ministry. She is currently focused on introducing reforms in culture, ethics and values in the sector, which she believes will increase quality and access to health care. Dr Atwine is also the former Director of the Health Monitoring Unit under Statehouse whose role is to ensure a responsive and accountable national healthcare system through access to care. She is a strong advocate for integrity, transparency, and results-oriented performance.

Dr. Henry Mwebesa

Dr. Henry Mwebesa is the Director General Health Services- Ministry of Health Uganda. He has experience spanning more than 31 years in the health sector. In his various responsibilities, he has been involved in planning and supervising various health programs and activities at national, regional and district levels. A large section of his career has been spent at the national level building Quality and Performance Improvement Systems in the health sector. This included among others, building structures for QI at the regional and district levels; developing standards; monitoring performance according to standards; building and strengthening supervision systems at all levels; and establishing accreditation and reward systems.

Dr Richard Mugahi

Dr Richard Mugahi serves as the Commissioner, Department of Reproductive and Infant Health, Ministry of Health.

Prof. Annettee Nakimuli

Prof. Annettee Nakimuli is an Associate Professor of Obstetrics and Gynecology and the Current Dean School of Medicine at the College of Health sciences, Makerere University, and the Chair of the NSMC 2024. She is a researcher and also clinically active. Her clinical expertise is high risk obstetrics (complicated pregnancies). Her research interest is pre-eclampsia, a major cause of maternal morbidity and mortality in sub-Saharan Africa. Annettee's work has led to many collaborations with clinical and academic colleagues in Africa, in the United Kingdom, Europe and the USA to investigate clinical and biological questions related to pregnancy including infections and future risk of non-communicable diseases.

Ms. Daniela Nyirandutiye

Ms. Daniela Nyirandutiye serves as the USAID Mission Director for Uganda. She provides the strategic leadership and operational oversight of a complex portfolio of half a billion dollars in annual development assistance across many sectors including: health, and governance. A career U.S. diplomat, Ms. Nyirandutiye served in senior management positions in corporate headquarters in Washington, D.C, such as Senior Advisor to the Agency Counselor and as Director for African Affairs at the National Security Council at the White House.

Dr. Robin Nandy

Dr. Robin Nandy is the UNICEF Country Representative in Uganda. During 2021-2024, he held a similar role as UNICEF Representative in the Islamic Republic of Iran. Before this, he served as the Principal Adviser and Chief of Immunizations at UNICEF Headquarters during 2015-2021, directing UNICEF's global immunization efforts, including the early stages of the COVID-19 vaccine rollout in 2021. Additionally, from 2011 - 2015, he was the Chief of Child Survival and Development at UNICEF Indonesia. He is a medical epidemiologist and public health physician with an extensive background in international public health, particularly in the areas of child survival, immunization, outbreak response and in multisectoral humanitarian responses.

Ms. Gift Malunga

Ms. Gift Malunga is the UNFPA Representative in Uganda. She is a development practitioner with over 25 years of experience in strategic management, policy, and program development in the field of sexual and reproductive health and rights (SRHR). She has provided leadership and strategic guidance to teams at various levels within the government and international organizations, executing key initiatives aimed at promoting the rights, health, and development of women and young people. This includes facilitating access to quality sexual and reproductive health services, particularly for adolescent girls.

Apostle Dr. Joseph Serwadda

Apostle Dr. Joseph Serwadda is the President Born Again Faith in Uganda. He is Senior Minister of the Victory Christian Center, one of the mega-denominations in Uganda with over 470 branch churches. He holds a Certificate in Journalism, Diploma in Christian Ministry, Diploma in Theology, Diploma in Legal Studies, Bachelor of Arts in Humanities, Masters in Theology, Doctorate in Divinity and two Honorary Doctorates (D.H.L and D.M.).

Dr Jean Chamberlain Froese

Dr Jean Chamberlain Froese is a Professor of Obstetrics and Gynecology – McMaster University Canada and Founding director of Save the mothers. She is an internationally recognized expert in women's health and a member of the Order of Canada. She has volunteered in some of the world's poorest countries to make childbirth a safer experience. She is Founding director of Save the Mothers, an organization dedicated to training indigenous multidisciplinary leaders to stimulate lasting change. The Canadian Society for International Health named Dr. Chamberlain Froese to the inaugural list of Canadian Women Leaders in Global Health (CWIGH) for her incredible work through Save the Mothers to help reduce maternal mortality due to pregnancy and childbirth, in partnership with local leaders and authorities in Uganda.

Dr. Gagan Gupta

Dr. Gagan Gupta is currently working as Senior Adviser and lead for Maternal and Newborn health team at UNICEF headquarters in New York. He is a pediatrician and started his career teaching pediatrics and neonatology in university hospital in Mumbai in India in 2001. He brings 20 years of experience of working in the field of maternal and newborn health including working in government, academia, professional bodies, and UN having worked from subnational to national and now at global level. Dr. Gupta has strong experience in program design and development, policy influencings and program implementation.

He represents UNICEF as the co-chair of Every Newborn Action Plan (ENAP) country implementation group and has played a vital role in shaping the global newborn health agenda aligning it closely with maternal and child health. He has been part of various global technical advisory groups and task forces for key areas related to maternal and newborn health co-chairing many of them jointly with WHO.

He is well recognized for his work in India on scaling up small and sick newborn care at district level, setting up 24 x 7 transport systems for pregnant women and newborn, and pioneering an online data system for newborn care units, which is now the biggest online data base globally for inpatient newborn care. The learnings from this work have helped shaping up small and sick newborn care implementation in South Asia and Sub Saharan Africa. He also led UNICEF analysis on disruption of MNCH services during COVID from 50 countries. This helped the global partners, donors, and governments to understand the secondary impact of COVID on MNCH services and to plan recovery strategy.

Dr. Lillian Sekabembe

Dr. Lillian Sekabembe is the Country Representative for Population Services International (PSI) Uganda, with over 20 years of experience in global health and development, including emergency response. As a Medical Doctor and Public Health Specialist, she has led impactful initiatives in maternal and child health, HIV/AIDS, sexual and reproductive health, malaria, and health systems strengthening.

Recognized as one of the top 60 African women in development by Donors for Africa Foundation in 2022, Dr. Lillian is known for her expertise in policy advocacy, gender mainstreaming, private sector development, and health commodities supply chain management. She has played a significant role in advancing sustainable development in Uganda and other regions.

Her collaborative approach has enabled her to work closely with diverse stakeholders, including donors, NGOs, government ministries, UN agencies, academia, religious and cultural institutions, and the private sector. Through these partnerships, she has driven policies and programs that improve health outcomes and build resilient health and intersectional systems.

Ms. Juliana Lunguzi

Ms. Juliana Lunguzi is the team lead Integrated Sexual & Reproductive Health UNFPA Uganda. She is a Registered Nurse/Midwife with a career in public health and development management. She has led multi-scale operations, including in emergency and crisis situations. In 2010 her leadership was duly recognized by colleagues in the UN family. She was elected to the office of President of the UN Staff Association in Malawi - a role she served in with distinction. She has previously worked as a Member of Parliament in the Malawi Parliament

Dr. Elizabeth Ekirapa Kiracho

Dr. Elizabeth Ekirapa Kiracho is an accomplished public health expert with more than 15 years of distinguished performance. She is an Associate Professor in the department of Health Policy Planning and Management at the Makerere University School of Public Health in Uganda. She is also the Research Director for the Anglophone Hub of the Digital Health Payments Initiatives and Research. She holds a Bachelor's degree in Medicine and Surgery from Makerere University as well as a Master's degree in public health ,a Master's degree in Health Economics and a Doctorate in Health Systems Research from Trinity College Dublin. Her experience in pedagogy, management of academic programs, research and policy advice spans over 20 years. Her main areas of expertise are in maternal health, health systems research, health financing and economic evaluation. She is also the Chair for the Advisory Council for Amref Health Africa in Uganda.

Dr. Harriet Bitimwine

I am currently working with UNICEF as a Health Officer, under the Arua Zonal office overseeing the child Survival and development portfolio in this Zone. She is a Paediatrician, with over 10 years' experience in health programming, specifically focusing on Maternal, Child and adolescent health; Nutrition; Comprehensive HIV/AIDS including Prevention of mother to child Transmission (PMTCT); Water Sanitation and Hygiene (WASH) and health Systems Strengthening at national and sub-national level.

I have Previously worked with Baylor College of Medicine Children's Foundation – Uganda in various portfolio; Uganda's Ministry of Health, STD/AIDS Control Program; and University Research Co., LLC- Centre for Human Services (USAID's RHITES EC) Project).

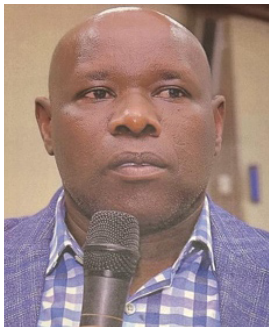
Ms. Grace Latigi

Ms. Grace Latigi is a Health Specialist (MNH) at UNICEF Uganda Country Office. With over 15 years of experience in public health, Ms. Latigi has made significant contributions to maternal and newborn health, particularly in resource-limited and emergency contexts. Before joining UNICEF, she worked with Canadian Physicians for Aid and Relief (CPAR), where she managed health programs focused on improving healthcare delivery. She later served with UNFPA for seven years, advancing maternal, adolescent sexual reproductive health and family planning, particularly in emergency settings. Her expertise and dedication continue to shape health outcomes in Uganda.

Cornety Nakiganda

Cornety Nakiganda is a devoted and passionate midwife with more than 40 years' experience in facility and community-based care. She has spent much of her career working with Kiwoko Hospital as the midwife leading their community-based health care programme. In her current role as the Hospital to Home (H2H) Community Midwife, Cornety manages a large group of 120 village health team (VHTs) members who provide at-home follow-up care to high-risk babies for up to a year after discharge from the Kiwoko Hospital newborn unit. Cornety supports this team through guidance, supportive supervision, and ongoing training. With H2H the first newborn follow-up programme of its kind in Uganda, Cornety's contributions as a midwife have transformed the way care is delivered to vulnerable newborns and their families in the community.

Cornety's exceptional dedication to her work and community hasn't gone unrecognised. In 2021, Cornety was a finalist in the Midwife of the Year category at the Ugandan Heroes in Health Awards. In 2020, she was honoured as one of Women in Global Health's 100 Outstanding Nurses and Midwives. In 2019, Cornety was named as a Newborn Champion by the Ministry of Health for her dedication to vulnerable newborns and their families.



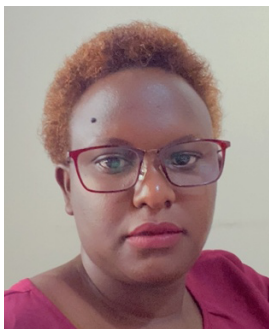
Lulu Henry Leku

Lulu Henry Leku: Is the Assistant District Health Officer (ADHO) for Maternal and Child Health (MCH), Adjumani District, where he plays a pivotal role in overseeing maternal and child health initiatives, bringing practical community level interventions that has strengthened and improved MNH services in Adjumani District. He is also the Vice Coordinator, West Nile Local Maternal and Neonatal System (LMNS) where he contributes to coordinated efforts aimed at improving maternal and neonatal health outcomes in the West Nile region, fostering collaboration among various health stakeholders.

Before Joining Local Government, Henry was the Regional Manager, AIDS Information Centre (AIC) West Nile and Lango where he managed regional health programs, focusing on community health initiatives and the implementation of health interventions aimed at improving health service delivery in the regions.

He worked as Program Manager for Better Outcomes and DREAMS Project where he was instrumental in developing and executing programs designed to enhance health outcomes for orphans, vulnerable children and their caregivers, adolescents and young women.

As an ADHO MCH, Public Health Specialist and panel discussant, Lulu brings expertise, passion and over 20 years' experiences for community systems for MNH to the table.



Grace Orishaba

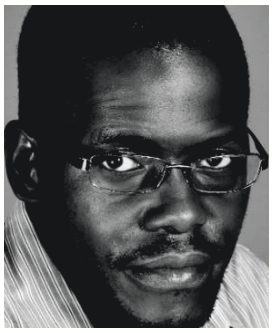
Grace Orishaba is the Medical Program Team Leader at LifeNet International. Grace is a passionate public health specialist with over 15 years of experience in Maternal and Child Health (MCH) programs. Currently working as a Medical Program Team leader at LifeNet International. She is a senior trainer and mentor who has dedicated her career to building capacity for health workers and improving the health and well-being of women, children, and families.

Dr. Tonny Kapsandui

A Ugandan Medical doctor, public health leader and specialist with more than 15 years' experience in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH); HIV/AIDS, Nutrition, Policy Advocacy, and humanitarian response programming. Dr Tonny has served in positions of leadership, management, coordination and implementation of health development programs at community, district, national and international levels. Dr Tonny is highly experienced in developing health development strategic documents, technical guidelines, as well as designing, coordinating, implementing, monitoring and Evaluation of public health programs. He is a certified master trainer for Family Planning, Maternal, Newborn, Child Health, Infection prevention and control. Dr Tonny has worked with the local government (under the Uganda's ministry of health) and with National and International Non-Governmental Organizations (NGOs).

At Amref Health Africa, and for eight years, he has served as the Program Manager for Reproductive, maternal, newborn, child health (RMNCAH) and humanitarian response in Uganda. He has been an integral part of the Amref Health Africa in Uganda senior management team (SMT).

Currently, Dr Tonny Kapsandui is the Head of Programs at Amref Heath Africa in Uganda.



Dr Richard Mwesigwa

Dr Richard Mwesigwa is the program analyst Maternal Health and Fistula UNFPA. He is a Public Health Doctor and a Gynaecologist with interest in Women's reproductive health, HIV/AIDS care, Project management and evaluation.

Dr Christine Nalwadda

Dr Christine Nalwadda is the Head of department Community Health and Behavioral Sciences – Makerere University School of Public Health. She is involved in research, teaching and supervision of graduate students. Her research areas of interest include Maternal and Newborn Health and Community Health with an orientation to using qualitative research approaches. She has participated in various multi-disciplinary research teams, partnerships and collaborations with institutions like, Karolinska Institutet, Zambia Institute of Public Health, Yale University, and London School of Hygiene and Tropical Medicine.

Dr Kayondo Musa

Dr Kayondo Musa is the Chair of Obstetrics and Gynecology and head of the Fistula plus Female Pelvic Medicine & Reconstructive Surgery (FPMRS) Division at Mbarara University of Science & Technology (MUST). He leads the Obstetrics and Gynecology residency program and serves as Head of the newly developed clinical Urogynecology Leadership Fellowship.

Dr. Phillip Lugolobi

Dr. Phillip Lugolobi, team lead for the Safemama app, head of innovations Uganda UK health Alliance, health innovation fellow at Africa Oxford Initiative, founder Beginner's Mind Lab Limited."

Dr. Thomson Ngabirano

Dr. Thomson Ngabirano is a Medical Doctor currently working as senior technical advisor Jhpiego Uganda country program; responsible for technical oversight and strategy for the Jhpiego programs including HIV, RH and GHS. He is a public health specialist with 28 years' experience of public health management at hospital, district and national level in Uganda. His experience extends to different program areas including HIV, TB, RMNCAH, malaria, HMIS and supply chain management.

Dr. Allan Katamba

Dr. Allan Katamba is the Director Integrated Health Service Delivery-USAID/UHA. He is currently involved in a number of developmental projects as a mentor or advisor in both rural and urban settings with the main aim being improvement of Health delivery and accessibility to all Ugandans. HIV/AIDS, Sexual and reproductive health form a core of his main emphasis in the public Health paradigm. He has been instrumental in organizing conferences and meetings to this cause in various parts of the country. Maternal and Child Health have always been his strong points. He has been instrumental in drafting a number of national guidelines and policies. The 2011integrated HIV guidelines, the current HTC policy and the New 2016 integrated HIV guidelines are some of the national tools that he has contributed to immensely.

Dr. Ddungu Peter

He is a seasoned public health expert in organizational and health services leadership and governance, strategic and operational planning, health systems strengthening and program implementation. He has practiced medicine for over 25 years and has more than 15 years of management experience. He served as the Deputy Chief of Party and Director of District Operations for MSH's successful Strengthening TB and HIV & AIDS Response in Eastern Uganda (STAR-E) Project. He holds a Bachelor of Medicine & Bachelor of Surgery (MBChB), postgraduate Diploma in Primary Emergency Care (Dip. PEC), Master's Degree in Business Administration and a Master's Degree in Public Health

Dr. Rita Wadimba

Country Director Pathfinder & Chief of Party USAID- Family Planning Activity. She is a Public Health Management Specialist with a wealth of experience in delivering development programmes in Uganda and the Africa region, focusing on HIV/AIDS prevention, care and treatment, Reproductive Health and Rights, nutrition and health in humanitarian crises; working across, NGOs and bilateral agencies, and collaborating with Government and multilateral agencies within the national health system. Her experience spans across service delivery, programme planning and influencing the broader systems strengthening approaches in the health space.

Ms. Allen Namagembe

Ms. Allen Namagembe is a clinical epidemiologist and a biostatistician, currently working as the Deputy Project Director and M&E lead on the Uganda Private Sector Family Planning project with PATH in Uganda. She has over 15 years of experience in evidence generation and translating the evidence into action and policies, with over 5 policies influenced by evidence she has been part of in generating. Allen has supported several programs involving mentorship of health workers, training, support and supervision in areas of family planning. She holds a Bachelor of statistics degree and a Master of Science in Clinical Epidemiology and Biostatistics degree from Makerere University in Uganda.

Dr. Santa Engol

Dr. Santa Engol, Technical Advisor for Maternal, Newborn, and Child health. Working with Clinton Health Access initiative (CHAI). She is a medical doctor with a postgraduate degree in Public Health, Work experience in both Clinical and public health setting. 12 years in RMNCAH programming, and Community Health

Benon Musasizi

Benon Musasizi is a Maternal Newborn and Child health (MNCH) specialist with over 17 years' experience working with local and international NGOs. He has provided both technical and leadership services projects with specific focus on MNCH, Family planning, Nutrition and WASH. He is currently the Technical Program Lead-Health and Nutrition World Vision Uganda providing overall strategic and technical leadership for a portfolio of Health & Nutrition specific programmes across Uganda in both development and relief contexts.

Miss. Fatia Kiyange

Executive Director CEHURD. She has extensive work experience in the areas of programme development; leadership and management in the health and social justice sectors at the national, regional and global level.
Fatia has held leadership and management positions in non-governmental organizations operating at a regional and national level, including the African Palliative Care Association (APCA) and Hospice Africa Uganda. She is a strong advocate of access to social justice for the most vulnerable people.

Ayebale Sharon

Ayebale Sharon is currently pursuing a Certificate in Social Work and Social Administration at CEAM University in Fort Portal. With a passion for community development, Sharon has spent the past five years actively serving as a youth champion. She is committed to empowering young mothers, drawing from her personal experiences and understanding of the unique challenges they face. Sharon works to guide and support them in overcoming social and economic barriers, helping them navigate the complexities of motherhood. Through her advocacy, she has become a strong voice for young mothers in her community, promoting access to health services, and opportunities for personal growth.

Sr. Kahunzire Christine

Sr. Kahunzire Christine is the ADHO/MCH in Gomba District. With extensive leadership experience at both the facility and district levels, she has played a pivotal role in ensuring high-quality healthcare services. Her academic credentials include a master's in health services management from Uganda Martyrs University, a bachelor's in nursing science from Mbarara University, and a Diploma in Comprehensive Nursing from Masaka. She also holds advanced qualifications in health systems management, public administration, and sign language. Sr. Christine is dedicated to improving maternal and child health in her community

Owek. Kimbugwe Godfrey

Owek. Kimbugwe Godfrey is the Deputy Prime Minister of Obwa Kamuswaga Bwa Kooki, a prominent cultural institution in Rakai. He began his career with the Platform for Labor Action before transitioning to the Rakai District Local Government, where he started as a Community Development Officer. Over the years, he advanced to the role of Assistant Commissioner and now leads the Department of Community Services within the district. He holds a bachelor's degree in social sciences from Makerere University, a master's degree in development studies from Uganda Martyrs University, and a master's degree in public health from the University of Liverpool. Owek. Kimbugwe is deeply committed to promoting children's welfare, women's empowerment, and advocating for human rights and dignity.

Williams Kasoro

Williams Kasoro currently serves as the District Chairperson for Ntoroko District. Over the course of his career, he has held several key leadership positions, including Senior Law Enforcement Officer at Kyenjojo Town Council and Deputy Resident District Commissioner for Mitooma. With a solid background in leadership, law, and governance, Williams has made significant contributions to his community's development and remains committed to serving and uplifting the people of Ntoroko District.

Bonita Birungi

Bonita Birungi is the Regional Director at ELMA Philanthropies Services, East Africa. She leads ELMA's health portfolio and investment partnerships focused on improving the lives of women and children in East Africa. She is a public health professional with over fifteen years of experience working in the field of reproductive and newborn health, HIV/AIDS and early childhood development programs in sub-Saharan Africa.

NSMC 2024 ABSTRACTS SUBTHEMES

1. Family Planning

1.1. Title: The Family Health = Family Wealth Intervention: Effects of a Multi-Level Community Dialogues and Health System Strengthening Intervention on Family Planning Outcomes in Butambala District, Uganda

Authors: Christine Muhumuza,[1] Rhoda K. Wanyenze, [1] Samuel Sekamatte,[2] Haruna Lule,[3] Trace S. Kershaw,[4] Susan M. Kiene,[5,1] Katelyn M. Sileo[6]
1 Makerere University School of Public Health, Kampala, Uganda; 2 Gombe Hospital, Butambala District, Uganda; 3 Global Center of Health Excellency (GloCHE), Uganda; 4 Yale University School of Public Health, USA; 5 San Diego State University School of Public Health, USA; 6 Boston College, Connell School of Nursing, USA

Introduction: Family planning is a cost-effective strategy to reduce maternal and infant mortality, but couples in Uganda are faced with multi-level barriers to uptake. This study examined the Family Health = Family Wealth (FH=FW) intervention's effect on married couples' family planning outcomes in Butambala, District, Uganda.
Methods: FH=FW includes community dialogues with couples, leader mobilization, and health system strengthening to address family planning barriers. A pilot quasi-experimental controlled trial was implemented in 2021, comparing two matched communities randomly allocated to receive FH=FW or a water, sanitation, and hygiene intervention (N=140, 35 couples per arm). Outcomes were collected at baseline, 7-months, and 10-months follow-up. Focus group discussions (n=51) and semi-structured interviews (n=27) were conducted after data collection.

Results: From no use at baseline, there was 31% more contraceptive uptake at 7 months and 40% more at 10 months in intervention vs. comparator couples (adjusted odds ratio = 1.68, 95% confidence interval = 0.78-3.62, p = 0.19). Improved family planning knowledge (Wald $\chi2 = 35.20$, $p < 0.001$), attitudes (Wald $\chi2 = 64.53$, $p < 0.001$), and intentions (Wald $\chi2 = 48.26$, $p < 0.001$), and reduced inequitable gender attitudes (Wald $\chi2 = 19.46$, $p < 0.001$), were observed in intervention vs. comparator, corroborated by the qualitative findings. Relationship changes included improved communication (Wald $\chi2 = 78.81$, $p < 0.001$) and shared-decision-making (Wald $\chi2 = 13.40$, $p = 0.001$). FH=FW increased the perception of positive family planning norms (Wald $\chi2 = 23.89$, $p < 0.001$), and the qualitative findings highlighted how FH=FW's transformative communication improved gender equity within couples.

Interpretation: This pilot evaluation supports FH=FW's promise to reduce the unmet need for family planning and related determinants. The FH=FW approach may be appropriate for other settings where similar gender equity, male engagement, and health system barriers affect family planning use.

1.2. Title: Enhancing Male Uptake of Family Planning Services in Uganda: Innovative Use of Male Engagement Groups in Eastern Uganda

Authors: A.Gidudu, E. Namwano, M. Okech
Background: Family planning programmes have struggled to attract men in most nations. Statistics show that women use more FP services from outreach and fixed sites than men. MSUG-supported sites across the County show this pattern. Between January and December 2023, MSUG held community engagement sessions and met over 12,666 clients, of which 49% were males in Kamuli District.

Methods: MSUG brings together a team of parents, in-laws, religious leaders, and healthcare providers to meet with the field-based behaviour change agent monthly to increase male engagement. These monthly gatherings allow men to discuss family planning, development issues, and agricultural efforts. The interactions through the behaviour Change agents foster an open dialogue, allowing males to access basic information about family planning options. The conversations, provide them (males and females) critical information regarding the necessary steps to ensure that FP services are accessible and inclusive. Where will men find services easily accessible? These gatherings attract men and provide an opportunity to incorporate FP information alongside other services, including HIV and other STD prevention.

Results: These community group engagement sessions from January 2023 to December 2023 impacted male FP uptake, unlike other MSUG-supported locations. There has been a 56% (1,350) improvement in the number of Males adopting FP methods each month compared to the prior average of 765.
Conclusion: In areas with exceptionally high rates of adolescent pregnancy, focused and consistent knowledge-sharing meetings with men are a novel strategy for motivating men to use FP services. Also, these sessions may serve as a platform to increase the utilisation of male contraceptives.

1.3. TITLE: Increasing Uptake of Immediate Postpartum Family Planning at Lwanda HC III in Rakai District

Authors: Fiona Nabugewa, Nakafeero Titus Rose, Tusiime Brenda and Phillip Bakahirwa.

Introduction: Family planning (FP) is a crucial aspect of maternal and child healthcare, especially immediately following childbirth, and throughout the first postpartum year. According to the World Health Organization (WHO, 2009), effective postpartum family planning (PPFP) involves initiating modern contraceptive methods soon after childbirth and maintaining their use for at least two years. This approach is essential for optimal timing and spacing of pregnancies, which helps to improve maternal and infant health outcomes.

Objectives: To reduce both unintended pregnancies and to promote health timing and spacing of pregnancies.

Methodology: With support from Pathfinder Uganda, the facility staff held a meeting to identify PPFP performance gaps and come up with actionable solutions. From the meeting, Village Health Teams (VHTs) were given specialized PPFP training, then collaborated with community leaders to raise awareness about the benefits of immediate PPFP. This was coupled with ongoing FP health education integrated into antenatal care (ANC) visits and extended to all service points within the health center, such as the Outpatient Department (OPD) and the Antiretroviral Therapy (ART) clinic. A male champion was engaged to promote male involvement in FP decisions, recognizing the significant influence of male partners on reproductive health choices. Mothers and their spouses received detailed counseling on FP options and importance of pregnancy spacing. We ensured the commitment and active participation of health workers in delivering PPFP services.

Results: Since July 2023, there has been a remarkable increase in the adoption of immediate PPFP services. The number of women choosing these services rose from 22 in January to 33 by April, and further increased to 34 by the end of May 2024. This upward trend is directly correlated with the number of deliveries at the facility, indicating a significant enhancement in postpartum family planning uptake.

Conclusion: Male involvement significantly influences the adoption of immediate PPFP. In many cases, male partners' control over reproductive decisions can lead to resistance to FP adoption and even gender-based violence (GBV). The efforts of VHTs in raising awareness, addressing myths and misconceptions about FP have been instrumental in improving PPFP uptake. Continued health education and the integration of FP services into various healthcare touchpoints are crucial for sustaining these gains and ensuring long-term success in PPFP adoption.

1.4. Title: Increasing Uptake Of Contraceptives Among Out Of School Young People In Kamuli District Through Youth Saving And Loans Associations.

Author: Alice Kabaruli
Organization: My Body, My Life, My World / Care International in Uganda.

Background: In Uganda key sexual and reproductive health and rights (SRHR) indicators remain suboptimal, despite the improvements in the maternal, newborn, child, and adolescent health (RMNCAH) programs and health system investments. Teenage pregnancy has stagnated at 25% over the past decade despite the desirable set target at 15% by 2020. Only 9.4% of sexually active adolescents are using any modern contraceptive method. Inevitably, the COVID-19 pandemic negatively impacted SRHR outcomes because of year-long school closures, coupled with overwhelmed health systems, worsening the vulnerability of adolescents and young people. The

World Health Organization (WHO) recommends preventing unplanned pregnancies amongst sexually active adolescent girls because pregnant adolescent girls face higher risks of morbidity and mortality.

Methodology: The EYE Universal SRHR team recruited community-based trainers (CBTs) and trained them in the YSLA methodology and ASRH. The CBTs then formed YSLA clubs with membership of 2,397 (F 1911 M486) out of school young people aged 15 to 24. Peer educators were attached to YSLA clubs to provide ASRH information and link them to services. The YSLA clubs sit on a weekly basis to save for a purpose. They also save for SRHR emergence funds. Club members also share their experiences using different methods.
Results: Number of YSLA club members reported using modern contraceptives has increased from 6.9% (134) in august 2023 to 30% (719) in April 2024.

Conclusion: YSLA Clubs provides a safe space for young people to be empowered with ASRHR information and services, remove barriers to accessing ASRHR services due to the SRHR emergency fund and build confidence of young people to practice their SRH rights.

1.5. Title: Leveraging on Village Health Teams (VHTs) In Amplifying Family Planning Access in Bidibidi Refugee Settlement Through Innovative Methods: A Case Study in Bidibidi Refugees Settlement, Yumbe.

Author: Akuku Daniel Amoko
Co. Authors; Dr Hakim Kulungi, Dr Marion Atuhaire, Andabati Sunday Monks, Ivan Nyombi
Affiliation; International Rescue Committee

Introduction: Bidibidi Refugee Settlement is home to over 200,000 refugees, with 44% being women of reproductive age (15-49). Despite the significant number of women in need of family planning services, the contraceptive prevalence rate was only 11%, according to (HIS) reports in 2021. This low access and uptake of modern family planning services have been attributed to various factors, including myths and misconceptions about family planning, lack of knowledge about family planning, negative cultural norms and attitudes towards modern family planning methods, concerns about side effects as evidenced by survey conducted in the settlement by reproduction health team, these has resulted into increased teenage pregnancies, accounting for 18% of women of reproductive age

Objective: To assess the role and impact of Village Health Teams (VHTs) in improving access to family planning services in Bidibidi Refugee Settlement.

Methods: Between 2021 and 2023, IRC enrolled 318 VHTs within the settlement who were tasked with disseminating information on family planning through home-to-home visits, group counselling on modern Family planning methods, community enrollment programs, use of megaphones with pre-recorded messages on various family planning methods and use of experiential forums conducted in local and most spoken languages. The VHTs were monitored monthly for progress through VHTs review meetings and regularly through support supervision visits by the community health team over the time of the study.
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Results: The findings indicate a significant increase in women accessing family planning services from 15% to 46.1% in Bidibidi Refugee Settlement compared to previous years, Facility data reviewed after the two years indicated that the 318 VHTs made 25,143 referrals for family planning to health facilities within the period. Of the 25,143 referrals, enrolled for different family planning services. The findings thus reflected a significant increase in women accessing family planning services from 15% in 2021 to 46.1% in 2023 in the settlement.

Conclusions: The utilization of VHTs in amplifying family planning access in refugee settlements through innovative methods proves to be an effective strategy for improving reproductive health outcomes. This approach emphasizes the importance of community-based interventions and highlights the valuable role VHTs can play in meeting the reproductive health needs of refugees.

1.6. Title: Leveraging peer mobilizers to increase access to Family planning information and services to adolescent girls and young people (AGYW) in Jinja and Bugiri districts, Eastern Uganda.

Authors: D. Ziraba, N. Nabayego, G. Nakazzi

Background: The Busoga region has a high total fertility rate of 5.7 and a teenage pregnancy rate of 28.4%, both above the national average of 5.2 and 23.5% respectively (UDHS, 2022), the highest in Sub-Saharan Africa. A study by Amref in December 2021 HEROS4GTA program in nine high-burden districts including Bugiri, revealed that 54% of sexually active unmarried women, mostly AGYW had an unplanned pregnancy while only about 20% of them were using contraceptives. This poses an increased risk of unsafe abortions, morbidity, and maternal mortality, and resultantly, a significant burden on the country's socio-economic development.

Methodology: In 2023, Population Services International Uganda (PSIU) collaborated with the districts to enhance access to SRH information and services for AGYW through targeted interventions:
Thirty peer mobilizers were identified, selected and trained using a structured curriculum for three days in interpersonal communication, targeted mobilization techniques, messaging for family planning (FP) and the use of data tools.

- They were attached to 15 private facilities selected as service points; conducted one-on-one and small group discussions to disseminate SRH/FP information, refer peers for services.
- PSIU conducted monthly support supervision visits and peer review meetings to ensure quality implementation.
- 15 Providers were trained in youth-friendly service delivery, and facility owners engaged to ensure subsidized prices for AGYW referred.
- Peer mobilizers were motivated with monthly facilitation, bags and T-shirts for identification.

Results: Between April 2023 and March 2024, 1,582 adolescents and 2,935 young women (20-24 years old) were reached with information. 929 (59%) adolescents; 1,997 (68%) young women took-up FP services. Previous clients are satisfied users who refer fellow peers for services.

Conclusion: This intervention underscores the importance of peer-led approaches, youth-friendly services, and collaboration in addressing FP challenges in complex contexts with high-burden leading to better health outcomes.

1.7. Title : Quality improvement approach to increase on post-partum family planning uptake among adolescent mothers from 1% to 60%: a lesson from Twajiji HC III, Bidibidi Refugee settlement

Authors: [1] Aber Victoria[1], Ajok Natogo Apenyo Tonny[1], Sr. Alima Fura[1], Dr. Patience Asibazoyo[1]

Affiliations: 1. International Rescue Committee

Background: Postpartum family planning (PPFP) is defined as the prevention of unintended pregnancies and closely spaced pregnancies through the first 12 months after childbirth, but it can apply to an "extended" postpartum period up to two years following childbirth (WHO 2018). In Uganda, modern PPFP contraceptive uptake is at 25% resulting in unwanted or unplanned pregnancies which may increase morbidity and mortality among children and mothers and at Twajiji HC III, the uptake of Post parturm family was at 1% contrary to the MoH standard that requires 60% and these were basically because of poor documentation in the primary data tool, poor male involvement and cultural believes by mothers to take up family planning and its upon this, that the QI opened and implemented the project.

Aim: To increase on post-partum family planning uptake among adolescent attending health services at Twajiji Health Centre III from 1% to 60% between March and September 2023.

Method: We used a cross-sectional study design and retrospective record reviews of postpartum uptake implementation at Twajiji Health Centre III and using the PDSA cycle (plan-do-study-act), the team then set

and implemented the following; Did mentorship on use of data tools, community sensitization on family planning through community dialogue and health education at the facility. The data were collected and analyzed comparing the data before and after implementation of the project.

Result: The results revelled an extraordinary and steady increased in the uptake of post-partum family planning as follows; March (1%) as baseline, April (15%), May (19%), June (40%), July (50%) and passed the targets in August (60%) and September (63%).

Conclusion: The was great improvement from 1% to 63% with key message that every one counts to improve an indicator, commitment, positive attitudes, powerful communication skills and motivation is key and ca improve on countrywide of postpartum family planning.

1.8. Tittle: The Challenge Initiative improves Family planning access in Mbarara

Authors: Nshabohurira Agatha, Ayebare Sylvia, Bainomugisha Beatrice, Josephine Watuulo, Dr Ssebutinde Peter

Affiliation: Mbarara District Local Government/ Jhpiego

Introduction: It is estimated that using modern family planning methods could prevent one-third of maternal deaths. Women who wait at least two years before becoming pregnant again ,are less likely to experience anaemia and more likely to survive childbirth. However, the unmet need for Family Planning remains high at 29.7%. In Mbarara, the adoption of modern family planning services was 23.4% when The Challenge Initiative (TCI) project began. TCI played a significant role in improving access to family planning services in Mbarara through funding initiatives.
The Challenge Initiative (TCI) is working to improve family planning access in Mbarara, Uganda, as part of its larger efforts to support family planning and reproductive health.

Objectives:
1. Improve family planning services and access in Mbarara by training healthcare workers on high-impact interventions, including whole-site engagement, integrated outreaches, in-reaches, and facility integration.
2. Empower local government leaders through SMART advocacy training to mobilize resources and ensure that family planning high-impact interventions are reflected in facility annual work plans and budgets.
3. Enhance the capacity of healthcare workers through coaching and mentorship to provide high-quality FP services and ensure sustainable access to a range of contraceptive methods for the community.

Methodology: The Challenge Initiative (TCI) employed several strategies to improve family planning access in Mbarara. This included community engagement to raise awareness and address misconceptions, capacity building for healthcare providers, youth-friendly services, supply chain strengthening for consistent contraceptive availability, data-driven decision-making, and partnerships with local stakeholders. These approaches were aimed at increasing family planning access and quality of services.

Results: A review of family planning data in Mbarara from January 2023 to January 2024 revealed interesting insights when compared to the introduction of High Impact Interventions, including Smart Advocacy training for resource mobilization. Between April 2023 and March 2024, there was a notable increase in family planning clients, with a growth of 17.6%, from 23.4% to 41.0%. This positive trend can be attributed, in part, to the data-driven planning and allocation of funds to family planning.

Conclusion: Family planning advocacy plays a crucial role in improving resource allocation, which directly enhances access to family planning services. Data driven decision making improves service delivery.

1.9. Title: Optimising Implementation of Maternal and Perinatal Death Surveillance and Response to prevent avoidable future deaths in Uganda.

Presenter: Dr Vincent Mubangizi
Research question: Can perinatal and maternal deaths be reduced by implementation of a customised 'Toolbox' of interventions to optimise Maternal and Perinatal Death Surveillance and Response (MPDSR) in LMICs?
Background: When implemented optimally, MPDSR has shown to reduce maternal mortality by 35% and perinatal mortality by 30%. However, documented barriers to implementation are frequent.

Aims
1. To develop and optimise intervention components to improve functionality of MPDSR
2. To evaluate the effect of a customised intervention (optimising MDPSR) on maternal and perinatal mortality.

Methods and timelines:
The study will be done in Uganda, Ethiopia, and Ghana. Community Advisory Boards and Stakeholder Committees will be established and meet regularly to advise on all aspects of the project (WP1.1, months 1-48). Political Economic Analysis will be conducted (WP 1.2, m1-12).
- Phase 1 (WP 2-6, m1-12): Co-development of a comprehensive "toolbox" of resources for adaptation to specific country contexts.
- Phase 2 (WP7, m12-18): Developing customised "intervention packages" ensuring it aligns with national policies, capacity, socio-economic context, and proportion of deaths in health facilities and outside.
- Phase 3 (WP8, m18-48): stepped-wedge cluster-randomised trial to assess effectiveness and cost-effectiveness of "customised intervention packages" in 3 districts (implemented at months 18, 24 and 30), with perinatal mortality as primary outcome.

Anticipated impact and dissemination: The generic "toolbox" of interventions will be disseminated globally by the World Health Organisation. We hypothesise that its implementation would optimise MPDSR, address current challenges including action on recommendations and thereby reduce maternal and perinatal mortality. Lessons learned from implementing "customised intervention packages" will inform scale-up in each country and similar settings across the world.

1.10 Topic: The impact of mobilizing communities through dialogues on the uptake of modern contraceptives in Rakai District

Authors: Shannon Ahumuza, Aloysious Kiberu, McClean Ahumuza, Richard Kimaka, Dr Daniel Murokora, Dr Eleanor Nakintu

Introduction: Family planning (FP) use is significantly influenced by social, gender, cultural and religious norms, which often limit women's autonomy in decision-making. Addressing these norms is crucial for improving reproductive health and enabling informed FP choices (Wegs, C., et al. 2016).
In 2021, the BAMA Foundation launched a UFPA project in Rakai District to promote healthy reproductive behaviors and increase the modern contraceptive prevalence rate (mCPR) over three years. The project targeted men, women, and young people using various curricula, including Young Emanzi, First-time parents, Men Emanzi, Intergenerational dialogue guide, and women alone guide.
Trained community facilitators, alongside health workers, led sessions covering topics such as negative socio-cultural norms, myths, misconceptions, side effects, available FP methods, their effectiveness, spousal communication, and the importance of FP. Community mobilisers identified groups within the 11 sub-counties of Rakai district, ensuring gender- and age-specific dialogues for meaningful participation. Groups of 20-30 members engaged in 602 dialogues, reaching 15,585 community members. The distribution of dialogues was guided by the Lot Quality Assessment results.

Objectives
1. To create demand for FP information and services at the community level
2. Provide voluntary FP counselling and services

Methodology: Community mobilisers identified groups within each of the 11 sub-counties of the Rakai district. These dialogues were inclusive and gender- and age-specific to ensure meaningful participation. Young people (15-24 years) were grouped separately from older individuals in alignment with the dialogue categories and curricula used. The dialogues, consisting of 20-30 members each, were conducted by trained facilitators. A total of 602 dialogues were held, reaching 15,585 community members with FP information and services. The distribution of dialogues was guided by the Lot Quality Assessment results.

Results: From 2020 to 2023, the prevalence of modern contraceptives improved by 12.72%, and couple-year protection increased by 74.9%.

Conclusion: The study results indicate that continuous mobilization of communities into dialogues that address barriers to FP uptake improves knowledge and, in turn, uptake of modern contraceptives.

2. Health Systems And Work Force

2.1. Title: Working with Self-Care Promoters (SCPs) in advancing Self-Managed Contraception (SMC) programming among Vulnerable Adolescent girls and young women in Humanitarian settings. A Case of Bidibidi Refugee settlement, Yumbe.

Authors: Justus MUHWEZI, Catherine ATWINE MUHINDI
Affiliations: Agency for Cooperation in Research and Development (ACORD Uganda)

Introduction: According to WHO, a global shortage of an estimated 10 million health workers is anticipated by 2030, and a record 130 million people are in need of humanitarian assistance. There is a growing recognition that sexual and reproductive health (SRH) self-care has the potential to strengthen health systems and overcome many barriers faced by clients living in humanitarian/fragile settings. Recent efforts by the Uganda Ministry of Health to integrate self-care into formal health systems present exciting opportunities to support clients to take control over their health. The SHECARES consortium has stepped up to train SCPs as the community resource persons to strengthen the facility and community linkages.

Methodology/Interventions: User centred Design (UCD) methods were used to establish the barriers the AGYW face and determine solutions using the prototype and A/B testing approaches. Self-Care card emerged as the most effective solution for AGYW to obtain contraceptives. A customised training curriculum was designed to train the SCPs.

Results

1. Self-Care Promoters training curriculum was designed and so-far rolled out in Bidibidi refugee settlement, Yumbe District.
2. 156(67Males/89Females) SCPs were trained on the curriculum and are now able to support communities to self-inject Sayana press and administer oral contraceptives.
3. A total of 400 self-care cards were given out to 16 health facilities and the sexually active vulnerable AGYW around Bidibidi refugee settlement can easily access them.

Conclusions: Empowering SCPs with knowledge on how to self-inject and administer self-managed contraception will build confidence and competence among the populace and thus reduce workload and decongest the health facilities.

2.2. Title: The role of Family Health Groups in influencing expectant mothers to seek skilled facility-based delivery services at Mugoye HC III in Kalangala district

Authors: Ben Mukwaya, Jacob Fred Nambale, Amos Wambete, Dr Tonny Kapsandui, Michael Muyonga

Introduction: Family Health Groups is a community-based approach implemented by the Heroes program to improve maternal neonatal Child Health and Nutrition Out comes at facility level aiming to provide information and support to pregnant women to improve the uptake of key maternal and child health (MCH) services. The programme encourages women to go early and regularly to the antenatal and postnatal clinics, to engage their partner in the pregnancy, delivery and caring for their new born child. Family Health Groups is implemented by three peer educators in Mugoye Sub County

Objective: To assess the impact of Family Health Groups in influencing expectant mothers to seek Skilled Health Facility Delivery Services at Mugoye HC III in Kalangala district

Methodology: Combination of surveys, secondary data analysis, and case studies were used to collect and analyse data on child birth practices, maternal health outcomes, and Family Health Group contribution to seeking skilled Health Facility Delivery services at Mugoye HC III in Kalangala District. Data presents total deliveries of mothers mentored through the Family Health Groups at Mugoye HC III, a period from October 2023 to June 2024

Results: During the period October 2023 to June 2024, Mugoye HC III registered 177 women attending ANC1. In October 2023, 35 women attended ANC1 and data showed that only 22.9% returned to deliver at the health facility. Data shows a general 47.7% increase in mothers delivering at the facility over the months up to June 2024

Conclusion: This assessment shows that continued mentorship of expectant mothers under Family Health Groups is critical to fostering a conducive environment for mothers to become aware, prompting them to seek skilled facility delivery services

2.3. Title: Scaling Up The Uptake Of Diphtheria-Pertussis-Tetanus Vaccine Coverage In Barakala Hc Iii: A Quality Improvement Approach In West Nile.

Authors: Baguma Siraji[1] Drotiru Perrys[1] Ezati Zaitun[1] Maliamungu Taah Anan[1] Sarah Habib[1] Acidri Abdu-rahman[1] Maturu Irene[2] Abassi Mansour[2] Saka Allosyios[2] Dr. Ayoo Denis[3] Dr. Otim Morish[3]
Affiliation: 1: Barakala Health Centre III 2. Yumbe District Local Government 3. AVSI Uganda

Introduction: Routine childhood vaccination is among the most cost-effective, successful public health interventions available. Amid substantial investments to expand vaccine delivery throughout Uganda, most districts still require robust measures of local routine vaccine coverage. At Barakala Health Centre III the uptake of DPT3 was at 86% below the MOH standard. And therefore the aim of the project is to scale up the uptake of DPT3 from 86% to 100%.

Method: We adapted quality improvement approached at Barakala HC III to scale up the uptake of DPT vaccination coverage among children from July 2023 to April 2024 with key intervention such as; Defaulters tracking: door to door crosschecking of vaccination cards by VHT's, crosschecking of the cards at the triage and in the consultation room besides Targeted and integrated outreaches and monthly facility performance review meeting furthermore supported a volunteered nurse with allowance to work in EPI department and motivation strategy; facilitated staff with airtime and refreshment during EPI activities

Results: Of 1140 set targets by MOH, 1124 (98.6%) were vaccinated against DPT3 at Barakala HC III with a Chi trend percentage of progress as follows; DPT3: July (86%), August (96%), September (100%), October (105%), November (104%) December (107%), January (92%), February (97%), March (93%)

Conclusion: This QI project achieved a robust outcome from 86% up to 105% and sustained at 93%. This clearly indicates the value of defaulter tracking, outreaches, data review meeting and motivation of staff and therefore we recommend wider adoption of such strategies to improve on implementation of vaccination across healthcare facilities to improve of immunization coverage.

2.4. Title: Lived Experiences of Women with Maternal-Near Miss at Kawempe National Referral Hospital

Authors: Nakitto Barbara Mukasa RM, RN, BScN, MscN (MWH)[1] and Nabukenya Nauce Byekwaso RM BScM[2]
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Corresponding Author: Ms Nakitto Barbara Mukasa Tel: 0701 832 078/0782 832 078 Email: mukasa.barbara@gmail.com
Background: An experience of maternal near-miss and its subsequent management is physically and emotionally distressing which raises negative feelings and emotions and possibly poor postnatal outcomes. The emergency associated with maternal near-miss leaves women feeling out of control.

Objective: To explore lived experiences of women with maternal near-miss and available care measures to manage maternal near-miss among women at Kawempe National Referral.

Methods: 12 individual in-depth interviews with women who went through a maternal near-miss event were conducted. Women were recruited in the study during their convalescent period just before discharge.

Obtained data was transcribed verbatim and analyzed using qualitative content analysis.

Results: Women described various lived experiences and these were categorized as physical, psychological and emotional aspects related to the maternal near-miss event, opportunities and challenges. Care measures were categorized as medical and non medical care. Additionally, women mentioned recommendations to improve care for women who go through a maternal near miss event. Physically women experienced gaps in effective communication and violation of respect and dignity. Psychologically, there was ongoing grief over losses which included loss of the baby and/or the uterus. Emotionally, women found peace in being able to relate well with relatives, spouses, family and friends. Opportunities related to success stories like being able to recover well. Challenges were associated with delays. Medical care measures included management of complications during emergency, referral and continuity of care. Non-medical care included social support and individual facilitated copying mechanisms.

Conclusion: Findings suggested changing lived experiences. Not only pessimistic experiences but also what went well alongside the traumatic event was established. Strategies to improve maternal health should focus on prevention of occurrence of maternal near-miss through health education, timely referral, improvement of access to proper care and proper diagnostics.

2.5. Title: Health work force: Enhancing Maternal and Newborn Health Outcomes through deployment of midwives in Emergency settings: A case study of Ugandan refugee settlements.

Author: Atwiine Muhindi Catherine
Affiliation: ACORD-U

Introduction: Worldwide 117.3 million people were forcefully displaced according to UNHCR 2023. Maternal and newborn health remains a major challenge in emergency and refugee settings, due to increased vulnerability to unwanted pregnancy, sexual and Gender Based Violence, maternal death, HIV and other sexually transmitted infections. According to UNFPA State of the world population report 2015, 61.1% of all women and adolescents who die from pregnancy related complications daily are from these displaced populations. In refuge settlements in Uganda; expectant mothers continue to face challenges in access to skilled birth attendance because of limited number of midwives available despite the overwhelming client numbers. In the case of Kyaka 11 in Kyegegwa with a population of over 120,000 refugees; averagely registers 500 births a month with about 34 midwives in four Health facilities.
This study explores the role of midwives in enhancing maternal and newborn health promotion through an integrated approach addressing gender-based violence (GBV) and sexual and reproductive health (SRH) services in emergency/refugee settings.

Methods: Through annual investments by UNFPA; ACORD has deployed 35 midwives to implement the SRH/GBV program in five refugee settlements. A mixed-methods approach was employed, comprising quantitative data from health records and qualitative data from interviews and focus group discussions with mothers, and healthcare providers.
The study was conducted in selected emergency and refugee settings with SRH programs, examining the role of midwives related to antenatal care, delivery assistance, postnatal care, health education, and GBV services.

Results: The findings reveal that midwives significantly contributed to increased antenatal care visits, increased facility-based skilled deliveries, and enhanced access to GBV and SRH services. The facilities supported by these health workers registered notable improvements in maternal health indicators. Mothers reported feeling more supported and informed, attributing their enhanced health-seeking behaviors to the efforts of midwives. However, challenges such as inadequate supply of commodities and other logistical barriers were identified, hindering the full potential of midwives.

Conclusion: Midwives are instrumental in advancing maternal and newborn health, particularly in emergency settings; this study underscores the importance of deploying midwives as a strategic component of maternal and newborn health in emergency contexts.

2.6. Title: Enhancing Antenatal Care attendance through empowered Village Health Teams using Timed and Targeted Counseling Approach in Bumanya Sub-county, Kaliro district, Uganda: a before and after study design.

Authors: Elasu Benjamin (Project Officer Health and Nutrition, WVU, Kaliro), Obita David (TPO WVU, Eastern Uganda), Mudanga Frank (Health Assistant Bumanya HCIV), Mirembe Kalumba (Health Specialist-WVU)

Background: Timed and Targeted Counselling (TTC) is a family-inclusive behavior change communication (BCC) approach empowering Community Health Workers (CHWs) to support vulnerable families with young children. TTC promotes essential health practices through timely messages via interactive storytelling, requiring a minimum of 13 visits per mother/mother-baby pair over 1000 days (4 visits during pregnancy and 9 visits in the first two years). From October 2023 to June 2024, World Vision implemented TTC in Bumanya Sub-county with the Kaliro District Local Government.

Objective: To determine how the TTC approach increases ANC attendance in Bumanya Sub-County.

Methods: A baseline random sample of 418 pregnant women was studied; 37 in the first trimester and 381 in the second trimester. A sample of 351 pregnant women were visited by trained Village Health Teams (VHTs). 39 VHTs from Kyani and Kalalu parishes were trained on key health messaging and provided with TTC tools (registers, job aids) to conduct home visits and counsel mothers. Monthly review meetings, mentorship, and coaching by Trainers of Trainers (ToTs) were conducted. VHTs conducted monthly home visits to offer counseling. ANC attendance was measured using TTC registers and district health information system data.

Results: Of the 351 respondents, 92.4% attended at least 4 ANC visits, and 48% attended the first ANC visit in the first trimester. The proportion of mothers attending at least 4 ANC visits increased significantly from 71.7% to 92.4%. The average number of ANC visits was 6.0 by delivery. Additionally, 97.0% of mothers visited by a CHW during delivery month had health facility deliveries.

Conclusion: Empowering VHTs through TTC promotes maternal and child health practices such as ANC attendance and effectively tailors health messages to households, leading to significant improvements in maternal and child health outcomes.

3. Maternal And Newborn Quality Of Care

3.1. Title: Enhancing SGBV prevention and response services in Mayuge district

Authors: Irene Ayanga, Irene Ayanga, Michael Muyonga and Dr Tonny Kapsandui

Introduction: Sexual gender-based violence (SGBV) remains a pervasive issue globally, with significant implications for public health and human rights. In Uganda, despite efforts to address SGBV, incidents within health facilities persist, creating a barrier to accessing essential healthcare services.
The Heroes for Gender transformative action is an integrated sexual and reproductive Health and Rights program in the nine High Burden Districts of Uganda. The aim of the programme is to improve the well-being of young people (age 10-24) and women (age15-49) including underserved groups, in the districts of Central: Kalangala Island, East Central: Bugiri, Mayuge, Iganga & Namayingo; and the East: Mbale, Budaka, Bukwo and Kween by addressing the disproportionate burden of SRHR violations and SGBV among young people and women in Uganda. Together with Mayuge DLG, HEROES has supported 6SC and 6 health facilities to enhance SGBV prevention and response services.

Objectives
1. To integrate SGBV tracking and documentation in the routine health facility reporting improve on the tracking and documentation of SGBV cases.
2. To offer access to SGBV prevention and response services at both community and health facility level.
3. To conduct community outreaches and education initiatives to raise awareness about SGBV prevention and response.

Methodology
1. Capacity building: the HEROES team has trained health workers, police and other duty bearers in the aspects of awareness and SGBV response. A team of community 72 champions were selected and trained from the Bukabooli SC to provide awareness and response to SGBV in their various villages.
2. Advice center model: Working with community and leaders , SGBV hotspots were mapped and identified then Advice centers that are one stop centers were set up where people can report and receive free SGBV services.
3. Data management: The programme has trained health workers, police and duty bearers in proper documentation and has printed SGBV register, police form 3 and SGBV referral pathway.
4. Result based financing and provisional of subsidies: The programme working the district leadership procure SGBV indicator to ensure quality service delivery.

Results: The number of people reached with various SGBV services through the advice center model increased from 28 in 2021 to 1,974 in 2023 and these were provided with a range of services including health services, psychosocial services, mediation, legal support and resettlement.
Conclusion: Addressing SGBV in Ugandan requires a comprehensive approach that addresses both individual and structural factors. By prioritizing survivor-centered responses, promoting gender equity, and strengthening accountability mechanisms, Uganda can move towards creating safer and more inclusive healthcare environments

3.2. Title: Empowering Communities, Safeguarding Mothers: The Impact of Family Care Groups in Kawempe Slums

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Background: A Family care group (FCG) model is a community-based intervention that uses peer-to-peer support to improve Maternal Child Health and Nutrition. FCG is composed of 10-15 members who are lactating, pregnant, and non-pregnant women. The group volunteers regularly meet to discuss, share experiences, and

provide health support. Every care group volunteer supports 10 other households.

Objective: To investigate the effectiveness of Family care Groups in enhancing safe motherhood practices within Kampala's slum settlements. Specifically, the focus is on improving community-based prevention, identification, referral, treatment, and follow-up mechanisms for maternal and child health issues.

Project Description: Child and Family Foundation Uganda (CFU) is implementing the USAID/FHI 360 integrated community Maternal Child Health Nutrition program in Kawempe, divisions. 21 family care groups were established in the underserved communities. Each family care group is led by a VHT who is linked to a health facility. Health workers supervised, oriented, and health-educated VHTs cascading the information to care groups. Modules conducted include nutritional education and counseling, MUAC assessments, and WASH. For sustainability, income-generating activities and livelihood were integrated into the care groups.

Results: Screened 1005 children between 0-23 months, 219 lactating, and 116 pregnant mothers have been reached in FCG. Among children, 5% were identified with severe and moderate malnutrition. In addition, 20% of the lactating mothers, were referred for post-natal care at six weeks while 54 % of pregnant women were referred for ANC in the first trimester, promoting early intervention and preventive care. 80 % were trained in kitchen gardening, mushroom growing, liquid soap, bakery, and briquettes to address potential financial barriers to healthcare access.

Lessons learnt: FCGs once empowered can serve as good platforms for improving access to healthcare services and promoting safe motherhood practices in underserved communities within Kawempe division.

3.3. Title: Improving Immunization Coverage by Reducing Drop-out Rates through a Community-centered Approach: A Case Study of Panyagara HCIII in Kotido District, Karamoja.

Author: 1Sarah Nababi, 2Dorothy Akong, 2Godfrey Emina
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Introduction: The RED REC categorization for July 2023 a monitoring tool for immunization coverage that makes use of available data to rank districts and population groups in terms of their access and utilization of immunization services placed Panyangara HCI in Category 4, the worst ranking indicating low access and utilization of immunization services among children. This abstract highlight effort made by the health facility team to improve this ranking by improving immunization coverage in the facility through a community-centered approach.

Aim: To reduce on DPT drop-out rate from 20% in June 2023 to less than 10 % by March 2024 and improve DPT 1 coverage from 66 % to 95%.

Method: The team line listed all children who missed their appointments (defaulters) for scheduled immunization visits by village. The lists were given to the Village Health Team (VHT) of the respective villages for follow-up at the household level. During the follow-up, the VHT were given targets to achieve each day of the follow-up and were asked to mobilize their household for mass community sensitization and mobile outreaches at designated locations in their village. Villages with high number of defaulters were prioritized and targeted with sensitization messages and outreach.

Results: The drop-out rate decreased from 20% in June 2023 to less than 4 % in March 2024. The DPT1 coverage rate increased by 59% points, soaring from the initial 66% to 98% of the monthly target, putting the facility in category 1 over the same period.
Limitations: Mobile communities, insecurity, and hard-to-reach areas due to geographical terrain.
Lessons Learned: Focused monthly data analysis guided the health workers to identify and reach immunization defaulters to minimize drop-out rates.
Discussion: The decrease in immunization drop-out rate and successful increase in immunization coverage leading to an improved RED REC categorization (from category 4 to category 1) for Panyagara HCIII can be attributed to the focused implementation strategies of community-centered approach, i.e. line-listing children

who miss appointments and coordinating with VHTs to follow-up and mobilize the mapped catchment area for sensitization and outreaches.
Understanding limitations faced by Panyagara HCIII, in this case, offers insights that can be applied to other healthcare facilities striving to reduce on drop-out rate to enhance immunization coverage through data-driven strategies to community strategies.

3.4. Title: Experiences of mothers receiving maternal and child healthcare delivery services from traditional birth attendants in Mayuge district, a phenomenological study.

Authors: Enid Kawala Kagoya, Allan G Nsubuga, Asaba Deogratious, Betty Kawala, Auma Proscovia, Richard Mugahi, Kenneth Mugabe

Introduction: Traditional birth attendants (TBAs) are people who assist mothers during child birth and initially acquired skills by delivering babies on their own or through apprenticeship to other TBAs. They have become a desirable point of care, for expectant mothers in east central Uganda, especially Mayuge district. However, little is known about the services or packages they offer to mothers and why most mothers in this district prefer seeking care from TBAs other than the skilled birth attendants.

Methods: We conducted indepth interviews with mothers who had received maternal and newborn healthcare services from TBAs since their first pregnancy. All mothers were approached at their respective homes. All interviews were audiotaped, subjected to careful verbatim transcription and transcripts later reviewed by the entire research team. Priori codes were generated following a deductive approach and later Nvivo software was used to support our thematic analysis of results.

Results:
1. Themes were generated which included facilitators, Packages of care, delivery outcomes, Common conditions and Recommendations.
2. The facilitators included long distance from their homes to health facilities, Modelling from their mothers, Husbands' support, community support, TBAs' respectful maternity care, Free Admission services etc.
3. Packages of care included those for ANC, emergency obstetric conditions, inpatient services, post-abortion, postnatal and domiciliary etc.
4. Common conditions managed included preeclampsia (Amakiro), threatened abortions, prolonged pregnancy, pseudocyesis, mothers with babies' cords around the neck etc.
5. Outcomes of the delivery services included missed abortion, macerated still births, premature births, Anemia etc.
6. Recommendations included retention of TBAs in the community because of the good packages of care and convenience.

Conclusion: Mothers showed a lot of confidence in and preferred seeking TBA services as opposed to the skilled birth attendants.

3.5. Title: Optimising feeding of preterm infants in Uganda through the provision of a lactational support programme and a human milk bank: An integrated approach

Authors: Ayebale Gorret,[1], Muduwa Martha[1], Dauson Wanyibe[1], Were Winfred[1], Adam Hewitt-Smith[1], Kathy Burgoine[1]
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Background: Preterm infants are at increased risk of postnatal growth failure (PGF) compared to infants born at term. PGF contributes to the high neonatal mortality rate in Uganda by increasing the risk of neonatal mortality. It also increases risk of subsequent neurodevelopmental delay in surviving preterm infants.
WHO recommend safe and affordable human milk banks (HMB) for the provision of Donor Human Milk (DHM) and that mothers should be supported to provide their own milk. In Mbale Regional Referral Hospital (MRRH), in 2020 when nutritional care was limited to mother's own milk (MOM), 86.5% of VLBW infants in the Neonatal

Unit (NNU) had PGF by discharge.
We identified the need for an affordable, feasible and sustainable solution for lactational support and the safe provision of screened and pasteurised donor human milk.

Methods: In January 2023, following consultation with stakeholders, healthcare workers and preterm families, we launched a Lactational Support Programme (LSP) in MRRH-NNU. A diploma-educated, expert mother of a preterm infant was employed, becoming a certified breastfeeding specialist (CBS) through an internationally accredited online training programme. She began daily breastfeeding education for all mothers in MRRH-NNU and provided individual support where needed.
In August 2023, we opened a low-cost HMB. The CBS expanded her daily education to include the need for, and role of DHM. Potential donors are screened, and if suitable, donate their excess breastmilk under her supervision. DHM is stored at -20°C prior to pasteurisation, and then flash pasteurised (PiAstra®) in batches. Flash-heat mimics commercial high-temperature, short-time pasteurization and is more effective at killing microorganisms while preserving nutritional value compared to low-temperature, long-time pasteurization.

Results: In the first 9 months, 150 mothers were referred to the LSP; 39% (59/150) needed LSP only; 50% (75/150) required LSP and DHM until the MOM was sufficient; and 11% (16/150) received DHM alone as MOM was not available/safe. During the same period 94 infants received DHM, 88% of which were VLBW. 199 mothers donated their breastmilk in the NNU, 52.1% (62/199) were preterm mothers. 38,100ml of DHM were donated and 31,700ml were dispensed; the equivalent of 2540 feeds of DHM.

Conclusion: It is feasible to implement a successful LSP including a low-cost HMB in a government hospital in Uganda. The LSP is a key foundation to achieving successful exclusive breastmilk feeding in VLBW infants. The LSP and HMB are affordable innovations that have the potential to reduce preterm mortality in our setting.

3.6. Title: Postnatal Care Redesign: A Community QI Approach to Improving PNC Outcomes in Bududa District

Authors: Betty Mukyala, Hassan Kato, Martin Mugisha, Imelda Tumuhirwe

Introduction: Postnatal care (PNC) is a critical component of maternal and child health, encompassing essential healthcare services provided to mothers and their newborns immediately after birth and extending through the postpartum period. Despite its importance, PNC often remains a neglected aspect of healthcare in many low-resource settings, leading to preventable morbidity and mortality. In January 2023, PNC attendance at 6 weeks in Bududa district stood at 49% with only five out of ten mothers that brought 6 weeks old babies for DPT1 receiving PNC despite the over 90% reattendance for DPT1 within a month of delivery.

Objectives: To increase the proportion of mothers who receive postnatal care at 6 weeks from 49% in January 2023 to by 80 % by Dec 23

Methods: The methodology involved community dialogues and outreach to hard-to-reach areas by health assistants, Village Health Teams (VHTs), and inspectors for mobilization, health education, and promoting PNC. Facility teams trained VHTs to identify and refer mothers for PNC, EPI, and ANC services. In Bukibokolo and Bumayoka sub-counties, mother care groups formed champions who delivered at health facilities and supported new mothers in accessing maternal and newborn care.
Politicians assisted in mobilization at cultural and religious gatherings. PNC services were integrated with EPI services during outreaches. The DHT provided onsite PNC mentorship, appointing a midwife to support vaccinators. Client flow included registration, health talks, PNC services, immunization, FP, and cancer screening, with a PNC register maintained at EPI points for monthly data collection and reporting.

Results: Reduction of missed DPT1 to PNC 6 weeks improved from 50% in January 2023 to 0% in December 2023. The % of total uptake of PNC at 6 weeks for the district improved from 49% in January 2023 to 90% in Dec 2023 and 92% in March 2024

Conclusion & Lessons Learnt: Missed PNC at 6 weeks can be addressed by integrating PNC services at vaccination points in all district health facilities, led by a competent midwife. Using PNC registers at immunization points improves data accuracy. This integration enhances maternal and newborn health outcomes. Community

dialogues and multi-disciplinary involvement improve referrals for PNC at 6 weeks. Mother care groups with volunteer mothers sharing positive experiences increase acceptance of PNC services.

3.7. Title: Quality of Care and Perceptions Facilitating Continued Delivery of Mothers with Traditional Birth Attendants: A Case of Mitooma District, Southwestern Uganda.

Author: Dr. Julius Taremwa
Affiliation: Mitooma District Local Government

Introduction: Globally, about 13 million women give birth under assistance of Traditional Birth Attendants (TBAs). In Uganda, Ministry of Health (MOH) released official statements denouncing TBAs and advocating for births in formal healthcare facilities. However, in Mitooma district, the deep-rooted tradition persists despite disapproval and warnings from government ministries.

Objectives.
1. To evaluate the quality of maternal services offered by TBA.
2. To identify reasons for the continued utilization of TBAs in the face of official disapproval by MOH.

Methodology: In this qualitative study, the perspectives and practices of TBAs in Mitooma, Southwestern Uganda, were explored, aiming to understand their persistence despite ministerial disapproval. Snowball sampling identified 14 TBAs for in-depth interviews in all the 18 sub counties, complemented by direct observations and document reviews. The data were recorded using a recording device, transcribed verbatim and the data were coded and analyzed manually using thematic analysis.

Results: In total 14 TBAs were interviewed and all of these had history of training as herbalists. From the analysis, the following themes emerged; (1) Infection prevention and control (2) Management of labour (3) Care for the newborn. Under infection prevention and control, all TBAs were not using gloves to conduct deliveries and none of them had a placenta pit. Instead, the placentas were being disposed off un-safely into the plantation. Also, all the 14 TBAs were using mattresses lacking a McIntosh which increases the risk of transmitting infectious. Under management of labour, one of the TBAs had employed a nurse who helps to put a line and give oxytocin. Regarding newborn care, all TBA reported using a finger to clear the baby's airways. In addition, skin to skin contact for baby's warmth was not practiced by all the 14 TBAs interviewed. Instead, they were using baby clothes for warmth. Mothers preferred delivering at the TBAs because of cultural beliefs such as the belief that TBAs can remove cultural charms that pose risks in their pregnancies.

Recommendations: Based on the findings of this study, we recommend that interventions geared at reducing maternal mortality should raise awareness among community members about the risks associated with delivery at TBAs.

4. Health Financing

4.1. Title: Engaging village saving and loan Association (VLSA) to improve uptake of postnatal care services (PNC) at 6 days. Amuru district Experience - Pawel H/C III

Authors: Joe Okello, Adok stella, Akello B Susan.

Introduction: In Uganda, 22% of newborn die in their first 28 days of life (UDHS 2022). 26% of this death is due to neonatal infection (WHO). Ministry of health (MOH) recommend that all mothers and their babies should attend PNC at 6 days to address causes of maternal and neonatal death and ensure general wellbeing of mothers and their babies after delivery. In Amuru district, Pawel health Centre III, only 4% of mothers returned for PNC at 6 days due to weak family/ community and spouses support and limited awareness on importance of PNC at 6 days.

Objective: To increase the percentage of postnatal mothers who seek post natal care services at 6 days from 4% in January 2024 to 90 % by end of May 2024 at Pawel Health Centre III.

Methods: Facility team reviewed post natal register at baseline and identified low uptake of post natal care services (PNC) at 6 days as a gap. Causes of gap were determine by cause –effect analysis, the causes included, mothers do not appreciate benefits of PNC at 6 days, weak family/community and spouse's support. The team tested the following changes, capturing detail of Antenatal care (ANC) women and their VLSA in ANC register, Reading prepared key messages on PNC and enforcing appointment keeping by VLSA chairpersons during weekly meeting, providing a written appointment notification letter to spouses at discharge .This changes were implemented using PDSA cycle.

Results: PNC attendance at 6 day increased from. 4% in January 2024 to 46% by end of March 2024, writing appointment notification letter to spouses through VLSA leadership introduced in March 2024 increased PNC attendance from 46 % to 100 % by end of May 2024.

Discussion: Currently, district wide VLSA activity influence family practices /behavior because every household views VLSA as a source of livelihood and therefore hold strong allegiance to group norms, advice and support.

Conclusion: VLSA is an emerging low cost opportunity at grass root level to improve uptake of health care services especially services that need more than one contact with health care providers. Weekly VLSA meeting is a strong mobilization and learning post for VLSA members.

4.2. Title: Primary healthcare financing model for a sustainable ambulance referral system focusing on maternal and newborn health.

Authors: Candiru Judith[1], Adebo Ben[1], Angualia Stephen[1], Dr. Dramadre Alex[1], Adomati Moses[1], Abassi Mansour[1], Sr. Maturu Irene[1], Ojjo Zubeir[1], Dr. Denish Ayo[2], Dr Morris Otim[2]
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Introduction: Timely and affordable access to emergency obstetric care is crucial for reducing maternal and newborn mortality. However, many low-resource settings like Yumbe district lack sustainable financing mechanisms for ambulance referrals. Aringa North Health Sub District (HSD) quarterly meetings highlighted that facility managers were not prioritizing financing ambulance referrals under their primary healthcare (PHC) budgets and work plans. Consequently, communities incurred high out-of-pocket expenses, with delayed inter-facility referrals.
Objective: To develop a primary healthcare financing model for a sustainable ambulance referral system, focusing on maternal and newborn health.

Methodology: A mixed-methods approach was used to (1) conduct needs assessment, (2) engage stakeholders, (3) develop financing model, and (4) pilot-test in eight health facilities (1 Health Centre IV, 4 Health Centre III, 3 Health Centre II) under Aringa North Health Sub District in Yumbe district.
The respective subcounty local councils, District Health Office and District Executive endorsed a resolution requiring the eight pilot facilities to contribute funds under PHC budgets for ambulance referrals to a common pool managed by Health Sub District Ambulance committee. Quarterly contributions commenced in March 2023 and inter-facility referrals were coordinated by a midwife. The Ambulance committee conducted quarterly coordination meetings to provide accountability to key stakeholders.

Results: The pilot health facilities contributed twenty-seven million one hundred ninety thousand shillings (UGX 27,190,000) cumulatively between March 2023 to March 2024. Three out of seven local governments raised six hundred thousand shillings (UGX 600,000). The model demonstrated increased ambulance utilization for obstetric emergencies, with 73% (554/757) of ambulance referral needs met. There was no maternal death in implementation period.

Conclusion: The results demonstrate effectiveness of a primary healthcare financing model in improving maternal and newborn outcomes through a sustainable ambulance referral system. The findings highlight the need for an integrated financing solution to strengthen primary healthcare systems.

4.3. Title: Unlocking the Potential of Local Governments in Health Financing: A Case of Health Financing of FP/AYSRH high impact interventions in Uganda.

Authors: Josephine Nabukeera, Josephine Watuulo, Denis Sama and Robert Mutumba

Introduction: The Challenge Initiative (TCI) is a global platform that supports local governments to scale up Family Planning and Adolescents and youth sexual reproductive health High-Impact Interventions (HIIs) that have proven successful.TCI has a goal of empowering local governments for greater self-reliance in scaling up FP/AYSRH high impact practices, sustained improved health systems and increased use of modern contraceptives among urban poor women. TCI Uganda is partnering with 21 cities. This innovative approach empowers local governments to unlock their potential in financing health initiatives.

Objectives
1. To coach frontline providers in High impact interventions of family planning
2. To empower the LG leadership towards transformative leadership and mind set change for effective programming

Methodology: The Challenge Initiative (TCI) empowers local governments to address Family Planning (FP) and AYSRH priorities through a unique partnership model. Cities self-select to collaborate with TCI, expressing interest and committing resources and political will. TCI utilizes a 'Lead, Assist, Observe, and Monitor' framework to coach local governments, transferring knowledge and skills for effective change. Local governments are guided in conducting landscape analyses, designing FP programs, and implementing high-impact interventions. Data management processes are emphasized, with local governments learning to extract, analyze, and utilize data for evidence-based decision-making. TCI also promotes transformative mindset change, coaching local leaders to allocate and mobilize resources effectively for sustainable FP program implementation. This methodology fosters local ownership, and lasting change, ultimately improving FP/AYSRH outcomes and strengthening healthcare systems.
Results: The TCI Uganda program started in 2017/2018, the 4 cities that TCI partnered with committed 104,721 USD and expended 79,450 USD (76%). TCI realized an upward trend over the period and to date, TCI Uganda prides in a total of 3,826,177 USD and expending over 44%(1,670,000 USD). However, this figure varies from city to city. With regards to capacity building of LG staff, TCI Uganda has coached over 256 in FP/AYSRH high-impact interventions. To date, TCI Uganda boasts of a 44% increase in client volumes from baseline to date (315,000 to 452,249)

Conclusion: When Local governments are equipped with the right information and knowledge, they can change their mind from lamenting about the meagre resources availed in the local governments to unlocking and releasing resources thereby efficiently making commitments and allocations towards FP/AYSRH high-impact interventions.

5. Local Maternity and Neonatal Systems

5.1. Title: Improving effective early community referral of mothers in labor to BEmONC health facility using tricycle ambulance referral system & VHTs structures in Aya Health Center III.

Authors: Adrawa M, Rajab S, Idi F, Akule C, Matalocu C, Samuel Otoober, Ben Atube, Denish Ayo, Lawrence Ojom

Introduction: Community delay in referral of mothers in labor remains one of the health service delivery gaps in Uganda and in Aya HC III because of its geographical terrains and poor roads, high cost of transport, lack of AVSI funds for referral boda-boda schemes. This contributed to late arrival, BBA, PPH & poor birth outcomes in Aya Health center. Effective early community referral of mothers in labor was 0% in January 2023 which is below the Ministry of Health (MoH) standard of 100% access to health facility. The facility lobbied and acquired tri-cycle from but with no operation fund.

Objective: To Improving the proportion of effective early community referral of pregnant mothers in labor to Aya health facility for institutional delivery using tricycle ambulance referral system & VHTs structures from 0% in January 2023 to 80% by October 2023 in Aya Health Center III.

Methodology:

- During a community dialogue, Tri-cycle ambulance committee consisting of a nurse, VHTs & LC Is was constituted and a budget of 6,007,000 ugx was developed and approved.
- Tri-cycle ambulance account was open in a Local SACCO, LC Is collected 12,000ugx from each mapped household in the sub counties at rate of 4,000ugx per quoter. The total revenue generated was 4,800,000 ugx from 7 villages. The facility supported coordination meetings and account opening.
- VHTs were the ambulance community focal person for referrals.
- The committee recruited one driver who is paid per trip.
- Conducted community feedback meetings were beneficiaries give oral feedback.

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Result: Data analysis from transport log sheet has registered an improvement of mothers referred to the unit through the above scheme from 0% in Jan 2023 t0 66.7% in 2023. Other referral was under five and adults. The ambulance scheme has referred 65 cases in total.

Conclusion: Engaging and empowering community leaders to take lead into ambulance revenue collection and community feedback meeting has boosted community trust into this project for sustainability purpose.

5.2. Title: The Impact of Specialist Phone Consultations on Maternal Survival: A Case of Rugaaga HC IV, Isingiro District.

Authors: Dr. Mugarura Naboth

Co-Authors: Dr. Waswa Ssalongo, Dr.Levan Tibaijuka

Affiliation: Rugaaga HC IV Team, District Health Team Isingiro

Introduction: Maternal mortality remains a significant challenge in many low-resource settings. Emergency obstetric care, particularly caesarean sections, plays a crucial role in reducing maternal and neonatal morbidity and mortality. This case study of a 25-year-old, gravida 2 para 1+0, with a large hematoma extending from the broad ligament to the posterior uterus and previous caesarean section explores the impact of specialist consultations in managing complex obstetric cases at Rugaaga HC IV, Isingiro district. Emphasizing the importance of timely and skilled interventions in improving maternal outcomes.

Objectives:
1. To demonstrate the relevance of specialist consultations in managing emergency obstetric cases.
2. To highlight the role of timely surgical intervention in preventing maternal and neonatal complications.
3. To share lessons learned from the management of a high-risk obstetric case at a lower health centre.

Methodology: A detailed case review of a 25-year-old pregnant woman was conducted. Data were collected from medical records, including patient history, antenatal care (ANC) visits, obstetric and medical history, examination findings, intraoperative procedures and post-operative management. The case was managed at Rugaaga HCIV with remote guidance from obstetric specialists at Mbarara Regional Referral Hospital.

Results: Consultations with obstetric specialists led to the evacuation of the hematoma and ligation of bleeders. Haemostasis was achieved without requiring a subtotal hysterectomy.

Conclusion: This case underscores the importance of integrating specialist consultations and ongoing training to enhance maternal and neonatal outcomes in resource-limited settings, early consultation with specialists facilitated timely and lifesaving decisions, preventing complications. Also ensuring the availability of emergency drugs and preparedness for all possible complications in the theatre was crucial. There's need for continuous training, such as the Emergency Obstetric and Neonatal Care (ETOO) at Mbarara Regional Referral Hospital, which is vital for equipping medical officers with the necessary skills and knowledge to handle complex cases at lower health centers.

5.3. Title: Roll out of MNH-IRR collaborative: Lessons from Elgon Local Maternity & Newborn System.

Authors: H.H Kato[1], M. Mugisha[1], E. Nambala[1], G. Ndikabona[1], K. Mugabe[2], P. Wanyera[2]

Introduction: Early Identification, Retention, and Response (IRR) to high-risk pregnancies during ANC visits are essential for detecting potential complications. In April 2023, the Ministry of Health launched the National MNH-IRR Collaborative to identify and address gaps in managing at-risk women and babies along the ANC-Maternity care continuum. USAID Uganda Health Activity supported the further rollout at HCIII, HC IV, and hospitals in the Elgon Region to test and scale up best practices.

Objective: Scale up high risk and MNH QOC collaborative to 66 CEmONC sites and 163 BEmONC sites in the 12 districts.

Methodology: A one-day entry meeting was held with district health officers (DHOs), assistant DHOs (ADHOs), and partners. 20 Quality Improvement (QI) mentors were oriented on the IRR tool. Specific district-based orientation sessions were conducted for the ANC IRR collaborative. A total of 237 medical officers and midwives at 191 target sites were trained on risk assessment scorecards. Initial assessments were conducted at ANC and maternity units. Fifty QI projects were initiated, and the national QI database was updated. Results were disseminated to stakeholders. Two mentorship sessions were conducted in March and June 2024. Running QI projects were updated, and IEC materials and SOPs were distributed. Learning sessions were organised with the first session involved 21 collaborative sites, focusing on capacity building for risk assessment, strengthening data capture and reporting, functionalizing 32 High-Risk Clinics (HRCs) at hubs and high-volume spokes, streamlining client flow processes for high-risk mothers, and involving a biomedical engineer in the mentorship team to repair faulty equipment.

Results: Between October 2023 and May 2024, notable improvements in performance were observed: ANC screening rates rose from 30% to 78%, identification increased from 13% to 41%, and referrals of high-risk ANC women surged from 14% to 96%. Appropriate management improved from 48% to 96%, while referrals and linkages of high-risk pregnant women in labour increased from 65% to 96%. Additionally, 98% of high-risk mothers identified at the Hubs are now linked and enrolled in High-Risk Clinics.

Conclusion: Centralized district IRR orientation and mentorship with HUB and spoke, ongoing targeted mentorship, bi-monthly learning meetings, scaling up to lower health facilities, supporting high-risk case profiling, and tracking pregnancy outcomes in High-Risk Clinics improve MNH IRR at ANC and maternity.

5.4. Title: Enhancing Cross-Consultation and Referral Systems in Local Maternal and Neonatal Care in Sheema district.

Author: Kwikiriza Peal Agatha
Co – authors: Paddy Tukamuhebwa, Abias Asiimwe, Bruno Ssemwanga
Affiliation: Sheema General Hospital

Introduction: The introduction of the Local Maternal and Neonatal System (LMNS) by the Ministry of Health (MoH) aimed to enhance maternal and neonatal outcomes. Despite these efforts, significant challenges persist. There is limited opportunity for cross-consultation among midwives on complicated cases such as cervical tears and cord prolapse. Furthermore, minimal participation in LMNS platform discussions has hindered effective referral processes. The lack of readily available high-risk care in lower health facilities, with such services only established at Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) sites including HC IV and above, exacerbates the issue. Additionally, there is an insufficient understanding of the importance of improved referral systems, particularly for timely interventions with high-risk mothers. This abstract explores strategies to enhance cross-consultation and referral systems within local maternal and neonatal care.

Objectives
1. To facilitate collaboration and information sharing among midwives.
2. To establish high-risk clinics (HRCs) at l level facilities

Methods: To address the challenges in maternal and neonatal care, a multi-faceted approach was implemented. First, the Sheema District Local Government (DLG) Midwives Platform was formed to facilitate regular cross-consultation among midwives, allowing them to share knowledge and strategies for managing complicated cases. Second, the utilization of the LMNS platform was enhanced to ensure timely referrals and consultations. Third, HRCs were established at higher-level facilities, specifically CEmONC sites including HC IV and above. These clinics are equipped to handle complex cases and provide specialized care for high-risk mothers, ensuring they receive timely and appropriate interventions.

Results
1. Improved referral within the district with no maternal deaths reported over the past 5 months.
2. Sharing up-to-date materials, such as the Essential Maternal and Newborn Care protocols and many other educational materials enhanced midwives with updated information.
3. Identification and referral of risk mothers improved by use of a screening tool that identifies and classifies them using of COLOR codes of YELLOW and RED.

Conclusion: The combination of teamwork and a positive shift in attitude towards providing maternal and neonatal services among Sheema midwives has led to a significant milestone: no maternal deaths for over five months. Their commitment to improving care has made a profound impact on maternal health outcomes in our community.

5.5. Title: Reducing Maternal Mortality through the Regional Local Maternity and Neonatal System – Lango subregion

Authors: Daniella Migisha, Clara Kokunda, Philip Onyango, Damasco Wamboya, Jenniffer Owomuhangi, Denis Oyirwoth, Nanyonjo Judith

Introduction: The Local Maternity and Neonatal Systems (LMNS) are regional Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) service delivery accountability platforms premised on the regional service delivery frameworks aimed at catalyzing the delivery of RMNCAH services. The goal of the LMNS is to strengthen regional health care systems and structures in the delivery of maternal and newborn care. The Lango regional LMNS started having weekly Tuesday meetings in May 2023 to date chaired by the LMNS Coordinator- Head of Department Lira Regional Referral Hospital (LRRH).

Objectives: To improve timeliness, appropriateness, and coordination of Maternal and Newborn referral systems within the Lango region

Methodology

- Whatsapp platform bringing all regional stakeholders, easing communication for quick referrals and solicitation of supplies and commodities.
- Weekly online LMNS meetings to address skills gaps and share new information, regarding emergency preparedness.
- Provision of technical support to lower HFs by specialists in addition to skills transfer of health workers by attachment at the regional referral hospital.

Results: By March 2024, the region registered reduction in Maternal mortality from 93/100,000 to 55/100,000 live births. Prior to the intervention, there was gross under reporting of maternal deaths and the LMNS was not yet in place. This is attributed to several interventions implemented by the LMNS; addressed skills gaps among health workers by specialists, assembled emergency preparedness kits in the Maternity wards for PPH/PET kits in 90% of the BeMONC / CeMONC sites, activated 24/7 referral coordination, ease of referrals and emergency response within the region coordinated by the Senior Principal Nursing Officer and the Emergency Medical Services Coordinator from the LRRH.

Conclusion: The Lango Regional LMNS platform has significantly reduced maternal mortality in the region in the previous one year. This is attributed to efficient and timely referrals of mothers and doctors where need arose.

5.6. Title: Decongesting the Regional Referral Hospital by functionalizing lower-level CEmONC facilities for improved maternal and newborn health outcome: A case of Busoga region

Authors: Stephen B. Twinomugisha, Annet Naguudi, Felicity Nahataba, Allan Katamba, Augustin Muhwezi, Gorretti Akol, Simon Atria, Alfred Yayi, Aggrey Bameka

Organisation: USAID Uganda Health Activity/University Research Co.LLC; Jinja Regional Referral Hospital (JRRH); Busoga Local Maternity and Neonatal System (BLMNS)

Introduction: Regular data analysis on cesarean section rates, as proxy to CEmONC functionality, was done in Busoga region. Cesarean section rates for JRRH were increasing (from 26% for July-Sept 2022 to 31% for Oct-Dec 2022) yet stagnating or not as high at the lower-level CEmONC facilities. Referrals to JRRH were high; with majority referrals-in for Oct-Dec 2022 being from Mpumudde HCIV, Bugembe HCIV, Budondo HCIV, Njeru HCIII and Buwenge General hospital. The top reasons for referral were prolonged labor (72 cases), Pre-eclampsia Toxeamia (37), obstructed labour (24) and fetal distress (19). The Institutional maternal mortality ratio for Busoga had risen from 100 deaths/100,000 livebirths (July-Sept 2022) to 116 deaths/100,000 livebirths (Oct-Dec 2022). Working with BLMNS and Jinja RRH, the USAID UHA team set out to decongest JRRH by functionalizing the lower-level CEmONC facilities.

Objective: To decongest JRRH by functionalizing lower-level CEmONC facilities and thus reduce institutional maternal mortality ratio from 116 deaths/100,000 in September 2022 to less than 70 deaths/100,000 live births across Busoga region by end of September 2024.

Methodology: A multi-faceted systems-based approach was strategically employed by supporting;

- Uganda Blood Bank Transfusion Services, to do site assessments for 6 CEmONC facilities in Jinja City and Jinja District that were not authorized to transfuse.
- Medical equipment by USAID UHA to Mpumudde HCIV to functionalise the theatre and Buwenge General Hospital to strengthen CEmONC services.
- Advocacy for critical human resource. Jinja City recruited 2 Medical doctors, 3 aneasthetic officers while Buyende was supported to recruit 2 Medical Officers.
- Strategic engagement by MOH leadership with all medical doctors in Busoga region which resulted into leadership strengthening for sub-optimally functioning HCIVs
- On-site mentorships, clinical attachments by JRRH and skills trainings (including clinical drills that directly reached 385 midwives and doctors in August 2023)

Results: The cesarean section rate at JRRH dropped from 31% (Oct-Dec 2022) to 22% (Jan-Mar 2022). Cesarean section rates at General hospital level rose from 20% to 26% and at HCIV level from 14% to 17% in same period. Referrals to JRRH reduced from 549 (July–Sept 2023) to 245 (Jan–March 2024). Institutional maternal mortality ratio for Busoga region dropped from 116 deaths/100,000 live births in Oct-Dec 2022 to 89 deaths/100,000 live births in April-June 2024.

Conclusion: Functionalizing HCIVs and general hospitals enabled decongestion of the RRH which in turn improved maternal health outcomes. A muti-faceted systems-based approach is crucial for functionalization of lower-level CEmONC facilities to be achieved.

5.7. Title: Improving Institutional Deliveries at Busano HC3

Authors: Namataka Amina, Mushebu Godfrey, Naluwugge Prossy, Nambala Esther, Sr. Kisolo Abigail, Dr. Wangisi Jonathan

Introduction: Institutional deliveries are essential for reducing maternal and neonatal complications, as they ensure both mother and fetus are monitored by skilled health workers. Early detection and management of complications, along with timely referrals to comprehensive emergency obstetric and newborn care (CEMONC) facilities, are possible with institutional deliveries. However, Busano HCIII has struggled with suboptimal institutional delivery rates, achieving less than 50% of their expected monthly target from July to August 2023.

Objective: To improve institutional deliveries under skilled health workers at Busano HCIII.

Method: During a performance review meeting of quater one FY 23/24, data revealed only 52% institutional at Busano HC3. The facility quality improvement team prioritized this gap and did a root cause analysis which revealed the following contributors as; low community involvement both VHTs and the HUMC members, rampant home deliveries since mothers were not empowered enough on likely complications that may arise due to home deliveries.

A quality improvement project was started with the aim of improving institutional deliveries from 52% in September to 80% by April 2024. The solutions to the above issues were suggested as; using HUMC members to conduct worship center-based community dialogues, gatherings like burials, intensifying community referrals done by VHTs or HUMC using RBF, integrating dangers of home/ non-skilled deliveries in routine health education at all entry points.

Results: The percentage of skilled institutional deliveries increased gradually from 52% in September 2023 to 80% by March 2024.

Conclusion: Involvement of the HUMC and VHT in both facility and community activities improves the referral system. Incentivized referrals to facility make the community structure more active. Information giving at all entry points on dangers of community deliveries makes the community to have a collective responsibility, take quicker informed decisions thus reducing the first two “delays” in service access during labor and delivery.

6. Newborn Care

6.1. Title: Assessing Neonatal Survival and Associated Factors Among Extreme Preterm Deliveries At Mulago Specialised Womens And Neonatal Hospital And Kawempe National Referral Hospital - A Retrospective-Study

Author: Kalule Denis

Background: Uganda has high preterm birthrates of 14 per 1000 live births which are responsible for 8 of the 27neonatal deaths per 1000 live births and therefore remains among the top three leading causes of death during neonatal period. The increasing incidents of preterm follow the lowering of viability gestation age from 28 to 26weeks, hence a need for more research so as to comprehend the contributing elements for this rising trend and therefore provide focused intervention, and develop protocols so as to improve on the survival rates of extreme preterm.

Objective: To assess the neonatal survival of extreme preterm births and factors associated with their survival.

Methods: This was a retrospective chart review study on a sample of 376 mothers who had extreme preterm delivery and those of extreme preterm babies admitted in NICU. Baseline characteristics were described using descriptive statistics presented in, means and percentages as appropriate Logistic regression was used to assess association between extreme preterm birth and fetal outcomes.

Results: The neonatal survival rate was 16%. Various factors were found to be significantly associated with neonatal survival. And these included, maternal age between 25 to 34 years (AOR=4.4; 95% CI: 2.3-11.8, P=0.0001) and 35 to 45 years (AOR=3.7; 95% CI: 1.9-8.2, P=0.0020), formal employment (AOR=8.9, 95% CI: 4.2-24.8, P<0.00001), ANC attendance (AOR=12.7, 95% CI: 4.3-22.6, P=0.0003), and use of Antenatal corticosteroids (AOR=15.6, 95% CI: 6.8-30.6, P<0.00001). Neonates who had APGAR score at 1 minute of <4 were 95% less likely to survive than those who scored 7-10 respectively (AOR=0.07, 95% CI: 0.02-0.35, P<0.00001).

Conclusion: Neonatal survival rate was associated with maternal age, maternal formal employment, ANC attendance and ANC corticosteroids administration.

6.2. Title: Assessing the Quality of Newborn Care at Community Level in Uganda: evidence from the 2023 National Situational Analysis on Newborn Health

Authors: Gertrude Namazzi, Ronald Wasswa, Monica Okuga, Nasser Kasadha, Darius Kajjo, Immaculate Namutebi, James Kalugi, Rornald Muhumuza Kananura, Peter Waiswa

Affiliation: Department of Health Policy Planning and Management, Makerere University School of Public Health, Kampala, Uganda . Centre of Excellence for Maternal and Newborn Health, Makerere University School of Public Health, Kampala, Uganda

Introduction: The quality of newborn care at the community level is crucial for child health outcomes, influencing neonatal mortality and long-term well-being. Uganda's under-five mortality rate remains high at 22 deaths per 1,000 live births. Effective community-based care practices are essential to improving child health outcomes and reducing mortality rates.

Objectives

1. Assess adherence to essential newborn care practices.
2. Explore maternal practices related to home treatment of childhood illnesses.
3. Identify healthcare-seeking behaviors for childhood illnesses among mothers in Uganda.

Methods: A weighted sample of 28,652 women aged 15-49 participated in a cross-sectional household survey conducted in November-December 2023 as part of the Situational Analysis of Newborn Health in Uganda. Data collected included newborn care practices, childhood illness, and healthcare-seeking behaviors. Analyses were presented descriptively.

Results: Only 25.9% of mothers adhered to essential newborn care practices, with cord care and thermal care followed by 50.8% and 47.7% of mothers, respectively. Regional disparities were noted: West Nile had the highest adherence (47.6%) and Kigezi the lowest (3.7%). Younger mothers had the highest adherence (32.3%), and those with at least primary education. About 54% of mothers reported recent sickness in their children, with 47.4% providing home treatment. For general symptoms like fever, 59.9% of mothers provided treatment at home, primarily using tepid sponging (81.5%), herbal medication (77.4%), and Western medication (44.6%). Respiratory symptoms saw 32.2% home treatment, mainly using western medication (45.3%). Neurological and eye symptoms had low home treatment rates (3.2% and 3.5%, respectively). Health centers were the most common places for external care (52.2%), followed by drug shops/pharmacies.

Conclusion: Low adherence to essential newborn care practices is evident, with many mothers opting for home treatment. Health centers and drug shops/pharmacies are primary external care-seeking locations. Recommendations include intensifying awareness and education campaigns on essential newborn care practices, enhancing access to healthcare facilities, and providing comprehensive training on recommended home care practices to improve newborn care and healthcare-seeking behaviors in Uganda.

6.3. Title: Prevalence and Factors Associated with Neonatal Sepsis at Neonatal Intensive Care Unit of Gulu Regional Referral Hospital, Uganda

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Background: Neonatal sepsis is one of the leading causes of neonatal deaths among babies admitted at Neonatal Intensive Care Unit (NICU) in low-income countries. Most of these cases of sepsis can be prevented and complications managed. The burden of neonatal sepsis has not been studied in our setting.

Aim: To determine the prevalence and factors associated with neonatal sepsis at Neonatal Intensive care unit of Gulu Regional Referral hospital, Uganda.

Methods: A cross-sectional study at Neonatal Intensive Care Unit (NICU) at Gulu Regional referral hospital from November 2023 to February 2024 was conducted. Consecutive sampling was used to collect data on socio-demographic and medical related factors. We included participants whose babies were diagnosed with neonatal sepsis basing on clinical care decision. We excluded participants with insufficient information. Data entered into excel was exported to Stata 17 for cleaning and analysis using logistic regression.

Results: A total of 328 participants were enrolled with median age of the neonates of 2 (IQR: 1-7) days. The prevalence of neonatal sepsis was 29% (95/328). The mothers of neonates had a median age of 24 (IQR: 20-28) years. Majority of the mothers of neonates were between age category of 20-24 years 38.1% (125), HIV negative 96.6% (317/328) and reside within the city center 69.2% (227). The factors significantly associated with neonatal sepsis were place of residence outside Gulu city aPR: 4.33, 95% CI 2.38-7.87; p-value<0.001, neonates less than 1-day aPR: 0.21, 95% CI 0.81-0.58; p-value=0.002, and 1-7 days aPR: 0.37, 95% CI 0.19-0.72; p-value=0.003. Being delivered by cesarean section aPR: 16.42, 95% CI 4.54-59.44, p-value<0.001.

Conclusion: The prevalence of neonatal sepsis is high. Factors associated with neonatal sepsis were; residing outside the city, neonatal age and cesarean section. Emphasis should be put on neonates referred in, neonates less than 7 days and those who were delivered by cesarean section.

6.4. Title: Saving new-born lives with Donor Human Milk: Lessons from ATTA Breastmilk Community

Authors: Tracy Ahumuza, Kathy Burgoine, Catriona Waitt, Rachael Akugizibwe

Introduction: The Ugandan neonatal mortality is high at 27/1,000 live births, which is way above global targets and has stagnated for two decades. Complications of prematurity and low-birthweight are major drivers of these deaths. Despite evidence of the benefits of breastmilk for preterm infants, which are even greater than in healthy, full-term, a partial or complete shortfall of mother's milk can occur. Key options are donor human milk (DHM) and artificial formula. DHM is preferential due to the associated reduction in necrotising enterocolitis, a life-threatening condition in preterm infants. ATTA Breastmilk Community (ATTA) was established to ensure that vulnerable babies without enough of mother's own breastmilk receive screened DHM and to support mothers with surplus milk to donate. This approach aims to ensure that all babies get the best start in life.

Objectives

1. To reduce preventable deaths in sick, preterm, low-birthweight and other at-risk infants by improving access to DHM.
2. To develop a network that provides peer and psychosocial support to lactating mothers.

Methods: We rely on community networks to identify donors who undergo a medical screening using an online tool and are referred to our laboratory partner for testing. Once suitability is confirmed, donors receive instructions on handling breastmilk and storage bags. The frozen DHM is collected, stored and dispatched when recipients are identified. The donors are not remunerated and receipt is free of charge.

Results: During the last two years and ten months of this project, we have dispatched over 650 litres of DHM from over 115 donor mothers to 450 sick neonates. All blood tests and costs involved have been covered through fundraising from the public.

Conclusion: Our project found DHM to be an acceptable and much-needed intervention, contributing to the survival of sick and small neonates across Uganda. It is time to improve awareness, accessibility and sustainability of this life-saving service.

6.5. Title: Accelerating Progress In Pediatrics And PMTC To Reach Every Mother And Newborn

Authors: Joan Kilande, Kenneth Mwehonge, Charles Twesige

Introduction: In collaboration with Ministry of Health, HEPS -Uganda with funding from PEPFAR conducted monitoring in broader AP3 areas that included; detection and prevention of new HIV infections among children, adolescents and pregnant/breast feeding mothers, HTS Services eligibility assessment at OPD, Early Infant Diagnosis, Assisted Partner Notification, triple elimination of HIV, HBV and Syphilis, Access to viral load by children, AGYW and PBFMs living with HIV, among others.
carried out an intervention to examine the implementation and impact of CLM on safe motherhood in some districts of Uganda (Kampala, Wakiso, and Acholi region)

Objectives: To routinely monitor the quality and accessibility of prevention and treatment services provided at PEPFAR-supported clinics and in our communities

Methodology: A mixed-methods approach was employed, combining quantitative data on maternal health service utilization, and health outcomes with qualitative insights from community interviews and focus group discussions. Data were collected from multiple communities where CLM initiatives were implemented. The analysis focused on assessing changes in maternal health outcomes, levels of community engagement, and the responsiveness of maternal health services.

Results: The findings demonstrate that CLM significantly improves maternal health outcomes by enhancing service delivery. Communities with active CLM reported higher utilization of antenatal and postnatal care

services that is to say 100% provision of maternal testing services, 80% of the pregnant and breast-feeding mothers knew why a Viral load test is important is why 89% of mothers reported to have brought their HEIs for a timely PCR. 70% of the clients found it easy to bring a family member for HIV testing. 78% of facilities offer PrEP and PEP services to pregnant and breastfeeding-negative mothers and 67% of mothers were enrolled in group ANC programs. However, it was recommended to strengthen the uptake of triple testing services at ANC (HIV, HBV, syphilis)

Conclusion: Community-led monitoring is a powerful tool for improving maternal health outcomes in limited resource settings by involving community members in the monitoring and evaluation process. CLM fosters a sense of ownership and accountability that drives better maternal health service delivery and utilization. Policymakers and health practitioners should prioritize the adoption and scale-up of CLM in safe motherhood initiatives to enhance health system responsiveness and achieve sustainable improvements in maternal and neonatal health.

6.6. Title: Supporting high risk newborns to survive and thrive through community follow up programmes

Author: Georgia Carter

Introduction: Small and sick newborns are at a higher risk of developmental disabilities. Follow-up after discharge is critically important for these infants to survive and thrive. Hospital to Home (H2H) is a newborn follow-up programme developed by Kiwoko Hospital and Adara Development Uganda to improve health and development outcomes after discharge from newborn units. The H2H programme uses trained community health workers (CHWs) to provide education and support to parents in their home. CHWs help strengthen referral pathways by identifying children with developmental disabilities and referring them to the Baby Ubuntu programme. Baby Ubuntu is a group participatory programme that promotes caregiver empowerment through peer support and information sharing.

Objectives: Together the community-based programmes aim to meet the needs of high-risk infants, reduce barriers to accessing follow-up care, raise community awareness of disabilities and reduce preventable newborn deaths.

Methodology: Adara Development has been delivering these programmes together since 2019, improving the availability of services in the community for high-risk infants. Community Health Workers (CHWs) in the H2H programme were trained in understanding developmental milestones and developmental delays in infants.

Results: Since 2019, 120 CHWs have been trained to provide follow up care and identify developmental delays. 4214 infants have been enrolled in H2H with 97% receiving a home visit. 272 infants have been enrolled in Baby Ubuntu with 45% on infants referred from CHWs. Qualitative data from both programmes showed an increase in knowledge and confidence in caring for high-risk infants from both caregivers and CHWs. The programmes also improve carer emotional wellbeing and quality of life and are working to help change attitudes within the community about the survivability of high-risk and preterm infants and disability.

Conclusion: H2H and Babu Ubuntu provide essential early intervention, support and continuity of care at the most critical time in child development. The programmes have a positive impact on parent knowledge, skills and emotional wellbeing. Adara Development and Ubuntu Hub are currently working with government and public health facilities to scale up and increase the reach of these programmes.

6.7. Title: Improving classification & correct management of all live birth that provided essential newborn care at one hours in Moyo General Hospital Labor Suit, Moyo District.

Authors: Adrawa M [1], Rajab S [1], Dr. Fred O [1], Wasswa C [2], Baako L [2] Dr. Ayo D [3]
1. Moyo District, 2. Moyo Gen Hospital and 3. AVSI

Introduction: Ensuring timely and accurate newborn care is vital for improving neonatal outcomes. At Moyo General Hospital in Uganda, only 63.2% of live births received essential newborn care within the first hour, falling short of the national standard. This initiative aimed to elevate this figure to 100% by July 2024 through comprehensive staff training, dedicated newborn classification spaces, and robust peer-to-peer mentorship. Engaging community health workers for follow-up care further strengthened the program, showcasing a collaborative effort to enhance maternal and newborn health.

Objective: To increase the proportion of institutional live birth that are being classified & managed correctly after 1 hour for essential newborn care from 63.2% in October 2023 to 100% by July 2024 in Moyo General Hospital Labor suit.

Methods: According to our Q1 FY 2023-2024 data, live birth classification stood 63.5%, it's below MoH standard of 100%. Using fish born analysis, this was attributed to Lack of system in place to classifying all live birth, inadequate knowledge on classification of newborns. All MCH staff were trained on WHO ENC1&2 and created Newborn classification space. Onsite peer to peer mentorship & practical skill evaluation using ENBC practical checklist.

Results: In Q2 FY 2023-2024, 63.5% of live birth were classified. MCH staff were trained on WHO ENC1&2 classification of newborns, the team created newborn space, started peer to peer onsite mentorship & time-based practical skill evaluation using ENBC checklist form. The were as follows:93% in Jan, 98% in February, 100% in March, April and May 2024. Overall, 981 live births were screened, 687 were classified routine care, intermittent care 164, advance care 130. 45 low birth weight & 6 newborns we had sever birth asphyxia were enrolled for community weight gain monitoring by VHTs.

Conclusion: Peer to peer onsite mentorship & practical time-based skill evaluation using ENBC checklist form improved classification within one hour from 63.3% in Q2. This reduced perinatal death by 72% in Hospital Labor suits.

6.8. Title: Finding Missed Children with Malnutrition Using a Purposive Community Model in a Low Burden District in Uganda.

Authors: Syrus Ntudhu1, Clare Katusiime1, Vianah Kemigisha1 Kise-Sete Tubenda2, Abias Asiimwe1, Mera Moses1, Beatrice Aber1, Edward Bitarakwate1.

Affiliations: 1 USAID Uganda Health Activity 2 Rubirizi District Local Government.

Background: In Uganda, about 3.5% of children below 5 years are estimated to be wasted (severely or moderately acute malnutrition). However, records in District Health Information System version 2 (DHIS2) of 2023 in Rubirizi district showed that 83% of the 436 expected malnourished cases were missed annually through routine health facility screening. Lately diagnosed and un detected malnourished children later present with multi morbidities leading to preventable deaths.
With support from USAID Uganda Health Activity, Rubrizi district tested a purposive active community based intervention to find missed cases. The yield was compared with facility screening.

Methodology: A purposive active community-based case finding model was implemented for 5 days in 7 out of 11 high burden sub counties mapped using data in DHIS2.
Village Health Teams (VHTs), local leaders and health assistants line listed households of children with health challenges such poor feeding, immunisation defaulting, mothers who missed antennal and gender based violence affected homes.
VHTs were trained to assess nutrition status using Middle Upper Arm Circumference (MUAC), refer and document in VHT registers. Each VHT visited at least 5 homes daily, health educated members and screened under five children for wasting using MUAC tape. Children with yellow (moderately acute malnutrition-MAM) or Red (severely acute malnutrition-SAM) reading were referred to health facility for revaluation, case confirmation and management.

Results: A total of 222 (23%) children [179(19%) MAM, 43(4%) SAM] were diagnosed and managed with wasting out of the 956 children 6- 23 months screened in the community. New cases tripled those identified

annually through routine facility screening. An additional 149 new cases were detected early and started on appropriate treatment. The number needed to screen to diagnose a single child with wasting reduced from 158 at facility to 4 in the community model. The yield increased to 23% compared to 1% at facility.

Conclusion: A purposive active community-based case finding model rapidly identified 3 times the number of malnutrition cases ordinarily missed by routine health facility screening.

Recommendation: The purposive active community-based case finding model should be scaled up to low and high burden malnutrition districts to help find missed malnourished cases early.

6.9. Title: Acceptability of Transferring low birthweight infants less than 2500g in KAngaroo care in a low-resource setting in eastern Uganda (KAT study)

Authors: Waiswa Derrick[1,2], Oguttu Faith[1], Olupot Moses[1], Mutonyi Iryn Monica[2], Wada Emmanuel[2], Muduwa Martha[2], Kathy Burgoine[1,2]

Institutional addresses: 1. Mbale Regional Referral Hospital 2. Mbale Clinical Research Institute (MCRI)

Background: Globally, 15% of neonates are born with a low birthweight (LBW, <2500g). Most deaths in LBW infants occur within 72 hours and hypothermia is a leading risk factor.
Kangaroo care (KC) is known to decrease hypothermia, sepsis, and mortality in stable LBW infants. Recently data have shown immediate kangaroo care (iKC), initiated at birth in unstable infants <1500g reduces mortality compared to standard care.
In Uganda, many LBW infants are born at lower-level facilities and referred for advanced care. To effectively implement and scale up iKC nationwide, it is critical to assess mothers' and healthcare workers' (HCWs) acceptance.

Objective: We undertook a qualitative study to evaluate the acceptability of iKC and transfer of LBW infants in KC.
Methods: In 2024, we developed a comprehensive iKC training programme for Mbale Regional referral Hospital (MRRH) and lower-level health facilities. This included evidence, case studies, parental experiences, videos, and practical skills training. HCWs were then encouraged to initiate iKC and transfer LBW infants in KC.
Trained research assistants conducted interviews using topic guides developed by the research team and modified after preliminary findings. Data were collected in a local language or English. Interviews were audio-recorded, transcribed, and translated independently.
During analysis we used the Theoretical Framework for Acceptance, comprising of seven component constructs: affective attitude, burden, perceived effectiveness, ethics, intervention coherence, opportunity costs, and self-efficacy.

Results: Over a 2-month period we trained 395 HCWs at MRRH and 21 high-volume Level III and IV Health Centres. We undertook 20 key informant interviews with HCWs who had utilised iKC to refer a LBW infant and 20 in-depth interviews with mothers/caregivers who had transferred their infant in KC.
Overall iKC and transfer in KC were found to be acceptable to mothers and caregivers. They had positive feelings about iKC and highlighted the meaningful role they played during the transfer. Knowing they were contributing to the survival of their infant by providing warmth motivated them. Many reported it was simple and easy, although some lacked confidence.
HCWs knew the goal and benefits of iKC and after training felt confident to implement iKC. Most HCWs reported iKC was a valuable tool and a suitable method to transfer LBW infants.

Conclusion: Overall, iKC was an acceptable intervention. There is need to enhance education of mothers and HCWs on iKC and its use in transfer to intensify the use of this method for the benefit of LBW infants.

6.10. Title: Early experiences of zero-dose children in Kampala: How do we reach missed communities in underserved urban areas?

Authors: Louis Bayo[1], Richard Kagimu[1], Nathan Tumwesigye[1].
1. USAID Maternal Child Health Nutrition (MCHN) Activity

Introduction: Despite gains in increased access to immunization services and reduced under 5 mortality, several children continue to miss out on lifesaving vaccines for various reasons. This leads to vaccine inequity, reversal of gains made, and multiple vaccine-preventable diseases. Zero-dose children as those that have missed DPT1 at 6 weeks and according to UNEPI equity assessment, Kampala is amongst the 49 districts in Uganda with high numbers of zero-dose children. In FY22/23 DHIS2, 2 of the 5 divisions (Makindye and Nakawa) in Kampala were in RED/REC category 3 implying poor access to immunization services and therefore high likelihood of zero-dose children.

Methodology: The USAID MCHN Activity employed a stepwise approach between July and Dec 2023 to identify community hotspots and reach zero-dose children.
Step 1: Identification of hotspots at parish and zonal level using health facility data. Using the parietal 20%-80% rule 15 sites (05 Public, 04 PNFP, 06 PFP) with the highest drop-out rates in were identified and supported to line-list defaulter children by name, sex, residence, and antigens received Then, zero-dose hotspots were identified by ranking parishes by the number of defaulting children they had.
Step 2: Leveraged 79 integrated community interventions (home visits, community dialogues and integrated outreaches) to reach and profile zero-dose children in hot spots through CSOs and health facilities. MCHN Activity then used the pareto chart to identify the most common reasons for zero-dose children in missed communities.

Results: 422 zero-dose children with an average age of 8.5 months were profiled and reached and the top 5 reasons for children being zero-dose were categorized into i) health system barriers (unfavorable vaccine days, delay at the health facility) and household barriers (mother being busy, child being sick, misplaced/lost card). 89% of caregivers had attended ANC yet 91% did not attend postnatal care.

Lessons Learned: Having good DPT1 coverage doesn't guarantee the absence of zero-dose children in urban settings. Strengthening PNC attendance for vulnerable communities is a window of opportunity for reaching zero-dose children.

6.11. Title: Strengthening Multi-Sectoral Collaboration for Zero HIV Infections amongst Infants Born to HIV Positive Mothers – A 2nd Anniversary of Nabitende Sub county Iganga district

Authors; C. Mbaha, S. Kauma, M. Arinaitwe, M. Kiyingi, F. C. Semitala

Organization: USAID Local Partner Health services- East central/Makerere University Joint Aids Program-Uganda

Background: The Ministry of Health Uganda 2014 launched a 4 pronged approach to EMTCT as part of the accelerated global plan to eliminate new pediatric HIV infections and end HIV/AIDS by 2030.
Uganda registered considerable progress towards the reduction of vertical transmission among HIV-exposed infants from 12.1% in 2015 to 6.8% in 2021, Nabitende sub-county of East Central Region reported a 29%(05/17) infant Positivity rate in 2021 through its largest serving facility Bugono HC IV along with satellite sites of Kasambika HC III, Itanda HC II, Nabitende HC II, and Ituba HC II.
Through the HSD committee, we interviewed the maternity in charge of the facilities above who reported poor ANC timing, community/Home delivery by some mothers, and none adherence to ART as the major contributors to the increased HIV transmission rates amongst the infants born to HIV positive mothers.

Methods: To reduce the vertical transmission rate in the sub-county, a root cause Analysis was done which revealed an interrelation between pregnancy-related self-stigma and knowledge gap among most mothers on the risk of HIV transmission to the unborn babies if HIV infected.

We mobilized stakeholders representing implementing partners and local health teams, the mothers, and religious and local government leaders for a consultative meeting at the sub-county headquarters to synergize efforts for the common good.

VHTs, TBAs, and community mentor mothers were trained to screen for HIV at the community level, a communication platform was created on WhatsApp to facilitate the sharing of HIV-related updates and testing commodities among HCWs in the sub-county while Religious and local council leaders acknowledged the responsibility to use their leadership platforms to close knowledge gaps in HTS.

Findings: Of the 48 HIV Positive mothers enrolled in the PMTCT Program in 2022 at the sub-county through Bugono HC IV, Kasambika HC III, Itanda HC II and Ituba HC II, 37.5%(18) tested positive in early pregnancy with interventions to end vertical transmission started early leading to a 0% seroconversion rate by 18 months. In 2023, 42 mothers were enrolled of which 47.6%(20) were new ANC positives with none of them reporting a positive baby at 9 months, this represents a considerable improvement from the 17 mothers who had been enrolled into PMTCT in 2021 & 29%(5) testing positive in late pregnancy.

Conclusion: Engaging multi-sectoral players to close the knowledge gaps in communities and address stigma on Pregnancy and HIV among women can repress the infant HIV positivity rates in the country.

7. Quality Of Care

7.1. Title: Perceptions of Quality of Care in Midwife-led Birth Centres (MLBCs) in Uganda: Why do women choose MLBCs over other options?

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Background: Midwife-led birth centres (MLBCs) are associated with reduced childbirth interventions, higher satisfaction rates, and improved birth outcomes. However, the evidence on the quality of care in MLBCs from low—and middle-income countries (LMIC) is limited.

Aim: This study aimed to explore women's and midwives' perceptions of the quality of care in four MLBCs in Uganda.

Methods: A qualitative study was conducted in four MLBCs in Uganda. We conducted interviews with women and midwives in the MLBCs to explore their perceptions and experiences related to care in the MLBCs. The study obtained ethical approval. Deductive thematic analysis was used for data analysis.

Results: Three key themes were identified regarding the perceptions of women and midwives about the quality of care in the MLBCs: providing respectful and dignified care, a focus on woman-centred care, and reasons for choosing care in the MLBC. Women valued respectful and humane care characterised by dignified and non-discriminatory care, non-abandonment, privacy, and consented care. The woman-centred care in the MLBC involved individualised holistic care, providing autonomy and empowerment, continuity of care, promoting positive birth experience, confidence in the woman's abilities, and responsive providers. Women chose MLBCs because the services were perceived as available, accessible, and affordable, with comprehensive and effective referral mechanisms.

Conclusion: Women perceived care to be respectful, woman-centred, and of good quality. Global attention should be directed to scaling up the establishment of MLBCs, especially in LMIC, to improve the positive childbirth experience and increase access to care.

7.2. Title: Co-creating Health Solutions with the marginalized, indigenous Batwa Communities in Kigezi Region: A Human-Centered Design Approach

Author: Fortunate Kagumaho
Institution: USAID-UHA KABALE

Introduction: The Batwa community faces significant barriers to accessing essential maternal healthcare services. Despite efforts to improve healthcare outcomes, this marginalized community continues to rely on indigenous or biomedical healthcare or often chooses to forego healthcare altogether. To better understand these challenges and develop effective solutions, the USAID Uganda Health Activity, in collaboration with the USAID Social Behavioral Change Activity (SBCA), conducted a co-creation session with the Batwa communities in Kisoro, Kanungu, and Kabale districts. This community-centered approach aimed to identify the specific barriers to positive health-seeking behavior and gather insights from the community itself on how to address these challenges.

Objectives: To understand the challenges faced by the Batwa community in accessing healthcare and to develop community-led solutions to improve health outcomes.

Methodology: We implemented a human-centered design methodology, involving over 300 Batwa people in groups of youths, health care workers, men, and women, including individuals with disabilities. The comprehensive approach extended across the three districts of Kabale, Kanungu, and Kisoro. Data collection was structured and conducted through targeted group dialogues, key informant interviews, and careful observation.
The data were manually analyzed by creating themes and the key areas of concern listed by the community. Key insights were drawn to inform follow-up interventions aimed at bolstering health-seeking behaviors. These included having participants from the community trained as VHTs; local districts empowered to coordinate all IPs as compared to pre-existing silos and intensified integrated community outreaches and health education.

Results: There was a registered improvement in key focus community indicators of the facilities served by the community in Kanungu, Kisoro and Kabale. There has been notable progress in key indicators at one of the facilities serving this community. At Kirima HC III, the ANC1 early trimester increased from 33.7% in Oct-Dec'23 to 48.1% in Jan-Mar'24; institutional deliveries increased from 48.1% in Oct-Dec'23 to 50.1% in Jan-Mar'24; and DPT1, DPT3, measles coverage increased from 82.8%, 69.0%, and 70.3% in July-Sept'23 to coverage indicators of 94.1%, 94.1%, and 101.6% in April-June'24.

Conclusion: Human centered design elicits client solutions to healthcare challenges that influence the programming approach to address the disparities among marginalized groups.

7.3. Title: Strengthening Linkages Referrals Follow-Up and Outcome of High-Risk Pregnant Mothers at Kirima HCIII, Kanungu District.

Author: Katusingyize Greenia

Introduction: At Kirima HCIII, 10% of pregnant women examined every month have at least one identified risk that can lead to complications during labor, perinatal or maternal death, or both, if not diagnosed and linked to care early on. Of the high-risk mothers referred from Kirima HCIII, 12% reached the referral site, and others had a poor outcome due to failure to reach. This was attributed to the midwives' lack of active follow-up, lack of documentation to prove follow-up, lack of knowledge by providers of what a complete referral loop entailed.

Objective: To increase the percentage of high-risk mothers that were successfully referred from Kirima HC III and have an outcome documented in the risk register from 12% in January 2024 to 90% by June 2024.
Methods: The facility WITs team identified the problem using the facility data for MPDSR with the chair as the facility in charge and mapped the problem sub counties; identified the VHTs attached to these areas and to support in tracking and reminding risk mothers to go to the facility; the VHTs also supported in sharing the outcome and reporting to the facility; agreed to use the facility phone used in ART clinic to call and send reminder messages to high-risk mothers.

Results: The percentage of high-risk mothers with an outcome documented in the risk register increased from 12% in January 2024 to 95% by May 2024.
Conclusion: Good facility leadership, layering of resources, and the use of community structures are important, unique strategic interventions for improving follow-up of high-risk mothers.

7.4. Title: Creative Local Innovations to Improve 6th Day Pnc; A Case Study of Kakooge Hciii, Buyende District

Authors: Daniel Achoda, Dr. Isabirye Fredrick Daniel, Dr. Twinomugisha, Annet Naguudi, Dr. Felicity Nahataba

Affiliations: Kakooge HCIII, Buyende DLG, USAID UHA

Introduction: Post-natal care (PNC) is a critical aspect of maternal and child health, providing necessary health assessments and interventions to both mother and baby after childbirth. However, at Kakooge HCIII, PNC at 6 days was alarmingly low, at only 5.6% in the 2022/2023 period. This inadequacy prompted a strategic initiative to enhance PNC attendance rates, with the objective of increasing attendance to at least 50% for the financial year 2023/2024.

Objective: The primary objective of this initiative was to improve the 6-day post-natal care attendance at Kakooge HCIII from 5.6% in 2022/2023 to at least 50% in 2023/2024.
Methods: Upon reviewing the performance indicators from the FY2021/22 to 2022/23 during the departmental annual health performance review meeting, a multifaceted approach was implemented. The facility leadership engaged staff, particularly maternity midwives, to set specific performance indicators for tracking. It was agreed that PNC at 6 days post-delivery would be a key assessment indicator & reviewed monthly using the health facility performance-based agenda. Utilizing PHC funds, an additional midwife was recruited who proposed an innovative strategy: sensitizing mothers during antenatal care (ANC) and after delivery, and retaining their delivery records in a well-archived system. Mothers were instructed to return for a health assessment at 6 days postpartum to retrieve their records. Additionally, the Health Unit Management Committee (HUMC), village health team (VHTs) were sensitized to foster ownership and enhance public awareness of the importance of PNC.

Results: The strategy was enthusiastically embraced by Midwives, HUMC and mothers alike. The performance indicators for PNC attendance at 6 days significantly improved, with coverage rising from 5.3% in 2021/2022 and 5.7% in 2022/2023 to an impressive 68.8% in 2023/2024. Key achievements also included enhanced VHT & staff engagement, improved record-keeping practices, and increased community awareness and participation in PNC.

Discussion: The positive trend in PNC attendance at 6 days postpartum highlighted the efficacy of data-driven, feasible strategies in improving health service performance. The success of this low-cost, innovative approach underscores the importance of staff capacity building, setting customized targets, and routine performance evaluations. This initiative mirrors other successful interventions both nationally and internationally that leverage local resources and staff engagement to achieve significant health outcomes.

Conclusion: The substantial improvement in PNC attendance at Kakooge HCIII demonstrates that strategic planning, staff involvement, and community engagement are crucial for enhancing maternal and child health services. The use of data to inform strategy and the implementation of low-cost interventions can yield significant improvements in healthcare delivery.

7.5. Title: Respectful maternity care (RMC): Disconnect between perspectives and practices of midwives from a referral hospital in Kampala, Uganda.

Author: Monicah Andru

Introduction: Disrespectful and undignified care during childbirth is a global challenge, particularly in less developed countries. Despite the increase in health facility births, women continue to suffer from disrespect and abuse during childbirth. This practice counters the efforts to encourage women to deliver in health facilities by a skilled birth attendant as a strategy to reduce maternal and neonatal mortality. The purpose of the study was to explore midwives' understanding of respectful maternity care and observe how their practice conforms to this concept.

Methods: We conducted a qualitative study combining one-on-one interviews and observation methods of data collection. In-depth interviews were conducted with 17 midwives and 20 observations were done. Audio-recorded data were later transcribed verbatim and analyzed using the content analysis method. Observation data was summarized into a table.

Results: Midwives understood respectful maternity care (RMC) as treating women with respect, dignity, politeness, providing information to clients, and ensuring privacy and confidentiality. However, there was a discrepancy between their understanding of RMC and what they practiced. They also lacked an in-depth understanding of the domains of RMC.

Conclusion/Implications/Recommendations: There is a need to strengthen midwife's knowledge and skills to enable them to provide respectful maternity services. We recommend in-service training and mentoring to equip midwives with knowledge and skills to offer RMC. Also, RMC should be integrated into pre-service curricula for midwifery and nursing training in Uganda. Furthermore, efforts should be put in to strengthen health systems, and support healthcare providers to provide RMC. More research is needed into locally relevant solutions to promote respectful maternity care.

7.6. Title: Masafu Hospital's Human Papilloma Virus (HPV) Vaccination Journey: Improving HPV Vaccination Uptake among Teenage Girls in Busia District.

Authors: Namugere Susan, Irene Mirembe, Martin Mugisha and Matekha Sam.
Affiliation: Busia DLG & USAID UHA

Introduction: Cervical cancer is the leading cause of cancer death among women in Uganda. Fortunately, it can be prevented through vaccination against Human Papilloma Virus (HPV), screening, early treatment and sexual behavior change. WHO recommends vaccination against HPV for girls 10years before being sexually active with two doses within 6 months interval.
Although HPV vaccination is a known effective intervention, coverage remains low in Busia district.

Objective: To increase HPV vaccination services among girls at Masafu Hospital from 30% in April 2023 to 97% by March 2024.

Methodology: The Work Improvement Team (WIT) conducted a root cause analysis and identified poor mobilization, none-engagement of schools in sensitization and gaps in data management were the leading reasons for poor performance.
The hospital organized a meeting with all the senior women teachers and a school outreach schedule was developed and shared with all the schools. Talking points were shared with teachers and the schools also shared schedules for parents' meetings so that the hospital can participate in awareness creation for HPV vaccination during these meetings.
This indicator was prioritized in the monthly facility level performance level and the WIT always provided an update on the progress of the improvement plan.

Results: The percentage of teenage girls accessing HPV vaccination services improved from 44 girls in 2020/21 to 747 (97%) in 2023/2024 and Masafu Hospital became one of the best performing HFs in Busia district despite its slightly higher target as compared to other HFs.

Conclusion: Good leadership and governance, increasing awareness about HPV vaccine and involvement of key stakeholders in vaccination programs have a positive impact on the uptake of HPV vaccination service. The Hospital will work with the Busia district leadership to share these lessons with other poorly performing HFs in the district for district wide improvement of this indicator.

7.7. Title: Using community peer attachment model to Improve ANC 4 attendance for pregnant women at Kanyantorogo Health Centre III

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Introduction: Antenatal care attendance is key for improving a mother's health and delivery of a healthy baby. The Ministry of Health (MoH) recommends eight visits, with the ANC4 used to assess satisfactory ANC attendance. Kanyantorogo HC III had 76 ANC 4 attendance in July'23 and increased to 96 mothers in FY 24Q2, which was attributed to updating of mother locator and contact information and attachment of mother to VHTs from their villages /locations for follow up.

Objective: To increase the percentage of mothers who attend at least 4 ANC visits at Kanyantorgo HCIII from 53.6% in Q1 24 to 80% in September'24.

Methodology: A peer-to-peer attachment strategy was adopted. The process began with all pregnant women attending ANC1 receiving support in updating their locator details and contacts in the ANC register. Using the updated CHW lists, pregnant women are linked and attached to VHTs from their respective villages. The pregnant women, VHT and the Health Worker, then develop a plan for subsequent ANC visits, which are documented in the VHT register. The VHT reminds the mother to attend ANC via a physical follow up or pre-appointment reminder through a phone call; the mother attends ANC, and VHT updates their referral register with services received, which is then reconciled in both the ANC and the Facility Community Linkages register.

Results: ANC 4 attendance increased from 53.6% in FY24Q1 to 68.4% in FY24Q2 to 84.1% in FY24Q3 at Kanyatorogo HC III.

Conclusion: Attachment of mothers especially those at high risk to Community Health Workers for targeted follow up and tracking will greatly contribute to an increase in the number of mothers attending more than 4 ANC visits, resulting in positive health outcomes for both mother and baby.

7.8. Title: Using Hub Riders and sample transportation to Improve access to Hb testing among mothers attending ANC in health facilities in Bududa District

Authors: B. Mukyala1, H. H Kato2, M. Mugisha2, I. Tumuhairwe1

Introduction: Uganda grapples with a high burden of Anemia in Pregnancy standing at 34% of all pregnancies. Quality ANC includes risk identification, prevention, and management of anemia in pregnancy has been proven to reduce maternal and perinatal morbidity and mortality both directly through detection and treatment of anemia and its complications, and indirectly, through the identification of women at increased risk of developing PPH. As of December 2022, Access to Hemoglobulin (HB) estimation in Bududa district was at 27%, way below the Ministry of Health target of 95%.

Objective: To increase the proportion of clients receiving an HB test at ANC 1st visit from 27% in Dec 2022 to 70% by Dec 2023 at 12 health facilities within Bududa Districts

Methodology: Utilizing the District Laboratory focal Person, staff capacity was enhanced to address knowledge gaps in hemoglobin (HB) measurement methods. Midwives streamlined workflows by establishing a dedicated station for HB sample collection. Facility managers employed Results-Based Financing (RBF) funds to repair faulty HB machines and arranged for sample transportation to Bududa Hospital, the district main Hub, for estimation via a Hub system. Midwives meticulously documented all ANC tests in registers, providing monthly summaries and reports. Bududa Hospital enhanced ANC services by establishing a functional Mini Lab and assigning a dedicated laboratory personnel to ANC units. Daily health education sessions emphasized the importance of routine ANC investigations.

Results: The HB testing for mothers attending ANC1 improved from 27% in Oct-Dec 2022 to 74% in Jan-Mar 2024. There has been increase in the number of mothers with low HB being referred as high risk from lower health facilities to Bududa Hospital from zero mothers in Oct-Dec 2022 to 131 mothers by Jan-Mar 2024. Midwives at lower facilities have registered lower PPH cases and maternal near misses due to severe anemia.

Conclusion: Educating patients on the importance of Hb testing and anemia management. Establishing a clear blood samples referral mechanisms using the already existing Hub rider's system improves Hb results transportation from Hubs and ensuring a stable supply of Hb testing reagents and materials are key in improving access to HB testing to mothers attending ANC.

8. Adolescent Health

8.1. Title: Improving The Timely Uptake Of The First Antenatal Care Visit Among Pregnant Adolescents Within The First Trimester In Oyam District:

Authors: Monica Peace Alupu[1], Iacopo Aiello[1,2], Veronica Grasso[1], Giovanni Dall'Oglio[1], Godfrey Esiru[1]
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Introduction: Timely first ANC visit secures good outcomes for pregnant women and children. From November 2022 to April 2023, in seven HC III in Oyam District, only 46% pregnant adolescents attended the first ANC during the first trimester.

Method: CUAMM partnered with Oyam District Local Government to train health workers in seven selected sites on community -facility based approaches to increase 1st ANC attendance. Focus groups with key informants were conducted to assess root causes of the delayed uptake of early first ANC visits. Conventional content analysis was used to analyze data. Change packages were identified and implemented. Health education and awareness-creation are being conducted to address lack of knowledge and cultural misbeliefs. Vouchers were distributed to tackle financial barriers. Linkage coupons connecting adolescents and VHTs were allocated to facilitate health-seeking behavior and address the cultural stigma. HCG tests were distributed to outpatient departments and to VHTs for testing adolescents who present with signs or symptoms of pregnancy. Ongoing monitoring and evaluation of performance is being carried out monthly in the participating facilities. interim data show promising results.

Preliminary Results: A total of 82 contents were generated and organized under six themes. The top three factors that influenced health-seeking behavior included insufficient knowledge (40%), poverty (23%) and cultural taboos (17%). After three months of implementing the change package, pregnant adolescents attending first ANC in the first trimester increased from 46% to 55%.

Conclusion: Delay in seeking early ANC by pregnant women in Oyam is associated with multiple underlying factors. Overcoming negative cultural believes, financial barriers, stigma and engagement of VHTs in screening and referral of pregnant women for early ANC have a positive impact on early first ANC attendance. This approach with the interim data showing promising results, may be useful for policy makers and health-systems managers seeking to improve quality of care and outcomes for pregnant adolescents.

8.2. Title: Adolescent's mobilization and community support systems to enhance access and utilization of quality adolescents sexual reproductive Health (ASRH) services; An effective multi-Community based intervention in Eastern Uganda.

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ASRHR Adolescent leaders- Buwumba HCIII- Busia District1, Busia Area Communities Federation (BUACOFE)2, ChildFund Uganda 3, ChildFund International 4, Buwumba HCIII-Busia District Local Government 5, Busia District Local government-DHO's Office 6

Introduction
Adolescents and young people continue to face un met needs for their unique challenges. UNFPA asserts that in Uganda the risk of pregnancy-related deaths is twice as high among adolescent girls aged 15-19 and five times higher for adolescent girls aged 10-14 compared to older women. ChildFund International-Uganda supports adolescent-led community level networks to address ASRH services access challenges in Eastern Uganda.

Objectives; To improve mobilization of adolescents and young people for access and utilization of quality ASRH services in eastern Uganda.

Methodology; Between sept 2022- March 2024, a group of 30 adolescents from three community sites that form Busia area community federation (BUACOFE) were purposively identified and linked to nearby Health centres for regular support. Both adolescents and selected Health workers underwent a standard ASRH curriculum training with support from Uganda MoH. Trained adolescents formed adolescent-networks at the community level to enhance their mobilization for ASRH services.

Results; After 18 months, an increase from 129 to 10,463 adolescents who accessed a package of ASRH services was registered. The monthly average number of adolescents who accessed a package of ASRH services increased by 15 times (470 per month) and 4 times (145 per month) for females and male adolescents respectively compared to 31 and 37 per month for female and male adolescents before the program started. "Our adolescent leaders have made life easy for us un like before, they are informed, friendly and don't judge us whenever you need serious treatment, they easily connect you to a musawo at health centre". Remarks by Anyango, a 17-year-old female ASRH program participant from Buyengo community Busia District.

Conclusions: Adolescent and young people remain an underserved sub population, establishing and strengthening robust community "safety-net" adolescent structures could open up spaces for their active participation and utilization of ASRH services.

8.3. Title: Male engagement on adolescent maternal mental health: An approach to building strong families and community support for adolescent girls in Rakai and Kyotera Districts.

Authors: Sandra Najjuko, Richard Kimaka, Xavier Butayi, Michael Lwetabe, Rose Nabayinda, Orivious Tumusiime, Allan Wekoye, Brenda Nambuusi, Dr Eleanor Nakintu, Dr Daniel Murokora.

Background: Globally, mental health conditions account for 16% of the global burden of disease to adolescents aged 10-19 years. Male partners play a critical role in recognizing and responding to maternal mental health through provision of support to the family. This study determined the level of male partner's engagement in peer parenting support groups on the mental health of adolescent mothers aged 15-19 years in Rakai and Kyotera Districts.

Methodology: A prospective descriptive cohort study design was used. Ninety monthly peer parenting support groups for adolescent pregnant mothers aged 15-19 years in third trimester were followed up for 12 months. Male partner participation was through invitation letters and call reminders from Mama/Papa Ambassadors. WHO Self-Reported Questionnaire (SRQ20) and the Multi-Dimensional Scale of Perceived Social Support (MSPSS) were used as assessment tools at 0 (baseline), 6 and 12 months. SRQ20 was categorized into none, depression, anxiety, and somatic disorder symptoms while perceived social support scores were grouped into poor (=<35), moderate (36 to 60), and high (>=61). Descriptive statistics were presented as means, standard deviation and percentages. Data was analyzed using logistic regression in Stata Version 15.

Results: The study enrolled 1037 participants, 501 and 536 from Kyotera and Rakai respectively. Mean age was 18 years (SD, 1.36). 59.4% had attained primary education and 70.7% were living with a partner. 60% (N=733) of male partners attended the group sessions. Their mean age was 27 years (SD,4.94), 587 (57%) had attained primary education and had mean monthly income of Ugx.108,570 (SD,132992.2). The level of perceived support from male partners was 89.8%, a 20.6 improvement from the baseline (69.3%). There was a 32.1% improvement in maternal mental health from 61.1% (N=1037) to 93.2% (N=885). Symptoms of depression, anxiety, and somatic disorders reduced by 15%, 14%, and 15% respectively. Male involvement group sessions (AOR 0.108, 95% CI: 0.017,0.659), childcare (AOR 0.062, 95% CI: 0.004,0.869) and maternal care (AOR 0.085, 95% CI: 0.014,0.449) were significantly associated mental health disorders.

Conclusion: 3/10 mental health disorder symptoms were averted by the male partner engagement in peer parenting support group sessions by the twelve month.

8.4. Title: Building Public Sector Workforce Capacity to Provide Quality, Youth-Friendly ANC and PAC Services through the ANSWER Project - Marie Stopes Uganda

Authors: Samuel Balamaga, Youth and Key Populations Lead, Marie Stopes UG

Background: The Netherlands-funded ANSWER project aimed to enhance maternal and newborn health services in West Nile and Acholi Sub Regions between 2020-2023. This project, led by Marie Stopes Uganda, focused on improving healthcare provision for adolescents and young people aged 10 – 24 years. It sought to increase the capacity of healthcare providers, promote the uptake of maternal and child health services among adolescents, and integrate adolescent-friendly approaches to enhance sexual and reproductive health (SRH) services.

Methodology: Through mentorship and training in Basic Midwifery Obstetric Care (BMOC) and Post-Abortion Care (PAC), the ANSWER project significantly improved the skills of healthcare providers. Implementation of voucher systems, adolescent outreaches, and designated adolescent service days expanded access to care. The engagement of Village Health Teams and peer adolescents facilitated education and efforts, especially in remote and refugee communities.

Results: Training programmes significantly improved healthcare providers' capacity to deliver quality MCH services, leading to better antenatal services and PAC. The voucher system increased the number of teenage mothers receiving maternal health services from 1,670 in 2020 to 50,551 from 2021 to 2023 (annual average of 16,850) and those who took modern family planning services from 134 in 2020 to 10,844 between 2021 to 2023 (annual average of 3,615). 106,832 took postpartum family planning services while 6,769 took post-abortion family planning. A total of 704,563 people (525,482 of them being young people) in hard-to-reach areas received SRHR/HIV/GBV services at facility-led outreaches.

Conclusion: The ANSWER project strengthened the healthcare workforce through targeted mentorship and training, significantly improving maternal and newborn health services. By addressing adolescents' and young mothers' unique needs, the project increased the uptake of essential health services, reduced stigma, and improved access to care. The integrated approach of training, community engagement, and adolescent-friendly services has proven effective in enhancing healthcare delivery and outcomes.

8.5. Title; Impact of community and health provider driven social accountability for Sexual and Reproductive Health and Rights of adolescent to reduce teenage pregnancy in Madi Okollo and Terego Districts, Uganda.

Author: Charles Otema

Introduction: Lack of accountability for ASRHR is a key feature of Uganda health system. Affected adolescents do not have adequate access to meaningful and effective accountability mechanisms to protect, promote and improve their reproductive rights. Accountability is not a one-time action but must be embedded within formal and informal structures to fully realize a circle of accountability. Institutionalizing processes that bring together Adolescents, Service providers, and duty bearers to identify Adolescent Sexual Reproductive Health service utilization and provision challenges and mutually generate solutions, work in partnership to implement and track the effectiveness of those solutions for ensuring equitable ASRHR services.

Methodology: In 2023 CARE International in Uganda partnered with CEFORD to address accountability gaps in ASRHR services in Madi OKollo and Terego districts. Grounded on community score card (CSC) methodology an approach used to empower young people to demand and have increased access to quality ASRHR services.

Results: The project-oriented facilitators/staff, health workers and duty bearers on CSC. The CSC identified utilization and provision challenges for ASRH services leading to high teenage pregnancy with the adolescents and health providers. Indicators were developed and later scored to scale that shows quality of services. Interface meetings were organized with duty bearers to discuss scores, mutually generate solutions to be implemented to improve low scores hence improving quality of services. The team worked in work in partnership to implement and track the effectiveness of those solutions in an ongoing process of improvement. Monthly

review meetings were organized to monitor progress of implementation. To date the CSC has generated and implemented 14 solutions to identified gaps. Key results from the CSC initiatives include identification of budget to support adolescents' activities, creation of youth friendly space/corners in three health facilities, 70 community policing sessions conducted on defilement, conducted 10 Door to door counselling and guidance sessions to families burdened by GBV. Overall, there evidence of improved ASRH services, increased accountability and empowerment of adolescents to demand for services.

Discussion: Strengthening accountability in SRH service delivery is essential for improving health outcomes and quality of care for adolescents. It is critical to identify and respond to the SRHR issues that arise because of quality-of-service delivery, parent involvement in ASRH, and compounding pre-existing inequalities.

Conclusion: Community Score card a social accountability approach is feasible and effective in addressing ASRHR issues in Terego and Madi Okollo districts and should be scaled and strengthened by integrating a participatory process.

8.6. Title: Pre-appointment reminder phone calls and monthly home visits to Lost-To-Follow-Up Pregnant Adolescent Girls and Young Women (AGYW) to improve Early Infant Diagnosis and retention in Group Ante-Natal and Post-Natal care at Entebbe Regional Referral Hospital

Author: Juliet Nandawula

Introduction: The commonest causes of mortality among AGYW are pregnancy related, with 17.2 percent of all maternal deaths in Uganda due to teenage pregnancies (UDHS, 2022). From Ministry of Health (MoH)' AIDS Control Program data, about 80% of new infections among pregnant women are occurring among AGYW. Ensuring healthy lives and promoting well-being of pregnant AGYW is critical in the elimination of mother to child transmission of HIV and improvement of outcomes for mother-baby pairs. To achieve this, MoH developed a strategy called Group Antenatal Care (GANC), a differentiated service delivery model designed to address the unique health needs among AGYWs that include management of high-risk pregnancies, HIV/STIs and psychosocial challenges. GANC is being implemented at ERRH with a total of 319 AGYW enrolled and 8 of whom are HIV positive.

Despite these efforts, some of the care recipients miss appointments and others get lost to follow-up. Lost to follow up (LTFU), in a sense of HIV care, refers to the moment when a recipient of care missed appointment and has not been brought back to care after at least 28 days. When AGYWs get lost to follow up, both the maternal and infant outcomes can be negatively affected.
To address this challenge, an intervention to follow them up with phone call reminders and home visits was instituted.

Objectives
1. To ensure 100% retention of AGYW and mother baby pairs in group ANC/PNC.
2. To bring back to care all AGYW mothers and/ babies who are lost to follow up.
3. To ensure Early Infant diagnosis of HIV for initiation into treatment.

Methodology: This involved line listing of all pregnant AGYWs and mothers that were due for a clinic visit and those that were lost to follow-up. These were given remainder phone calls. Physical follow ups were done for those unable to return.

Results: 50 clients due for appointment were line-listed, pre-called and all of them met their appointment. 18 clients lost to follow-up were line-listed and physically visited at their respective homes and given the service care package. Lack of transport was cited as the reason for the missed appointments.
Conclusion: Phone call reminders and home visits improves retention of pregnant AGYW and their babies in care.

8.7. Title: Working with Youth Led Organizations (YLOs) to strengthen accountability, monitoring and quality for SRHR/SGBV Services.

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Co-authors: Henry Wasswa; Dr. Tonny Kapsandui; Michael Muyonga; Judith Apio Agatha, Samalie Edith Namugabo

Introduction: Adolescent pregnancy remains key problem in Uganda at 24% (UBOS 2022) with associated risk of morbidity and mortality. The HEROES' program baseline survey (2022) revealed a 44% SRHR knowledge gap across the nine Programme districts with only 30% of the deliveries in Namayingo done by a skilled birth attendant. Despite the involvement of district health leadership, youth participation in health programs was at 57.6%. The Heroes program implemented a youth-led accountability model to enhance youth participation in SRHR/SGBV programming.

Objective: To strengthen youth participation in SRHR/SGBV programming, aiming to improve accountability, monitoring and service quality.
Methodology/Interventions
The Heroes Programme engaged four youth-led CBOs to enhance accountability and monitor youth-responsive service delivery across 12 health facilities in 12 subcounties of Mayuge and Namayingo districts. Key interventions included:

1. Training and facilitating CBO representatives to conduct quarterly client exit interviews and satisfaction surveys in health facilities to validate service quality.
2. Conducting feedback meetings with health facility and district teams to share findings and develop action plans.
3. Holding monthly community dialogue meetings to empower the community with health rights information.
4. Funding YLOs to supervise Youth-Heroes, who provide linkages and referrals across service delivery areas.

Results

1. Strengthened community linkages with the facilities and attachment of youth peers to a health facility (minimum of 2 youth peers per facility).
2. Client satisfaction interviews resulted into reduced extortion of money for services by health workers. Satisfaction increased from 71% in Aug 2021-Jul 2022 to 77% in Aug 2022-July 2023.
3. There was increased uptake of SRH services by youths and adolescents i.e total Adolescents and youth who accessed services increased by 341% (From 1,120 in Jan -Mar. 2022 to 4,940 in Jan-Mar 2024) across the 12 health facilities.
4. Institutional deliveries by adolescents and youth increased by 27% from 552 to 703, teenage pregnancy reduced from 28% to 24% (proxy ANC1 visit), 1st ANC uptake increased by 14% with increased retention of adolescent and young mothers at 4th ANC (22%) in the same period.

Conclusions

1. Engaging young people in monitoring service delivery is crucial for localizing and sustaining SRHR/SGBV services.
2. Strengthening accountability systems to track AYSRH service delivery at community and district levels is essential for improved service delivery among adolescents.

Recommendations

1. Include and strengthen local adolescent and youth platforms in quality improvement committees at district and facility levels.
2. Enhance the use of client-centered data-driven approaches and multi-sectoral strategies to create demand for AYSRH services.

9. Health Systems and Workforce

9.1. Title: Working with Self-Care Promoters (SCPs) in advancing Self-Managed Contraception (SMC) programming among Vulnerable Adolescent girls and young women in Humanitarian settings. A Case of Bidibidi Refugee settlement, Yumbe.

Authors: Justus MUHWEZI, Catherine ATWINE MUHINDI
Affiliations: Agency for Cooperation in Research and Development (ACORD Uganda)

Introduction: According to WHO, a global shortage of an estimated 10 million health workers is anticipated by 2030, and a record 130 million people are in need of humanitarian assistance. There is a growing recognition that sexual and reproductive health (SRH) self-care has the potential to strengthen health systems and overcome many barriers faced by clients living in humanitarian/fragile settings. Recent efforts by the Uganda Ministry of Health to integrate self-care into formal health systems present exciting opportunities to support clients to take control over their health. The SHECARES consortium has stepped up to train SCPs as the community resource persons to strengthen the facility and community linkages.

Methodology/Interventions: User centred Design (UCD) methods were used to establish the barriers the AGYW face and determine solutions using the prototype and A/B testing approaches. Self-Care card emerged as the most effective solution for AGYW to obtain contraceptives. A customised training curriculum was designed to train the SCPs.

Results

1. Self-Care Promoters training curriculum was designed and so-far rolled out in Bidibidi refugee settlement, Yumbe District.
2. 156(67Males/89Females) SCPs were trained on the curriculum and are now able to support communities to self-inject Sayana press and administer oral contraceptives.
3. A total of 400 self-care cards were given out to 16 health facilities and the sexually active vulnerable AGYW around Bidibidi refugee settlement can easily access them.

Conclusions: Empowering SCPs with knowledge on how to self-inject and administer self-managed contraception will build confidence and competence among the populace and thus reduce workload and decongest the health facilities.

9.2. Title: The role of Family Health Groups in influencing expectant mothers to seek skilled facility-based delivery services at Mugoye HC III in Kalangala district

Authors: Ben Mukwaya, Jacob Fred Nambale, Amos Wambete, Dr Tonny Kapsandui, Michael Muyonga

Introduction: Family Health Groups is a community-based approach implemented by the Heroes program to improve maternal neonatal Child Health and Nutrition Out comes at facility level aiming to provide information and support to pregnant women to improve the uptake of key maternal and child health (MCH) services. The programme encourages women to go early and regularly to the antenatal and postnatal clinics, to engage their partner in the pregnancy, delivery and caring for their new born child. Family Health Groups is implemented by three peer educators in Mugoye Sub County

Objectives: To assess the impact of Family Health Groups in influencing expectant mothers to seek Skilled Health Facility Delivery Services at Mugoye HC III in Kalangala district

Methodology: Combination of surveys, secondary data analysis, and case studies were used to collect and analyse data on child birth practices, maternal health outcomes, and Family Health Group contribution to seeking skilled Health Facility Delivery services at Mugoye HC III in Kalangala District. Data presents total deliveries of mothers mentored through the Family Health Groups at Mugoye HC III, a period from October 2023 to June 2024

Results: During the period October 2023 to June 2024, Mugoye HC III registered 177 women attending ANC1. In October 2023, 35 women attended ANC1 and data showed that only 22.9% returned to deliver at the health facility. Data shows a general 47.7% increase in mothers delivering at the facility over the months up to June 2024

Conclusion: This assessment shows that continued mentorship of expectant mothers under Family Health Groups is critical to fostering a conducive environment for mothers to become aware, prompting them to seek skilled facility delivery services

9.3. Title: "Overcoming the Odds": A Case of Sickle Cell Criss in Pregnancy with a Successful Outcome at Masafu Hospital Busia.

Authors: Amon Bwambale, John Byenkya, Emma Tusiime, Hassan Kato, Edward Mawejje, Andrew Ocero, Esther Babirye

Introduction: Uganda has the 5th highest burden of SCD in Africa with a prevalence of the sickle cell trait (SCT) estimated at 13.3% and 15,000 babies born with SCD each year in Uganda. Maternal mortality rates are 5.98 times higher in women with SS sickle cell disease and 2.42 times more likely to develop preeclampsia, risk of premature birth and intrauterine growth restriction (IUGR). Masafu Hospital established a SCD clinic in 2018 and has since grown with close to 449 clients seen on routine basis.

Methodology: NR 19, DOA: 29/5/24, DOD: 12/6/2024, Time spent: 2 weeks, PG, LNMP: 02/oct/2023, EDD: 08/7/2024, GA: 34weeks with Painful lower limbs 1/52 Fever 1/52. attended ANC once, booking BP or tests done were not documented, no reported h/o admissions or complication related to pregnancy, stopped hydroxyurea 2/52.
Known SCD PG at 34WKS with vaso-occlusive crisis. U/Scan single intrauterine pregnancy cephalic presentation, normal fatal anatomy at 34W1D with EFW – 2351g and cervix closed CBC –HB 7.0g/dl, mild leucocytosis, platelets-353.

Results: Follow up on 2nd, 3rd DOA: no significant improvement reported, Patient's vitals were not documented from date admission to the 3rd day of admission.
Follow up on 4th DOA:148/103 pulse rate 121bpm, F/H = 33/40 cephalic presentation, long lie and FHR heard, long bone tenderness. PG with SCD in VOC and PET without severe features.
Follow up 6th no improvement with now dry cough associated with chest pain, DIB, palpitation & easy fatigability. PET without severe features, voc and acute chest syndrome and pneumonia, PE
Follow up 8th obstetrician stop clexane deliver after 24 hours, more blood transfusion, Oxygen, DOA 9th BP 140/96mmhg delivered by c-section, a live baby boy weight of 1.8kg APGAR score 9/10 and 10/10
Follow up POD 1: chest pain, dry cough, DIB and abdominal pain, uterus well contracted, tender, dressing clean, FH = 20/40,
Follow up POD 4: improvement no chest pain and dry cough, mild DIB, Follow up POD 6: Patient much better mild anaemia, 142/83 PR 102, Hb : 8.3g/dl, P/A normal fullness, soft uterus well contracted incision site clean and dry Plan D/c

Conclusion: Patient was regularly attending sickle cell clinic, multi-disciplinary teamwork and coordination between the teams managing the patient, pre-conceptual counselling, ANC, adequate examination of the patient at admission, Early termination of hydroxyurea, availability of blood

9.4. Title: Scaling Up The Uptake Of Diphtheria-Pertussis-Tetanus Vaccine Coverage In Barakala Hc Iii: A Quality Improvement Approach In West Nile.

Authors: Baguma Siraji[1] Drotiru Perrys[1] Ezati Zaitun[1] Maliamungu Taah Anan[1] Sarah Habib[1] Acidri Abdu-rahman[1] Maturu Irene[2] Abassi Mansour[2] Saka Allosyios[2] Dr. Ayoo Denis[3] Dr. Otim Morish[3]
Affiliation: 1: Barakala Health Centre III 2. Yumbe District Local Government 3. AVSI Uganda

Introduction: Routine childhood vaccination is among the most cost-effective, successful public health interventions available. Amid substantial investments to expand vaccine delivery throughout Uganda, most districts still require robust measures of local routine vaccine coverage. At Barakala Health Centre III the uptake

of DPT3 was at 86% below the MOH standard. And therefore the aim of the project is to scale up the uptake of DPT3 from 86% to 100%.

Method: We adapted quality improvement approached at Barakala HC III to scale up the uptake of DPT vaccination coverage among children from July 2023 to April 2024 with key intervention such as; Defaulters tracking: door to door crosschecking of vaccination cards by VHT's, crosschecking of the cards at the triage and in the consultation room besides Targeted and integrated outreaches and monthly facility performance review meeting furthermore supported a volunteered nurse with allowance to work in EPI department and motivation strategy; facilitated staff with airtime and refreshment during EPI activities

Results: Of 1140 set targets by MOH, 1124 (98.6%) were vaccinated against DPT3 at Barakala HC III with a Chi trend percentage of progress as follows; DPT3: July (86%), August (96%), September (100%), October (105%), November (104%) December (107%), January (92%), February (97%), March (93%)

Conclusion: This QI project achieved a robust outcome from 86% up to 105% and sustained at 93%. This clearly indicates the value of defaulter tracking, outreaches, data review meeting and motivation of staff and therefore we recommend wider adoption of such strategies to improve on implementation of vaccination across healthcare facilities to improve of immunization coverage.

9.5. Title: Lived Experiences of Women with Maternal-Near Miss at Kawempe National Referral Hospital

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Background: An experience of maternal near-miss and its subsequent management is physically and emotionally distressing which raises negative feelings and emotions and possibly poor postnatal outcomes. The emergency associated with maternal near-miss leaves women feeling out of control.
Objective: To explore lived experiences of women with maternal near-miss and available care measures to manage maternal near-miss among women at Kawempe National Referral.

Methods: 12 individual in-depth interviews with women who went through a maternal near-miss event were conducted. Women were recruited in the study during their convalescent period just before discharge. Obtained data was transcribed verbatim and analyzed using qualitative content analysis.

Results: Women described various lived experiences and these were categorized as physical, psychological and emotional aspects related to the maternal near-miss event, opportunities and challenges. Care measures were categorized as medical and non-medical care. Additionally, women mentioned recommendations to improve care for women who go through a maternal near miss event. Physically women experienced gaps in effective communication and violation of respect and dignity. Psychologically, there was ongoing grief over losses which included loss of the baby and/or the uterus. Emotionally, women found peace in being able to relate well with relatives, spouses, family and friends. Opportunities related to success stories like being able to recover well. Challenges were associated with delays. Medical care measures included management of complications during emergency, referral and continuity of care. Non-medical care included social support and individual facilitated copying mechanisms.

Conclusion: Findings suggested changing lived experiences. Not only pessimistic experiences but also what went well alongside the traumatic event was established. Strategies to improve maternal health should focus on prevention of occurrence of maternal near-miss through health education, timely referral, improvement of access to proper care and proper diagnostics.

9.6. Title: Improving effective early community referral of mothers in labor to BEmONC health facility using tricycle ambulance referral system & VHTs structures in Aya Health Center III.

Authors: Adrawa M [1], Rajab S [1], Dr. Idi F [1], Akule C [2], Matalocu C [2], Samuel Otoober, Ben Atube, Denish Ayo, Lawrence Ojom

Introduction: Community delay in referral of mothers in labor remains one of the health service delivery gaps in Uganda and in Aya HC III because of its geographical terrains and poor roads, high cost of transport, lack of AVSI funds for referral boda-boda schemes. This contributed to late arrival, BBA, PPH & poor birth outcomes in Aya Health center. Effective early community referral of mothers in labor was 0% in January 2023 which is below the Ministry of Health (MoH) standard of 100% access to health facility. The facility lobbied and acquired tri-cycle from but with no operation fund.

Objective: To Improving the proportion of effective early community referral of pregnant mothers in labor to Aya health facility for institutional delivery using tricycle ambulance referral system & VHTs structures from 0% in January 2023 to 80% by October 2023 in Aya Health Center III.

Methodology:
1. During a community dialogue, Tri-cycle ambulance committee consisting of a nurse, VHTs & LC Is was constituted and a budget of 6,007,000 ugx was developed and approved.
2. Tri-cycle ambulance account was open in a Local SACCO, LC Is collected 12,000ugx from each mapped household in the sub counties at rate of 4,000ugx per quoter. The total revenue generated was 4,800,000 ugx from 7 villages. The facility supported coordination meetings and account opening.
3. VHTs were the ambulance community focal person for referrals.
4. The committee recruited one driver who is paid per trip.
5. Conducted community feedback meetings were beneficiaries give oral feedback.

Result: Data analysis from transport log sheet has registered an improvement of mothers referred to the unit through the above scheme from 0% in Jan 2023 t0 66.7% in 2023. Other referral was under five and adults. The ambulance scheme has referred 65 cases in total.

Conclusion: Engaging and empowering community leaders to take lead into ambulance revenue collection and community feedback meeting has boosted community trust into this project for sustainability purpose.

9.7. Title: Enhancing Antenatal Care attendance through empowered Village Health Teams using Timed and Targeted Counseling Approach in Bumanya Sub-county, Kaliro district, Uganda: a before and after study design.

Background: Timed and Targeted Counselling (TTC) is a family-inclusive behavior change communication (BCC) approach empowering Community Health Workers (CHWs) to support vulnerable families with young children. TTC promotes essential health practices through timely messages via interactive storytelling, requiring a minimum of 13 visits per mother/mother-baby pair over 1000 days (4 visits during pregnancy and 9 visits in the first two years). From October 2023 to June 2024, World Vision implemented TTC in Bumanya Sub-county with the Kaliro District Local Government.

Objective: To determine how the TTC approach increases ANC attendance in Bumanya Sub-County.
Methods: A baseline random sample of 418 pregnant women was studied; 37 in the first trimester and 381 in the second trimester. A sample of 351 pregnant women were visited by trained Village Health Teams (VHTs). 39 VHTs from Kyani and Kalalu parishes were trained on key health messaging and provided with TTC tools (registers, job aids) to conduct home visits and counsel mothers. Monthly review meetings, mentorship, and coaching by Trainers of Trainers (ToTs) were conducted. VHTs conducted monthly home visits to offer counseling. ANC attendance was measured using TTC registers and district health information system data.

Results: Of the 351 respondents, 92.4% attended at least 4 ANC visits, and 48% attended the first ANC visit in the first trimester. The proportion of mothers attending at least 4 ANC visits increased significantly from 71.7%

to 92.4%. The average number of ANC visits was 6.0 by delivery. Additionally, 97.0% of mothers visited by a CHW during delivery month had health facility deliveries.

Conclusion: Empowering VHTs through TTC promotes maternal and child health practices such as ANC attendance and effectively tailors health messages to households, leading to significant improvements in maternal and child health outcomes.

9.8. Title: A Community Health Worker (CHW) - led approach to uptake of fistula intervention services in West Nile

Authors; Kwikiriza Benson, Nagawa Elizabeth Patrick Oryema, Benjamin Omony, Ebitu Emmanuel

Introduction: Obstetric fistula is an abnormal hole between the urinary tract or rectum and the genital tract, through which urine and/or faeces continually leak frequently caused by prolonged obstructed labor. It affects about 2% of mothers in West Nile Uganda. Mothers with fistula are stigmatized, often experience psychiatric morbidity thus restricting participation in socio-economic activities. Adolescent girls and young women share the unprecedented burden of obstetric fistula due to teenage pregnancies and limited access to skilled medical care.
Amref Health Africa-Uganda has been implementing a Fistula Project in 6 West Nile Districts of Moyo, Yumbe, Koboko, Arua, Nebbi, and Zombo to prevent, promote early diagnosis and treatment of fistula through a CHW led model. It has built capacity of 180 CHWs in creating awareness, identification, referrals and follow up of Fistula survivors. CHWs have thus integrated fistula services in maternal health activities carried out in their communities. Additionally, they work to minimize stigma and support re-integration of fistula survivors back into communities.

Objective: To determine the level of uptake of fistula intervention services among households in West Nile Uganda through the VHT model.

Methodology: We conducted a review of health data from client record profile forms, surgical procedure patient forms and follow up reports for the period between November 2022 -April 2024 using a pre-tested data abstraction tool. Data on uptake of Fistula Intervention services using the different
mobilization strategies was analyzed. Appropriate summary statistics were used to describe the results using STATA version 14.

Results: 170 villages and 29112 households were visited; 38334 males and 26288 females were engaged by CHWs on fistula awareness. 564 women were screened for fistula and 335[51.6%] women were surgically operated (173 obstetric fistula cases and 162 other birth defects). 44.7% of these fistula patients were from Zombo district. The CHW-led approach increased uptake by 48.8%. It was more than twice that of media campaigns at 21.8% and 18.8% for health centers. Furthermore, 90% of fistula survivors were followed up and re-integrated in communities.

Conclusion: This study highlights the significant contribution of CHWs to maternal health in reducing the first and second delays thus preventing Fistula. Additionally, CHWs significantly identified 4/10 suspected fistula cases for early diagnosis, management and follow up

10. Implementation Research

10.1. Title: Prevalence of and factors associated with transfer of protective tetanus toxoid antibodies among newborns delivered in Kawempe National Referral Hospital

Author: Nicholas Mugagga

Background: Neonatal tetanus is a preventable cause of neonatal mortality that persists in low-income countries such as Uganda. Protection of neonates against tetanus is attained through antibody transfer from vaccinated mothers during pregnancy. This protection is not life long as maternal antibodies wane during the first year after vaccination thus neonates from subsequent pregnancies are not adequately protected. The frequency and timing of tetanus vaccination is not emphasized in the Ugandan maternal vaccination guidelines, which could lead to an increase in the proportion of neonatal mortality attributable to tetanus.

Objective: To determine the prevalence of and factors associated with transfer of protective tetanus toxoid antibodies among newborns delivered in Kawempe National Referral Hospital.

Methods: We conducted a cross-sectional study from 1st February to 31st march 2020 among 293 mother and newborn pairs at Kawempe national referral Hospital. Participants were sampled systematically and interviewed using an interviewer-administered questionnaire. After delivery, 2mls of cord blood and 2mls of maternal venous blood were collected. The tetanus antibodies were measured using a direct quantitative ELISA where the optical densities were determined using micro plate reader at Makerere University Immunology laboratory. The proportion of newborn babies with tetanus antibodies greater than 0.1 IU/mL of blood was the primary outcome. We used a generalized linear model for the Poisson family with a log link and robust variance estimation to determine associated factors.

Results: A total of 258/293 [88.1% (95% CI: 83.8-91.3)] neonates had protective tetanus antibodies (>=0.1IU/ML). High maternal tetanus toxoid antibodies greater than 0.1 IU/ML (adjusted prevalence ratio, aPR, 3.1, 95% CI 1.5 to 6.4), attending first antenatal visit after 12 weeks (aPR 1.2 95% CI 1.0 to1.5), and receiving the last TD shot at or greater than 28 weeks of gestation (aPR 1.1 95% CI 1.0 to1.3) were the factors associated with transfer of protective antibodies. The number of TD doses received before pregnancy was not associated with transfer of protective tetanus toxoid antibodies in the neonates (aPR 0.94 95%CI 0.85 to 1.0).
Conclusion: Transfer of protective tetanus antibodies to the newborn was high. High maternal toxoid antibodies, early antenatal attendance and receiving the last tetanus shot in the third trimester were associated with maternal tetanus toxoid antibody transfer.

Recommendations: Every mother should get a TD short for each pregnancy between 27 and 36WOA for effective antibody transfer. The notion that five doses of TD vaccination between 15and 49years offer life time protection against tetanus should be discarded.

10.2. Title: Effectiveness of the modified WHO labour care guide to detect prolonged/obstructed labour among women admitted at publicly funded facilities in Mbarara district, Southwestern Uganda: an ambispective cohort study

Authors: Mugyenyi R Godfrey[1], Atukunda C Esther[1], Tibaijuka Leevan[1], Tumuhimbise Wilson[1], Yarine T Fajardo[1] Byamugisha K Josaphat[2]
1.Mbarara University of Science and Technology, 2.Makerere University College of Health Sciences

Background: Globally, obstructed labour remains a significant contributor to the burden of maternal and perinatal deaths, mostly in low- and middle-income countries; almost non-existent in high income countries. Ninety percent of perinatal deaths in Uganda followed birth asphyxia that was directly attributed to obstructed labour. We evaluated the new modifies WHO LCG in detecting prolonged/obstructed labour, and compared delivery outcomes with traditional partographs at all public basic and comprehensive emergency obstetric and new born care (B/CeMONC) facilities of Mbarara district and Mbarara City.

Methods: From November 2023 to date, we deployed the new modified WHO LCG for use in monitoring labour by trained HCPs across all maternity centers in Mbarara District and Mbarara City, with a generally stable/ firmly fixed population. We systematically randomized a total of 4 HC3s and all the two HC4s and reviewed all their labour records of patients monitored using the new modified WHO Labour Care Guide between January to April 2024 regardless of parity, maternal age, gestation age and referral status. We extracted data from a historical cohort of women monitored using the partograph from January and April 2023, a period prior to introduction of the new WHO LCG within the same units and compared labour/delivery outcomes. The primary outcome was the proportion of women diagnosed with prolonged and/or obstructed labour. Other secondary outcomes included; birth asphyxia, rate of C-Section, labour augmentation, NICU admissions, blood transfusion. Data was collected in RedCap and analysed using STATA v16. Statistical significance was considered at $p \leq 0.05$.

Results: A total of 2,011 women were registered; 991 (49.3%) were monitored using the LCG, and 1,020 (50.7%) using a partograph. Upto 87% (1,741/2011) delivered from HCIVs and 270/2011 (13.4%) from HCIIIs. The mean maternal age was 25.9 (5.6) years, mean gestation of 39.4 (1.8) weeks, % were para 2. A total of 120 (12.4%) cases of prolonged and/or obstructed labour were diagnosed (100 cases for LCG versus 20 for partograph), with the LCG 6 times more likely to detect/diagnose prolonged and/or obstructed labour compared to the partograph (OR=5.74; CI 95% 3.5-9.3, P<0.0001). The LCG still had 3 times likelihood to detect/diagnose prolonged labour compared to partograph when we adjusted for parity, maternal age, referral status and HIV status (aOR=3.06; CI 95% 1.70-5.53, P<0.0001). Detection of obstructed labour alone increased to 13 fold when we compared the two (aOR=12.94; CI 95% 3.97-42.17, P<0.0001). Other outcomes including augmentation of labour (aOR=3.22; CI 95% 1.68-6.20, P=0.001), C-sections at HC4s-mainly referals (aOR=3.94; CI 2.87-5.42), P<0.0001). The women's status of referral to HC4s (referral-ins) had a direct effect on the observed C-Section rate (interaction term; aOR= 5.71 CI 95%3.12-10.47, P<0.0001), all done within 4 hours of arrival. Although not powered to detect the difference, we observed no differences in maternal/perinatal deaths, PPH, need for blood transfusion, perinear tears, need for neonatal rescuscitation.

Conclusions: Our data shows that modified WHO LCG detected more cases of prolonged and/or obstructed labour compared to the partograph among women admitted at rural publicly funded facilities in Mbarara city/ district. We observed increased rates of C-Sections at CeMONC facilities and labour augmentation. While not powered to do so, we found no differences in maternal/perinatal deaths, PPH, need for blood transfusion, perinear tears, need for neonatal rescuscitation. More controlled and well powered studies should evaluate the two tools to compare other labour/delivery outcomes, in different sub-populations.

10.3. Title: Improving women's experience of care through a midwife led quality improvement initiative at three healthcare facilities in an urban setting, Kampala Uganda.

Author: Richard Kagimu

Introduction: Women still aspire to give birth in a nurturing, respectful, responsive, and affectionate environment. Respectful maternity care upholds women's dignity, privacy, and confidentiality, ensures protection from harm and mistreatment, and offers continuous support during labor and childbirth. According to the maternal audit report 2022 at selected Ugandan health facilities, 90.9% of women are not encouraged to assume the 'position of their choice' while birthing and only 38% of health facilities have systems that ensure all women are welcomed and treated with respect and dignity. For a period of six months (Nov 2023-April 2024), USAID MCHN activity collaborated with the Karolinska institute (KI) Sweden to pilot a midwife led quality improvement intervention (Midwize initiative) at 3 high volume public health facilities in Kampala.

Objective: The aim was to improve experience of care among women undergoing spontaneous vaginal birthing focusing on interventions that improve their intrapartum care support, proving dynamic birth positions, and perineal support with a warm compress.

Methodology: Three health facilities (Kawempe NRH, Kisenyi HC IV and Komamboga HCIII) were supported to implement QI rapid PDSA cycles. Firstly, midwize ambassadors were trained onsite on the delivery of the intervention packages who then cascaded the training to front-line health workers within the three health

facilities. A baseline survey was conducted to ascertain the level of implementation of intervention packages. The health facilities then received weekly on-site coaching coupled with biweekly virtual peer-to-peer learning sessions. Client exit surveys were conducted weekly for at least 10 postpartum women prior to discharge.

Results: In the six months, the percentage of women who received at least one component of intrapartum care (gentle strokes, massage and rebonzo dance) improved from 0 to 100% at Kawempe NRH and Kisenyi HCIV while Komamboga HCIII from 9% to 95%. Percentage of women who delivered in dynamic birth positions improved by 64% (Kawempe NRH), 73%(Kisenyi H/CIV) and 78% (Komamboga HC III). As a result, Kisenyi HC IV recorded a reduction in mothers who got episiotomies from 11% to 3% of total deliveries in the same period. % of mothers who received perineal support with a warm compress at Komamboga H/CIII improved from 24% to 88%, reducing perineal tears from 27% to 9%.

Conclusion: Respectful care not only improves the experience of care but also contributes to reduced positive pregnancy outcome, reduces need for episiotomies and perineal tears.

10.4. Title: Cost-effectiveness results comparing heat-stable carbetocin & other uterotonics in postpartum heamorrhage prevention in Uganda

Authors: Sam Ononge, Othman Kakaire, Jostas Mwembezi, Hadijah Nakatudde, Robert Mutumba, Richard Mugahi

Introduction: For prevention of PPH, the standard of care in Uganda is oxytocin or misoprostol. Injectable oxytocin is the preferred uterotonic for prevention of PPH. However, in resource-limited settings, the effectiveness of oxytocin is sub-optimal due to efficacy, quality (cold chain storage requirements), and manufacturing standards (poor quality active pharmaceutical ingredients, lack of sterile manufacturing environment, and low-quality manufacturing processes). To mitigate this barrier, heat-stable carbetocin has been studied and found to be effective, safe and of consistent quality (its heat-stability profile mitigates the need for cold-chain). This study aimed to assess the cost-effectiveness of a new alternative compared to the standard uterotonics for the prevention of PPH in Uganda.

Methods: A decision tree model was built to assess the cost-effectiveness of heat-stable carbetocin, a newly recommended uterotonic by both the World Health Organisation (WHO) and Ugandan Ministry of Health, in preventing PPH as compared to the current standards of care –oxytocin, misoprostol or oxytocoin+misoprostol as a combination. The model was applied to a hypothetical annual cohort of birthing women who are eligible for PPH prevention in Uganda's public health facilities. The evaluation was done for associated direct costs and outcomes using a health system perspective.

Results: Compared to oxytocin, administering heat-stable carbetocin to prevent PPH had a cascading favorable effect and was estimated to avert 57,536 PPH cases, 123 maternal deaths, and 4,203 disability-adjusted life years (DALYs). Heat-stable carbetocin is also cost-saving where the direct cost to the public healthcare system was lower by USD $1,058,353 (UGX 3,998,350,875). The benefits of heat-stable carbetocin were even greater when compared with misoprostol (averted 73,939 PPH events, 273 maternal deaths, and 8,716 DALYs, and lowered the cost to the public healthcare system by USD $2,118,372 [UGX 8,002,996,052]).

Conclusion: The potential benefits of heat-stable carbetocin for preventing PPH in Uganda are significant. By reducing the number of PPH events, and subsequently maternal deaths, avoiding more DALYs, and lowering costs for the public healthcare system, heat-stable carbetocin could be a game-changer in Uganda's maternal health efforts. Adopting this innovative solution would not only improve the health outcomes of mothers, but increase the efficiency of public health spending, and contribute towards achieving the country's Sustainable Development Goal (SDG) 3.1 to reduce maternal mortality.

10.5. Title: Emotive First Response Bundle Training For Management Of Post Partum Haemorrhage

Authors: S Ononge, H Nakatudde, J. Akello & J.Nabukeera

Introduction: Postpartum hemorrhage (PPH) is the leading cause of maternal death worldwide, accounting for approximately 27% of maternal deaths. One of these challenges is that PPH often goes undetected or is detected too late, which results in life-saving treatment not being initiated promptly. The current method of assessing blood loss is through visual estimation, which is known to be inaccurate and often results in underestimation of the actual blood loss. The E-MOTIVE trial assessed a multi-component intervention for the detection and treatment of PPH. The E-MOTIVE intervention included a calibrated blood-collection drape for early detection of PPH and the WHO first-response bundle offered within 15 minutes, including uterine massage, oxytocic drugs, TXA, intravenous (IV) fluids, and a process for examination and escalation. E-MOTIVE intervention reduces mortality and risk of invasive interventions by about 60%.

Objective: To equip health workers in management of PPH using EMOTIVE approach.

Methods: Ministry Of Health (NASMEC PPH) Subcommittee and Jhpiego Uganda with support from Jhpiego Kenya organized a five-day Trainer of Trainers training of critical cadre health workers from various Local Maternity and Neonatal Systems that included Kampala metropolitan, Elgon, Ankole, Bunyoro and Busoga. The training included visual audio practices in the presentations aided learning, during the training that was practical and interactive in nature. The five-day training was subdivided into; the initial two days of the training focused on providing an in-depth understanding of the EMOTIVE bundle for managing PPH, one day focused to developing facilitation skills. Each participant had the opportunity to practice these skills, with one facilitator guiding a group of six participants at a time. And last two days involved dispatching the newly trained champions to Kawala and Kawempe to conduct training sessions under the supervision of the facilitators from Jhpiego Kenya

Results: Fourteen trainers completed the five-day training. There was enhanced knowledge and skills participants gained a thorough understanding of the EMOTIVE bundle and practical skills in managing PPH. The overall mean knowledge score pre-training was 65.1% +12.6[CI57.8-72.4], and post-training was improved on average by 17.7% to 82.9%+9.3[76.2-89.5]. Facilitation Skills-participants developed and practiced facilitation skills, preparing them to train others effectively.

Conclusion: The E-MOTIVE Bundle Training for PPH Management was a highly successful and impactful program. We recommend it be scaled across the country.

11. Leadership And Governance

11.1. Title: What is the game changer? Reducing Maternal Mortality in Kitgum District, Acholi Subregion.

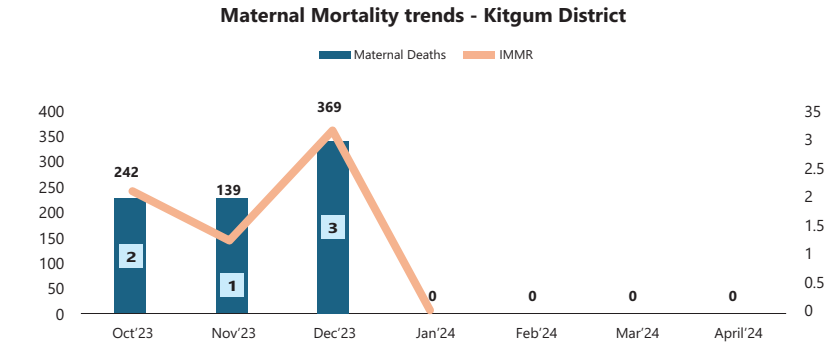
Authors: Daniel Kamya[1], Nicholas Kirirabwa[1], Francis Ojok[1],Rita Akello1,Allan Katamba[1],Okello Henry[2],Judith Aloyo[1],Augustine Muhwezi[1]
Affiliations: 1. USAID Uganda Health Activity 2. Kitgum District Local Government

Introduction:
Maternal mortality remains a significant concern in Uganda, with a rate of 189 deaths per 100,000 deliveries. In the 2022/2023 financial year, the Acholi Subregion ranked fourth in maternal deaths, following Bunyoro, Bugisu, and Kampala metropolitan areas. Kitgum district in Acholi reported the highest mortality rate in the region, with 254 deaths per 100,000 births in the October-December 2023 quarter, losing six mothers in six weeks.
Despite attention from the National Maternal and Perinatal Death Surveillance and Response (MPDSR) meetings, maternal deaths continue due to issues like absenteeism, poor coordination, negative staff attitudes, and internal conflicts.

Interventions:
The interventions implemented by USAID Uganda Health Activity (UHA) in collaboration with the Ministry of Health aimed to address maternal health challenges to improve maternal health outcomes in Kitgum and the wider Acholi Subregion
Leadership and governance

- USAID UHA engaged district leaders, including the RDC, LC V Chairperson, and CAO. An impromptu meeting was organized, chaired by the RDC, resulting in the activation of the district MPDSR committee. The DHO, ADHO, and facility managers were held accountable. The meetings have been sustained monthly.
- Accountability and response
- The district health team ensured round-the-clock (24 hours) coverage of maternity services in all health facilities within the district.
- Targeted Support Supervision: During the festive season, DHTs conducted supervision visits to health facilities, ensuring uninterrupted service delivery.
- Timely Coordination: A WhatsApp group called Kitgum MCH Champions was formed to facilitate coordination and technical support.
- Health System Audit: The Ministry of Health and LNMS team conducted a district health system audit and a confidential inquiry into maternal deaths, with support from district leaders.

Results:



Maternal Deaths	2	1	3	0	0	0	0
Institutional Deliveries	828	720	814	752	673	625	551
IMMR	242	139	369	0	0	0	0

Figure 1: Maternal death monthly reporting trends in Kitgum district
The number of deaths dropped from 6 in the October-December 2023 quarter to zero from January to April 2024.

Conclusion:
The impact of leadership and governance in addressing maternal mortality as a crucial indicator of healthcare access and quality. These interventions go beyond mere numerical reductions in maternal deaths. They represent a transformative approach that emphasizes effective leadership, accountability, collaboration, coordination, and data-driven decision-making. By saving lives, they also pave the way for stronger healthcare systems and enhanced community well-being.

11.2. Title: Enhancing SGBV prevention and response services in Mayuge district

Authors: Irene Ayanga, Irene Ayanga, Michael Muyonga and Dr Tonny Kapsandui

Introduction: Sexual gender-based violence (SGBV) remains a pervasive issue globally, with significant implications for public health and human rights. In Uganda, despite efforts to address SGBV, incidents within health facilities persist, creating a barrier to accessing essential healthcare services.
The Heroes for Gender transformative action is an integrated sexual and reproductive Health and Rights program in the nine High Burden Districts of Uganda. The aim of the programme is to improve the well-being of young people (age 10-24) and women (age15-49) including underserved groups, in the districts of Central: Kalangala Island, East Central: Bugiri, Mayuge, Iganga & Namayingo; and the East: Mbale, Budaka, Bukwo and Kween by addressing the disproportionate burden of SRHR violations and SGBV among young people and women in Uganda. Together with Mayuge DLG, HEROES has supported 6SC and 6 health facilities to enhance SGBV prevention and response services.

Objectives
1. To integrate SGBV tracking and documentation in the routine health facility reporting improve on the tracking and documentation of SGBV cases.
2. To offer access to SGBV prevention and response services at both community and health facility level.
3. To conduct community outreaches and education initiatives to raise awareness about SGBV prevention and response.

Methodology
- Capacity building: the HEROES team has trained health workers, police and other duty bearers in the aspects of awareness and SGBV response. A team of community 72 champions were selected and trained from the Bukabooli SC to provide awareness and response to SGBV in their various villages.
- Advice center model: Working with community and leaders , SGBV hotspots were mapped and identified then Advice centers that are one stop centers were set up where people can report and receive free SGBV services.
- Data management: The programme has trained health workers, police and duty bearers in proper documentation and has printed SGBV register, police form 3 and SGBV referral pathway.
- Result based financing and provisional of subsidies: The programme working the district leadership procure SGBV indicator to ensure quality service delivery.

Results: The number of people reached with various SGBV services through the advice center model increased from 28 in 2021 to 1,974 in 2023 and these were provided with a range of services including health services, psychosocial services, mediation, legal support and resettlement.

Conclusion: Addressing SGBV in Ugandan requires a comprehensive approach that addresses both individual and structural factors. By prioritizing survivor-centered responses, promoting gender equity, and strengthening accountability mechanisms, Uganda can move towards creating safer and more inclusive healthcare environments

11.3. Title: Key Family Care Practices improves Refugee Maternal and Child Health Seeking and Compliance/Response to illness in West Nile.

Authors: Harriet Bitimwine, Robinah Akurtoo (robinah.akurtoo@avsi.org), Samuel Otoober, Lawrence Ojom, Ben Atube, Enoch Kassenyi

Introduction: Key Family Care Practices (KFCPs) are behaviours practiced at community and households' level that impacts on child survival, growth, and development. UNICEF/AVSI rolled out KFCPs in refugee hosting districts of West Nile in 2021. Evidence of cultural poor practices from West Nile indicates that the community consider that antennal care is for those whose pregnancy is feasibly seen. Otherwise, a woman stands the risk of losing the pregnancy. Besides, the poor parenting and community collective practices of sending young girls and women to market in the late evening, and trans–night dance after burial significantly contribute to delay for utilization and decision to seek medical help.

Objective: To improve on the poor community health seeking behaviours in refugee hosting districts of West Nile

Methodology:

1. Train 6,061 Community Health Workers in 6 Refugee Hosting districts
2. Distributed 12,000 KFCPs cards for household care and community practices
3. Conducted 17,683 home visit at households' level
4. Longitudinal tracking of KFCPs in regards to poor health seeking behaviours

Results: The analysis of the 23 Key Family Care Practices indicates that health care seeking and compliance to illness improved from 49% in 2021 to 73% in 2022 and to 75% in 2023. The community practice of appropriate home care improved from 51% in 2021 to 69% in 2022 and to 73% in 2023 this significantly contributed to child feeding, growth and development which improved from 62% in 2021 to 79% in 2022 and maintained 79% in 2023. Most importantly disease/illness prevention improved from 57% in 2021 to 67% in 2022 and to 68% in 2023. Through the KFCPs implementation, a total of 674,309 (Male 417,703, Female 256,606) people reached (16,959 children, 232,228 adolescents, 413,383 parents/caregivers, and 11,739 leaders).

Conclusion: Key Family Care Practices implementation is critical to improve community health seeking behaviours. Targeted support of household visit coupled to health education using Key Family Care Practices through the community health worker improves home care which directly impact on child feeding, growth and development. Most critical, is that, supervision by District Health Educator and Health Assistant improved prevention of diseases and re-occurrent at household levels.

11.4. Title: Using a model HUMC approach to functionalize Lower-level health Facility leadership for improved Maternal and Child Health services across 24 PNFPs in Busoga diocese.

Author(s): Paul Kasu, John Mugaya, Samuel Gyagenda, James Dhatemwa, Alisat Abenakyo and David Kiyimba.

Introduction: Busoga diocese with support from Uganda Protestant Medical Bureau (UPMB), are implementing the Church of Uganda health Policy,2022. One of the objectives of this policy is to reduce maternal, neonatal, child mortality and morbidity in Uganda, and strengthening capacity for leadership structure for church health programs/institutions and services. UPMB's strategic plan 2013/2018 end evaluation showed a huge gap in functionality and performance of HUMCs partly due to high staff turnover, this in turn negatively impacted on the quality of health services including MCH services.

Objective: To functionalise Busoga diocese HUMCs for improved leadership and quality health services including MCH across 24 lower level PNFPs.

Methodology: In July 2022, the Busoga diocese collaborated with UPMB to identify, train and mentor four model HUMCs. In September 2022, the 4 identified model HUMCs were facilitated to cascade the on-job training/mentorship to 24 HUMCs in the diocese. Each day, two LLHUs were visited by a team from the model HUMCs, consisting of five trainers/mentors. The trainings/mentorship focused on HUMC election criteria, roles and responsibilities, financial management, commodity inspection, conducting successful meetings with attention to MCH outcomes at the grassroot. Individual HUMC action plans were developed, followed-up for implementation and a post HUMC functionality assessment was conducted.

Results: Data showed leadership achievements and maternal and child health service level indicator improvement in DHIS2 by Dec ,2023. The enhanced capacity for effective HUMC leadership and governance

practices translated into 8% increase in Health facility deliveries, 7.5% increase in Live births at these LLUs, 9% increase in maternal admissions, 54.7% increase in PNC attendance, 17.7% increase in FP users, postnatal maternal re-testing rates surged by 828.9% and PNC cervical cancer screening improved by 208.3%, of which 87 mothers with pre-malignant conditions were identified in FY 2023 compared to 0 in FY 2022.

Conclusions: A model HUMC approach to provide on the job trainings/mentorships to other HUMC leaders on their roles and responsibilities, is key in functionalizing and coordinating leadership structures for LLUs. This in turn contributes to improved quality of health services including MCH.

11.5. Title: The Role of Leadership in Enhancing Maternal and Child Health Services in Mukono Municipality

Author: Namala Alex Lwasa
Co-author: Josephine Achulet, Josephine Watuulo, Josephine Nabukeera, Denis Sama

Introduction: Leadership is crucial for enabling local governments to achieve their Maternal Child Health (MCH) and Family Planning (FP) goals. Committed stakeholders, both technical and non-technical, play a vital role in implementing successful programs. When leaders recognize and take ownership of problems, they work towards mitigating risks and achieving their goals. Dynamic leaders manage change, while transformational leaders serve as role models, inspiring others. Leaders guide and influence their followers toward set objectives, ensuring quality and timely service delivery, especially for the less privileged. Mastering leadership competencies involves understanding institutional values, beliefs, strengths, and weaknesses, and continuously reflecting and learning to achieve desired results.

Objective: To enhance shared vision in the improvement of reproductive maternal health indicators

Methodology: Mukono Municipality adopted a "business unusual" approach to engage political leaders in a mindset shift towards MCH/FP programs. Influential community leaders with a passion for reproductive health were identified and empowered through coaching, rather than traditional technical assistance. The coaching model aims at long-term, sustainable transformation by building leadership capacity. The approach facilitated rapid, cost-efficient expansion of accessible, quality urban family planning services, led and sustained by stakeholders. It promoted self-reflection, a culture of data use for decision-making, and ongoing course correction. Municipal indicators were presented to council leaders to enhance their understanding of local MCH/FP challenges, enabling them to identify problems and develop evidence-based solutions. Training included SMART Advocacy to enhance resource mobilization and community engagement, encouraging adaptations and improvements in program design, implementation, supervision, and management.

Results: The training was conducted for 20 MCH/FP champions. Building trust between non-technical and technical teams, fostering effective, respectful relationships, and a shared vision. Leaders used their influence to secure more resources, bridging the gap between the community and technical teams. Empowered with data, leaders influenced families to utilize services, preventing unplanned and teenage pregnancies. The political team successfully lobbied for funds, resulting in the construction of a new hospital block, renovation of existing facilities, and procurement of new equipment.

Conclusion: Transformational leadership in Mukono Municipality led to significant improvements in MCH/FP programmatic outcomes, an environment where information sharing and decision-making are decentralized and non-hierarchical, fostering shared accountability. Decentralized decision-making, a shared vision, and trust were key elements. Leaders created an enabling environment by nurturing team learning, transparency, and shared accountability. Despite challenges; and changes in political leadership, the approach demonstrated the importance of committed and empowered leaders in achieving health service goals.

11.6 Title: Mapping of Traditional Birth Attendants in an urban setting: A Case Study of Kampala City.

Authors: P Kiggundu[1], S Zalwango[1], D Okello[1], R Mutumba[2], R Kagimu[2], M Kasendwa[2]
1. Kampala Capital City Authority
2. USAID Maternal Child Health Nutrition (MCHN) Activity

Introduction: In January 2023, the Ministry of Health instructed all districts in Uganda to identify Traditional Birth Attendants (TBAs) operating in their regions. This was in response to a growing number of TBAs performing deliveries, which posed a hindrance to eliminating preventable maternal and newborn deaths. KCCA, with support from the USAID MCHN Activity, carried out the directive within Kampala.

Objective: To determine the number and distribution of TBAs in Kampala, their scope, and outcome of services.

Methodology: KCCA health managers, ten health workers, and VHT coordinators designed digitalized and pretested a TBA profiling tool before applying it across Kampala's five divisions. Data collectors used snowball sampling to identify, interview, and geo-map the TBAs at their workstations.

Results: 38 TBAs were mapped in Kampala, with more than half located in two divisions (Kawempe and Makindye) and none in the central division. All TBAs were female, with 40% considering the practice a full-time job and 30% doubling as VHTs. Their service package mainly comprised deliveries (40%), ANC (22%), and newborn care (20%), which were offered through health education (46%) and herb administration (40%). Three top reasons were cited as to why mothers seek TBA services: easy accessibility (26%), convenient services (24%), defined as "no long queues," and dignified care and trust (12%). The TBAs collectively registered two maternal and one perinatal death between October and December 2023.

Conclusion: Improving access to affordable, dignified, and respectful maternal care services within Uganda's urban healthcare system will likely increase the use of institutionalized services instead of traditional practices."

11.7 Title: Improving First Trimester ANC First Trimester Through Health Unit Management Committee Engagement at Naiku HCIII

Authors: Olupot Martin, Nyomera Naume, Nambala Esther, Sr. Stella Abigail, R. Shallon, Muwombi Henry, Wamimbi Sokoi, Nagudi Norah, Naluwugge Prossy

Introduction: The first antenatal care (ANC) visits, ideally before 12 weeks of gestation, is critical for the health of both mother and fetus. Despite its importance, Naiku HCIII has struggled to meet the national target of 90% for first trimester ANC visits, with numerous barriers contributing to this shortfall.

Objective: To improve first ANC first trimester through Health Unit Management Committee
Method: In October 2023, data from a Health Unit Management Committee (HUMC) meeting revealed a first trimester ANC uptake of only 33%. The HUMC identified barriers such as cultural norms, lack of awareness about the importance of early ANC, long waiting times due to understaffing, and low community sensitization. Solutions included using HUMC members to educate the community, incentivizing early ANC visits, providing refreshments for waiting mothers, and hiring an additional midwife.

Results: The first trimester ANC uptake increased significantly from 30% in July 2023 to 95% by March 2024.
Conclusion: Engaging the HUMC in facility and community activities significantly improves MCH indicators when members are well-informed about these indicators.

LOCAL MATERNITY AND NEONATAL SYSTEM COORDINATORS

	LMNS & Regional Referral Hospital	LMNS Coordinator
1	**Bunyoro - LMNS** Hoima RRH	Dr. Bwaga Ibrahim Obs & Gyn Hoima Regional Referral Hospital 0779773155
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5	**West Nile - LMNS** Arua RRH Yumbe RRH	Dr. Afayo Victor Obs & Gyn Arua Regional Referral Hospital 0776325668 Afmorg12345@gmail.com
6	**Greater Rwenzori - LMNS** Fort Portal RRH	Dr Augustine Ssemuju Obs & Gyn Fort portal Regional Referral Hospital 0774319278 ssemgasta@gmail.com
7	**Busoga - LMNS** Jinja RRH	Dr Agrey Bameka Obs & Gyn Buwenge General Hospital 0777052680 bamekagery1@gmail.com
8	**Greater Elgon - LMNS** Mbale RRH,	Dr Peter Wanyera Obs & Gyn Mbale Regional Referral Hospital 0772884710 dr.wanyerapeter@gmail.com

9	**Greater Mubende - LMNS** Mubende RRH,	Dr Kikonyogo Joseph Obs & Gyn Mitiyana General Hospital 0776323356 josephkikonyogo2@gmail.com
10	**Teso – LMNS** Soroti RRH	Dr. Irene Chebet Obs & Gyn Soroti RRH 0772307600 Chebet2k5@gmail.com
11	**Karamoja – LMNS** Moroto RRH	Dr. Denis Esayu Obs & Gyn Moroto RRH 0777264411 Esayu75@gmail.com
12	**Greater Kayunga LMNS** Kayunga RRH	Dr. Joannah Nalwoga Obs & Gyn Kayunga RRH 0701262186 joannahnalwoga@gmail.com
13	**Greater Masaka LMNS** Masaka RRH	Dr. Senyondo Gonzaga Obs & Gyn Masaka RRH 0752897301 ssenyondogonzaga@yahoo.co.uk
14	**Greater Kigezi LMNS** Kabale RRH	Dr. Bandoga Geofrey Obs & Gyn Kabale RRH 0782794711 Bandoga.geofrey@gmail.com
15	**Ankole LMNS** Mbarara RRH	Dr. Leevan Tibaijuka Obs & Gyn Mbarara RRH 0776868084 leevantibs@gmail.com

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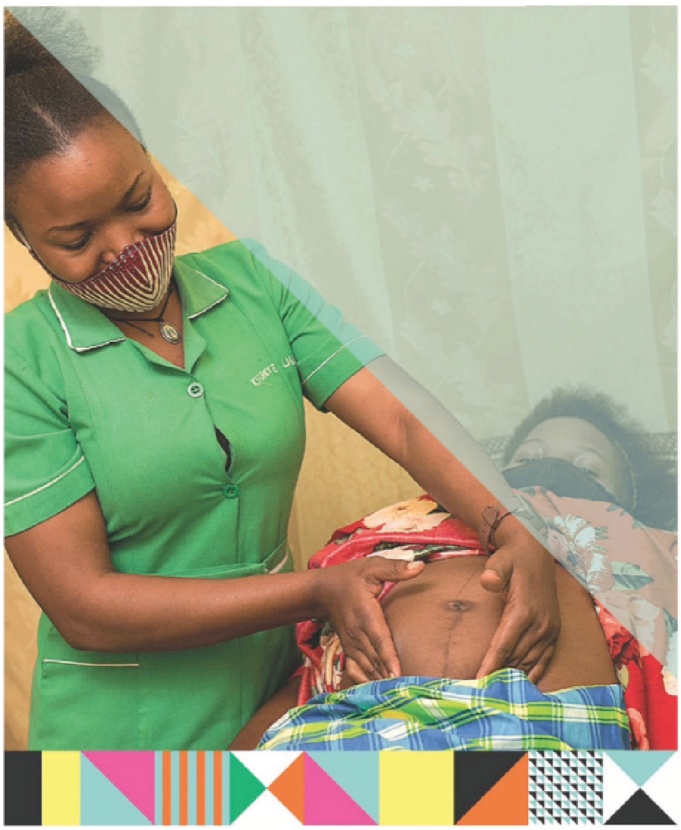

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Ipas Africa Alliance, Uganda- Advancing Reproductive Justice for Safe Motherhood

As part of a global impact network, Ipas Africa Alliance, including Uganda (Ipas AA- Uganda), is at the forefront of ensuring safe motherhood and comprehensive reproductive healthcare for women and girls. At Ipas AA-Uganda we believe that no woman or girl should lose her life due to preventable causes. We are committed to empowering healthcare providers to deliver high-quality, judgment-free reproductive health care, including post-abortion care (PAC), so that every girl and woman receives the support and care she deserves, no matter her circumstances.

Through a Reproductive Justice lens, we address the root causes that often lead to preventable maternal deaths, such as teenage pregnancies, unsafe practices, and limited access to contraception. We ensure that health providers are equipped with the necessary tools, knowledge, and training to offer comprehensive reproductive health services, while fostering an environment free from stigma and judgment.

Our Uganda program is an integral part of our broader East Africa program, which supports the empowerment of women and girls by increasing access to safe, compassionate care. This initiative is also deeply intertwined with the Ipas global impact network, where we collaborate with like-minded organizations to advance gender equality and bodily autonomy worldwide.

Our approach is holistic, community-centered, and rooted in the principles of Reproductive Justice—ensuring that women and girls can make informed decisions about their reproductive health, free from external pressures or barriers. We work alongside local partners and healthcare professionals to provide care that not only saves lives but also respects the dignity and rights of every individual.

Partner with us to make Safe Motherhood a reality for all. By supporting our work, you're contributing to a future where no woman or girl dies from preventable causes, and where girls and women are empowered to make decisions about their bodies and their futures. Contact us today to learn how you can support this life-saving work.

If you would like to learn more about our work and interventions in Uganda please contact;

Annah Kukundakwe, the program Manager Ipas Africa Alliance on; KukundakweA@ipas.org/ +256774179831

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CEHURD
social justice in health

Who We Are

Our Identity

We are a non-profit, research and advocacy organization which is pioneering the justiciability of the right to health. Founded in 2010, Center for Health, Human Rights and Development (CEHURD) has moved from the margins to the centre stage of advancing social justice and health rights in health systems in Uganda, East African Region, Pan-African and Globally.

Our Vision

A society in which social justice and human rights in health systems is realised

Our Mission

To advance health rights for vulnerable communities through litigation, advocacy and research.

Our Goal

The Overall Goal of CEHURD is
"Enjoyment and Observance of Health and Human Rights by All "

Population Services International (PSI) Uganda is a public health nonprofit organization dedicated to improving healthcare access, quality, and outcomes in Uganda. By taking a consumer-centric approach, PSIU provides life-saving information, products, and services that empower Ugandans to lead healthier, more productive lives.

PSI has expanded its mission from its origins in sexual and reproductive health (SRH) to a broader focus on health systems strengthening and various health areas, including maternal and child health, HIV/TB, malaria, mental health, NCDs, Water, Hygiene and Sanitation (WASH), among others.

PSI uses a market development approach and targeted social behaviour change strategies to shift policy and funding, shape mixed health systems, and strengthen both the public and private health sectors. Our efforts complement those of the Ministry of Health (MoH) and other implementing partners.

Our Impact

1,333,126
Users Reached from 2019-2023.

3,698,357
Couple Years of Protection achieved between 2019-2023.

12,000,000
People reached on social media (X/Twitter, Facebook, Instagram) through our ***Discover Your Power*** campaigns since 2021.

Public Sector service delivery sites
323 In 2019
676 By 2025
217 Additional private sector sites.

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