

STAKEHOLDERS MEETING OF THE RICHE PROJECT

Kagoma county

Friday, 17th May 2019



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NEMACY-UGANDA



- ❑ NEMACY-UGANDA is formerly **JINJA NETWORK** for the marginalized Child & Youth (JINNET)
- ❑ A membership organization consisting of 31 NGOs, CBOs, CRAs & Government Departments.)



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NEMACY-UGANDA

Organisational Background



- ❑ Established to harmonize the different interventions for promoting Children/Youths welfare fronted by CSOs
- ❑ Registered as a CBO in 2001 & as a NGO in 2005 under registration No. 5914/5378 (NGO Registration Act CQAP113)



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NEMACY-UGANDA...

Vision

- ❑ A society that respects the rights of young people & supports them to achieve their full potential

Mission

- ❑ To coordinate & jointly implement interventions of members to deliver services to marginalized children & youth through research, advocacy & capacity enhancement



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NEMACY-UGANDA...

Strategic goals

- ❑ To serve as a voice of members in child care & protection in Eastern region-Uganda
- ❑ To advocate for favorable legislation & policies on child care & protection in Uganda



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NEMACY-UGANDA...

Programme Areas

1. Child protection & rehabilitation at transit centres
2. Access to quality education
3. Family Support & Economic Empowerment
4. Support for children & youth with disability
5. Primary health care & health promotion
6. Research & Policy Advocacy
7. Membership mobilization & capacity building
8. Youth Livelihood Support



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Integrated Response to a Conducive Health Environment (RICHE) Project

Background

- ❑ NEMACY UGANDA received funding from the Australian Government under Nairobi Direct Aid Program (DAP) Round FY 2018-19 for *Integrated Response to a Conducive Health Environment (RICHE) Project*

Project goal

- ❑ Improved health service delivery for directly 120 vulnerable girls(aged 12 -16),120 child mothers & indirectly 10,000 h/hold members within 8 communities of Buwenge T/C & Buwenge Rural sub-county, Jinja district, by December 2019



Integrated Response to a Conducive Health Environment (RICHE) Project

Funding

- ❑ Total project cost is USD \$ 54,068 (UGX.194,644,800)
- ❑ Total Amount provided by Australian Government is USD \$ 39,748(UGX.143,092,800)
- ❑ Local contribution:USD\$14,320 (UGX.51,552,000)



Integrated Response to a Conducive Health Environment (RICHE) Project...

Expected project outcomes

- I. Improved access to health facilities (services) by patients who visit community health centers
- II. Reduced incidences of teenage pregnancies among girls (12- 16yrs)
- III. Reduced incidences of sickness in 8 communities
- IV. Increased budgetary allocation by policy makers on health service sector
- V. Reduced poverty levels especially among h/holds with child mothers



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Integrated Response to a Conducive Health Environment (RICHE) Project...

Key interventions

1. Construction of a Maternity Ward & Patient waiting Shelter at Buwenge health center IV (112M)
2. Community sensitization sessions to increase knowledge on sexual & reproductive health among young people b/n the age of 8-16
3. Community awareness on hygiene & sanitation through Village Health Teams to use community & h/hold health facilities



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Integrated Response to a Conducive Health Environment (RICHE) Project...

Key interventions

4. Identification & training of 120 child mothers in skills of making of reusable sanitary pads & marketing skills
- 5) Engagement of policy makers to prioritize health facilities during budgetary allocation
- 6) 1-day stakeholders' meeting for Project orientation



Integrated Response to a Conducive Health Environment (RICHE) Project...

Key interventions...

- 7) Procure & disseminate IEC materials
- 8) Quarterly community awareness about dangers of poor sanitation
- 9) Quarterly follow-up meetings to assess community sanitation status
- 10) Mid-term & end of project M&E meeting



BASELINE SURVEY REPORT

INTEGRATED RESPONSE TO A CONDUCTIVE HEALTH ENVIRONMENT (RICHE) PROJECT

*Funded by the Australian Government under the Nairobi Direct Aid Program (DAP)
Round FY 2018-19*

Matthias Ngobi Miti
CEO/COUNTRY DIRECTOR
NEMACY UGANDA



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OUTLINE

- ❑ **Chapter 1: Introduction**
 - Background
 - Survey objectives
- ❑ **Chapter 2: Research Design & Methodology**
- ❑ **Chapter 3: Presentation & Analysis of Survey Findings**
 - Environmental health & sanitation
 - Family health & sanitation
 - Sexual Reprod. health & family planning (SHR & FP)
 - Livelihoods & food security
- ❑ **Chapter 4: Conclusions & Recommendations**



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CHAPTER ONE: INTRODUCTION

1.1 Background

- ❑ Baseline survey conducted in 41 villages, 9 parishes of Buwenge rural & Buwenge T/C in Jinja district
- ❑ Data was collected from 25Feb -8March 2019
- ❑ Data was entered using Excel & analyzed with SPSS version 16
- ❑ Results were summarized, interpreted & presented in tabular & graphical form



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CHAPTER ONE: INTRODUCTION...

1.2 Study Objectives

1.2a) Major survey objective

- ❑ To establish baseline status information of the RICHE Project in the target villages of Buwenge rural & Buwenge T/C in Jinja district

1.2b).Specific objectives

- ❑ Examine availability, quality, & maintenance of environmental health & sanitation facilities at h/hold level in target villages.
- ❑ Investigate family health & sanitation levels in target areas
- ❑ Assess SRH & FP practices among pregnant & child bearing mothers
- ❑ Investigate livelihood & food security statuses of h/holds in target villages
- ❑ Establish levels of health budgetary allocation (capitation grants)



CHAPTER TWO: RESEARCH DESIGN AND METHODOLOGY

2.1 Research design

- ❑ Combined descriptive, correlational, case study and survey designs.
- ❑ Both quantitative & qualitative approaches were used
- ❑ Collected primary & secondary data & Inform. on Environ. Health, *sanitation, family health & sanitation levels, SRH & FP among pregnant & child bearing mothers, Livelihood & FS statuses* from sampled HHs.
- ❑ Interviewed & administered questionnaires to sampled HH respondents drawn from in 41/65 villages in 9 parishes of Buwenge rural & T/C
- ❑ H/hold knowledge on community health, possession & use of sanitation facilities were correlated with disease burden (incidences)
- ❑ HH knowledge on SHR & FP was correlated with incidences of teenage pregnancies among girls (12 – 16 years)



CHAPTER TWO: RESEARCH DESIGN AND METHODOLOGY...

2.2 Research study area

- ❑ Study was carried out in Buwenge rural & Buwenge T/C in Jinja district
- ❑ Characterized by poor access to health services, high incidences of commonly preventable diseases, teenage pregnancies, food insecurity & poverty levels.
- ❑ Purposively selected –where RICHE project is being implemented

2.3 Study population

- ❑ HH members, pregnant & childbearing mothers, s/county & district officials
- ❑ Buwenge rural & Buwenge TC were projected to have a Pop. of 79,400 people in 2012 (*UBoS, June 2009*), (15,035 HHs; 69,059 (NHPC 2014))
- ❑ Mean HH size is 4.5-4.8 & 4.1 for Buwenge & Buwenge T/C respectively



2.4 Sample study population

- ❑ Subjects were randomly drawn from 18,050 h/holds in both Buwenge rural & Buwenge TC
- ❑ Respondents included HH members; either a wife or husband, pregnant & childbearing mother

2.5 Sample size

- ❑ Covered 41/65 villages in 9 parishes of Buwenge rural & Buwenge T/C
- ❑ 412 Respondents were randomly selected from 41 /65 villages
- ❑ Size based on statistical tables where a sample size of 384 may be used to represent a population of 1 million at a 95% confidence interval with a Margin of Error of about $\pm 4.4\%$ (*Sarantakos S (1993) – Social Research; pp 124-147*).
- ❑ Variability in pop. was captured to allow more reliability of study results



CHAPTER TWO: RESEARCH DESIGN & METHODOLOGY...

2.5 Sample size...

Parish	No. of sampled villages	Total No. of villages	Sub-county	Total. No. of villages	Sampled Villages	Respondents by parish
1. Buwera	7	8	Buwenge Rural	47	31	48
2. Kagoma	9	9				61
3. Kaira	6	12				53
4. Kitanaba	1	5				8
5. Magamaga	8	13				78
6. Kagaire	2	5	Buwenge T/C	18	10	26
7. Kalitunsi	2	4				20
8. Kamwani	4	4				81
9. Kasalina	2	5				38
Total	41	65		65	41	412



CHAPTER TWO: RESEARCH DESIGN & METHODOLOGY

2.6 Sampling techniques

- ❑ Ensured selected group contains elements representative of characteristics found in entire group to draw inferential statistics on collected data
- ❑ Adapted probability sampling techniques such as simple random, stratified & cluster sampling techniques.
- ❑ Provided equal opportunity of selection for @h/hold in each zone of 41/65 villages
- ❑ Purposive (Non-probability) sampling techniques were also employed whenever it was appropriate though minimally esp. for pregnant & child bearing mothers on SRH
- ❑ A total of 41 villages were randomly selected out of sampling frame of 65 villages.
- ❑ Then, h/holds were randomly selected from final selected list of villages & interviewed till required sample size was reached.



CHAPTER TWO: RESEARCH DESIGN & METHODOLOGY...

2.7 Research instruments

- Household questionnaire
- Interview guide for focus group discussions with key informants

2.8 Data collection methods

- Community meetings
- Household field visits
- Interviewing
- Focus group discussions (FGD)
- Observation
- Documents review



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CHAPTER TWO: RESEARCH DESIGN & METHODOLOGY...

2.9 Data collection procedure

- R/T collected introductory letters & delivered them to local leaders
- Upon acceptance, survey instruments were administered to respondents
- Gathered data was entered; coded, edited, cleaned, & analyzed using Spread Sheet & SPSS data packages
- Findings were generated & presented in survey report

2.10 Methods of data analysis

- Both qualitative & quantitative data analysis methods were employed
- Statistical packages such as excel & SPSS used for data analysis



CHAPTER TWO: RESEARCH DESIGN & METHODOLOGY

2.11 Survey coordination

- ❑ Managed & undertaken by a team of 7 technical staff; 3 from ANPPCAN - Jinja Chapter & 4 from NEMACY-UGANDA.
- ❑ Had different technical expertise-Participatory Action Research, Public Health, Community Development, Livelihoods & Food security.

2.12 Limitations of the study

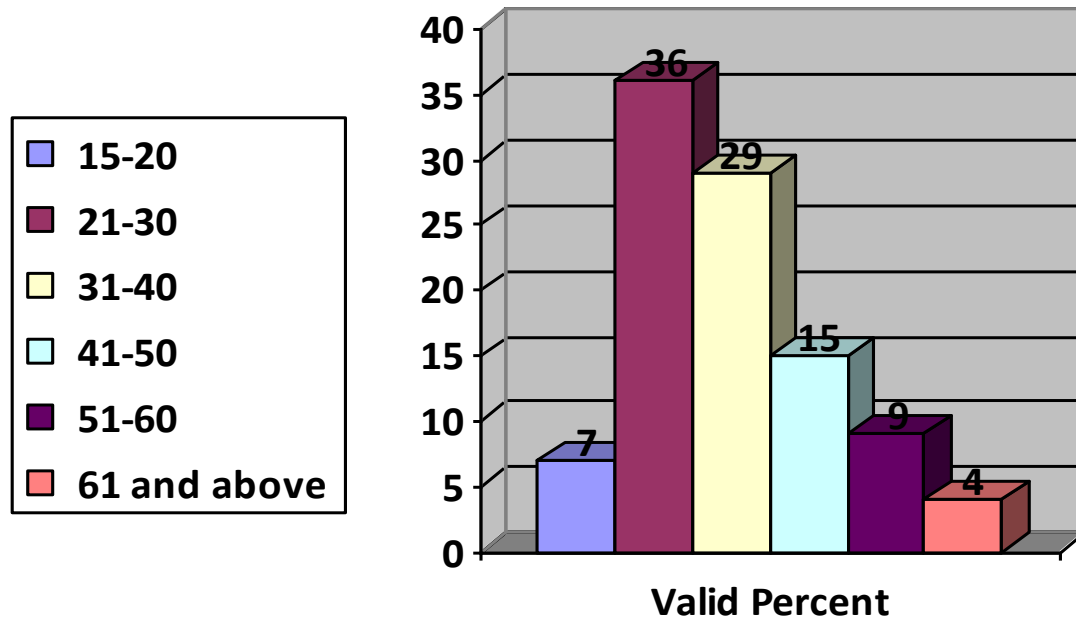
- ❑ Restricted to only 41/65 villages due to time & financial constraints
- ❑ Data on sanitation was limited to only presence of the facility without indicating type of building materials used e.g. wattle, cement, bricks & thatching grass
- ❑ Data on disease burden at health centre level was not captured for comparison with community level data.
- ❑ Data inaccessibility & lack of cooperation- Income, savings & expenditure patterns



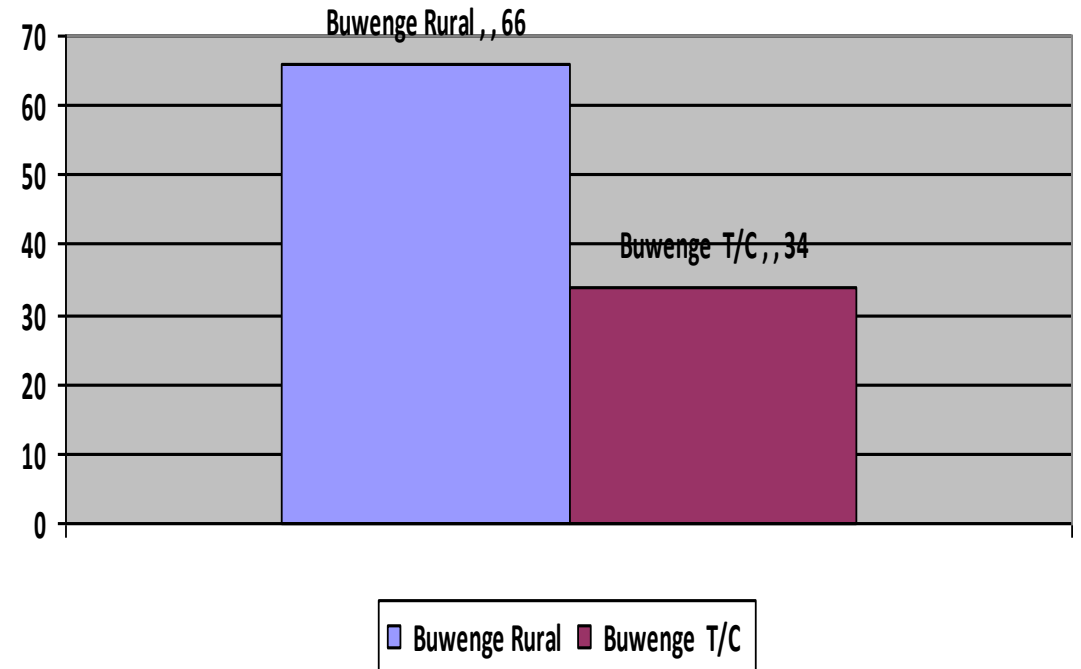
CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.1 Household Respondent characteristics...

*%ge of respondents by Age in years
(N=409)*



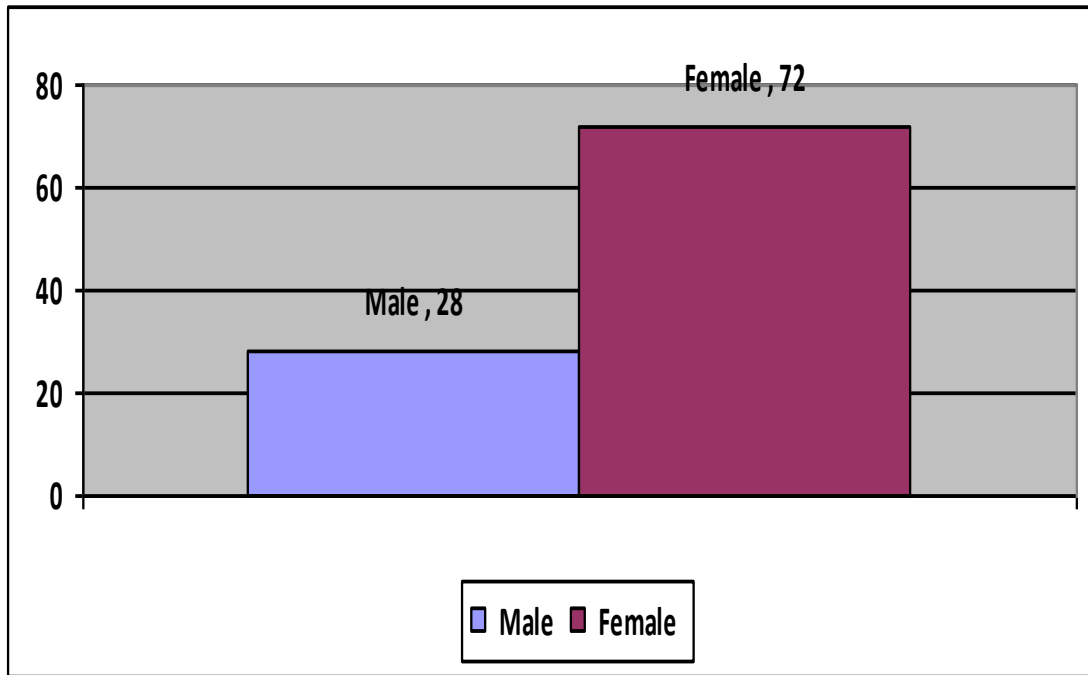
*Proportion of respondents by
sub-county*



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.1 Household Respondent Characteristics...

Respondents by gender(412)



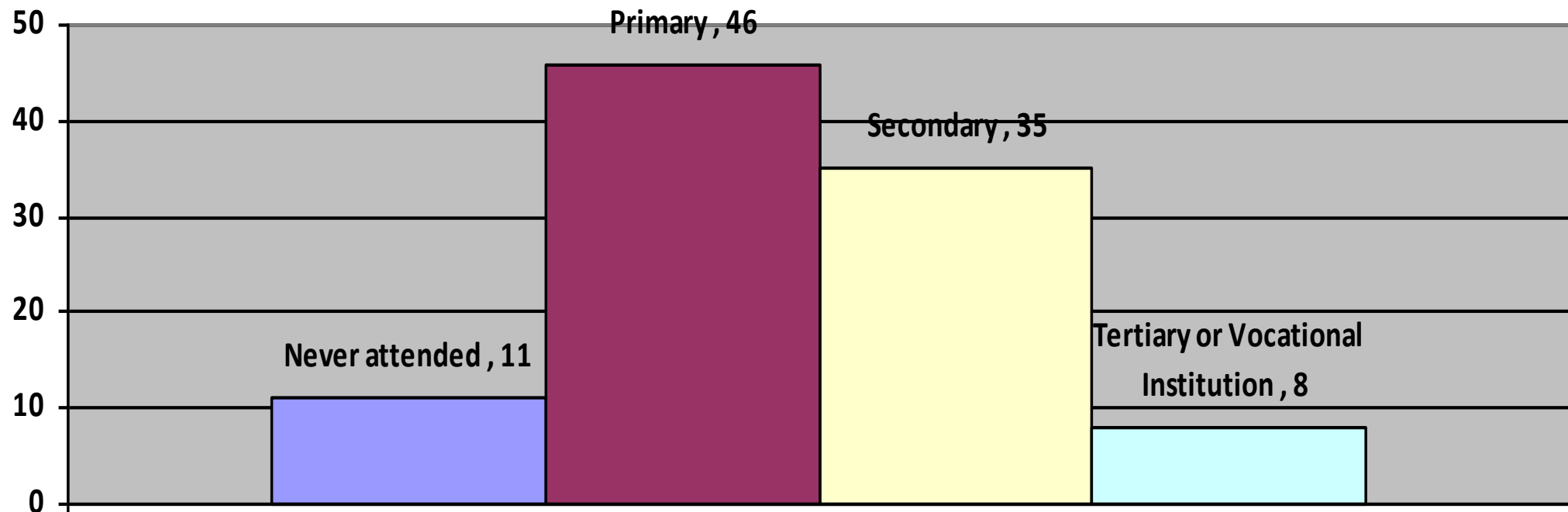
Respondents by marital status (N=412)



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS...

3.1 Household Respondent characteristics...

Highest education level attended (N=390)

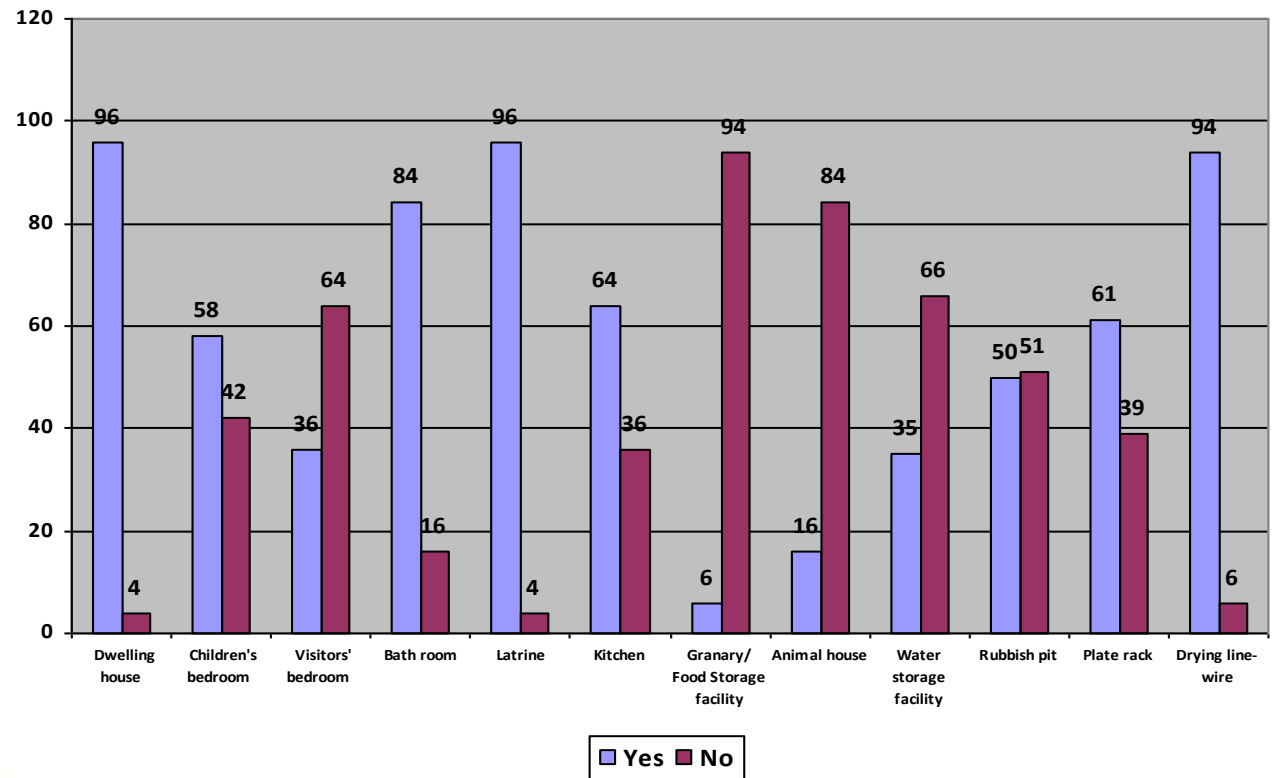


CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS...

3.2 Environmental Health & Sanitation

- H/holds made effort to establish environmental & sanitation facilities but **quality is still wanting & not maintained**
- **Causal factors**
 - Limited access to building materials
 - Laziness & Poverty
 - Sickness/old age
 - Heavy work load for esp. women

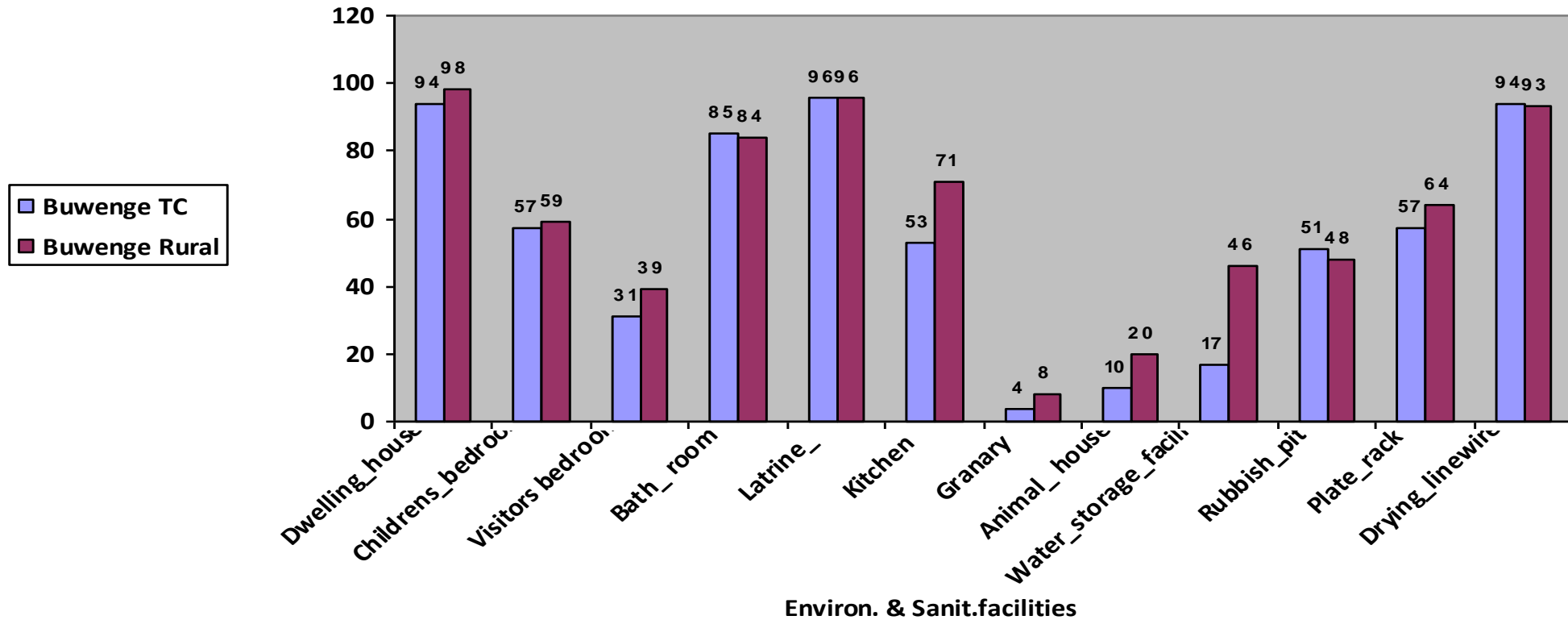
Availability of sanitation facilities by %ge (N=412)



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS ...

3.2 Environmental Health and Sanitation

Availability of sanitation facilities by area



CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.3 Family Health & Sanitation

Major h/hold source of water

- 60 % had ever received a training in community health & sanitation
- One-half (50%) reported the borehole as major source of water
- Nearly one-third 31% fetched water from the tap

Water source (N=411)	Valid Percent
Tap	31
Swamp	1
Borehole	50
River	0
Rain water	0
Spring	8
Protected well	6
Borehole & spring	3
Tap & Borehole	1
Tap & protected well	0
Tap & Swamp	0
Total	100



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.3 Family Health & Sanitation...

H/hold water storage facilities used

Water storage facility	Frequency	Valid Percent
Water tank	16	4
Drum	33	8
Pot	47	11
Jerricans	264	65
Drum & Pot	3	1
Pot & Jerricans	43	11
Drum & Jerricans	3	1
Total	409	100

Distance from nearest water source

Distance	Frequency	Valid Percent
Less than 1Km	273	67
1Km	104	25
2Km	17	4
3Km	9	2
No response	7	2
Total	410	100



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.3 Family Health & Sanitation...

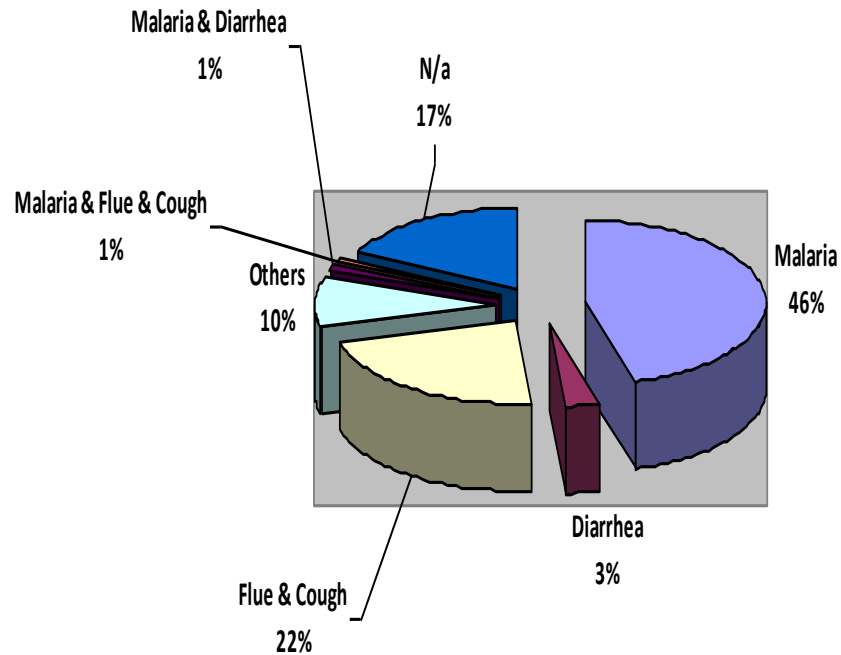
- ❑ 98% wash the hands with clean water & soap
- ❑ 383(93%) reported to be aware of diseases caused by poor hygiene & sanitation
- ❑ Majority of HH respondents 314(77%) reported to have a family member who fell sick in the previous month prior to the survey
- ❑ 30% of those who fell sick were adults while one third (33%) were children



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.3 Family Health & Sanitation

Disease prevalence at com. level



What diseases did they suffer from?

Disease	Freq.	%	Freq.	%
Malaria	182	45	182	54
Diarrhea	14	3	14	4
Flue & Cough	88	22	88	26
Others	42	10	42	13
Malaria & Diarrhoea	4	1	4	1
Malaria ,Flue & Cough	3	1	3	1
Diarrhea, Flue & Cough	1	0	1	0
N/a	70	17	0	0
Total	404	100	334	100
			<i>Without N/a</i>	



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CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.3 Family Health & Sanitation

Access to medical treatment/services

Health facility	Frequency	Valid Percent
Drug shop	61	15
Health centre	157	38
Hospital	37	9
Traditional healers	7	2
Health centre & hospital	33	8
Drug shop & Health centre	86	21
Drug shop & Hospital	1	0
N/a	28	7
Total	410	100

- Nearly two in five h/hold respondents (38%) seek medical services from only health centers
- **Health centers II-IV** play a critical role & are preferred facilities(67%) in terms of effective delivery of health services
- **Drug shops** are an emerging alternative source of medical services in rural communities



CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.4 Reproductive Health & Family Planning

Challenges faced by pregnant & childbearing mothers

- Body weakness /loss of appetite/vomiting
- Frequent sickness
- Painful joints, back, abdomen & headache
- Flue , malaria fever & STIs
- Limited support from partners (food)
- Long distance & high transport fares
- Long queues at the health centres
- No drugs sometimes at Health centers
- Unprofessional conduct of certain health



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.4 Reproductive Health & Family Planning ...

Sexual Reproductive health & Family Planning practices

- ❑ Only 44% of pregnant & child-bearing mothers had attended trainings in SRH
- ❑ 73% had ever been taught about Family Planning Practices
- ❑ However, only 56% practice Family Planning Practices

Type of family planning method practiced	Freq.	Valid Percent
Tubal ligation	15	10
Pill plan	11	7
Condoms	7	5
Injectaplan	100	66
Natural method	3	2
Intrauterine Contraceptive Device (IUD)	15	10
Total	151	100



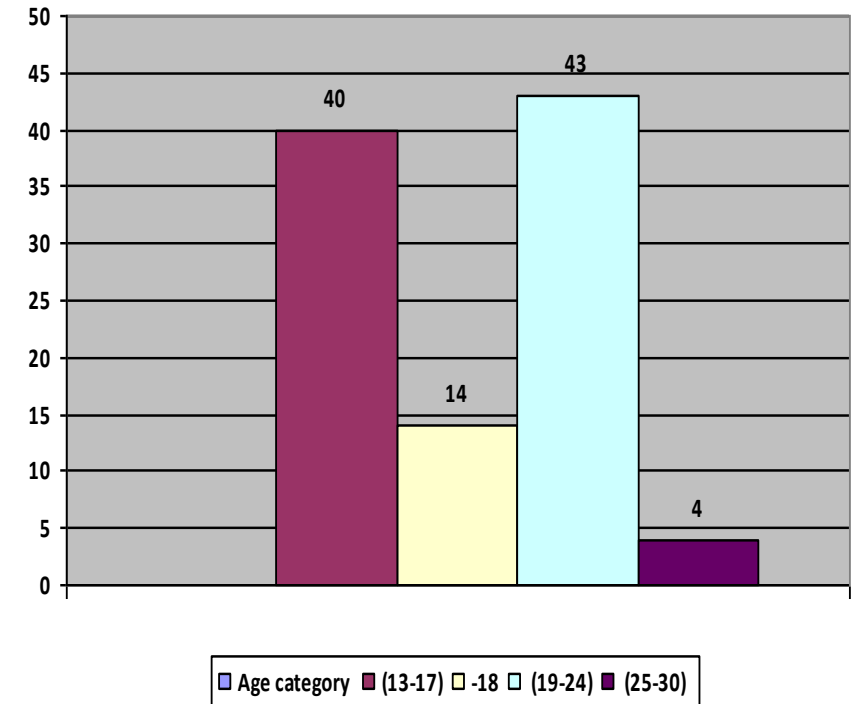
CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.4 Reproductive Health & Family Planning ...

Sexual Reproductive health & Family Planning practices

- ❑ %ge of adolescents aged 15-19 who had began child bearing were **21 %** in **Busoga region** & **25%** in **Uganda(UDHS 2016: 26)**
- ❑ **65%** of the girls and young women within the age range of **13-19** in the survey sample gathered from Buwenge rural and Buwenge TC **had began child bearing (RICHE baseline Survey data)**
- ❑ 7/120 (6%) child mothers did not have **sanitary pads** at first menstruation
- ❑ Only 21/120(18%) ever attended a training from parents or caretakers on **SRH** issues

Age of first pregnancy or delivery of first child by %ge



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.4 Reproductive Health & Family Planning ...

Access to antenatal care services when pregnant

- An overwhelming majority (99%) accessed or attended antenatal care services when Pregnant
- 67 % of mothers received ANC from a skilled provider at least 4 times for their last birth
- Only 30% had the Antenatal Cards present

How far are antenatal care services from your home?

	Freq	Valid Percent
Less than 1Km	77	28
1Km	99	36
2Km	61	22
3Km	22	8
4Km+	18	7
Total	277	100



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.4 Reproductive Health & Family Planning ...

Place of delivery

- ❑ 67 % of mothers received ANC from a skilled provider at least four times for their last birth
- ❑ Only 30% had Antenatal Cards present
- ❑ 93% of women reported receiving a postnatal check during the first 2 days after birth

Where did you give birth from?

	Freq	Percent
Home	16	6
Maternity clinic	15	6
Dispensary	5	2
Health centre	179	67
Hospital	53	20
Traditional Birth Attendant(TBA)	1	0
Total	269	100



CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.4 Reproductive Health & Family Planning ...

Comparing maternal health care indicators for Buwenge, Busoga & Uganda

- ❑ **76%** take 2 years & above to space their children b/n births
- ❑ **20%** take 1 year or less to space their children
- ❑ **57%** of mothers take 2 years to breast-feed their children
- ❑ **16%** take less than 1 year to breastfeed their children

Region	Percentage Receiving antenatal care from a skilled provider	Percentage with 4+ ANC visits	Percentage delivered by a skilled provider	Percentage delivered in a health facility	Percentage of women with a postnatal check after birth
Buwenge	99	67	51	95	93
Busoga	97.8	66.0	74.7	76.5	43.3
National	97.3	59.9	74.2	73.4	54.3

Data source: NEMACY-UGANDA 2019 & UDHS 2016:34



CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.5 Livelihoods & Food Security

Household Savings & Income patterns

- 67% said that they save part of their income
- 65% save with a community group/Association
- 34% save individually
- An insignificant proportion of HH (1%) save at the Bank

Monthly/Seasonal Income N=256)		
Ugsh.	Frequency	Valid Percent
Less than 60,000	79	31
60001-120,000	48	19
120,001-180,000	25	10
180001-240,000	18	7
240,001-300,000	40	16
300,001-360,000	8	3
360,001-420,000	8	3
Above 420,000	30	12
	256	100



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CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.5 Livelihoods & Food Security

Type of education institution where children go to school

- ☐ Just more than one half of the respondents (53%) send their children to primary private schools
- ☐ One in three (28%) send their children to primary Gov. schools

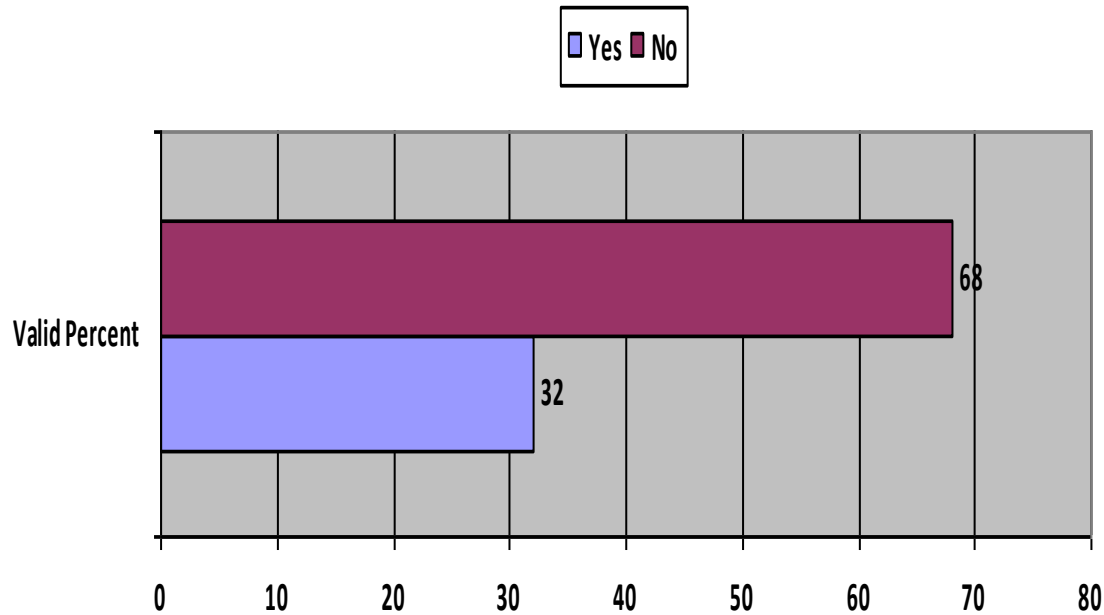
Educ. Institution	Freq	Valid Percent
Primary government	82	28
Primary private	152	53
Secondary Day	32	11
Secondary Boarding	8	3
Tertiary/Vocational	15	5
Total	289	100



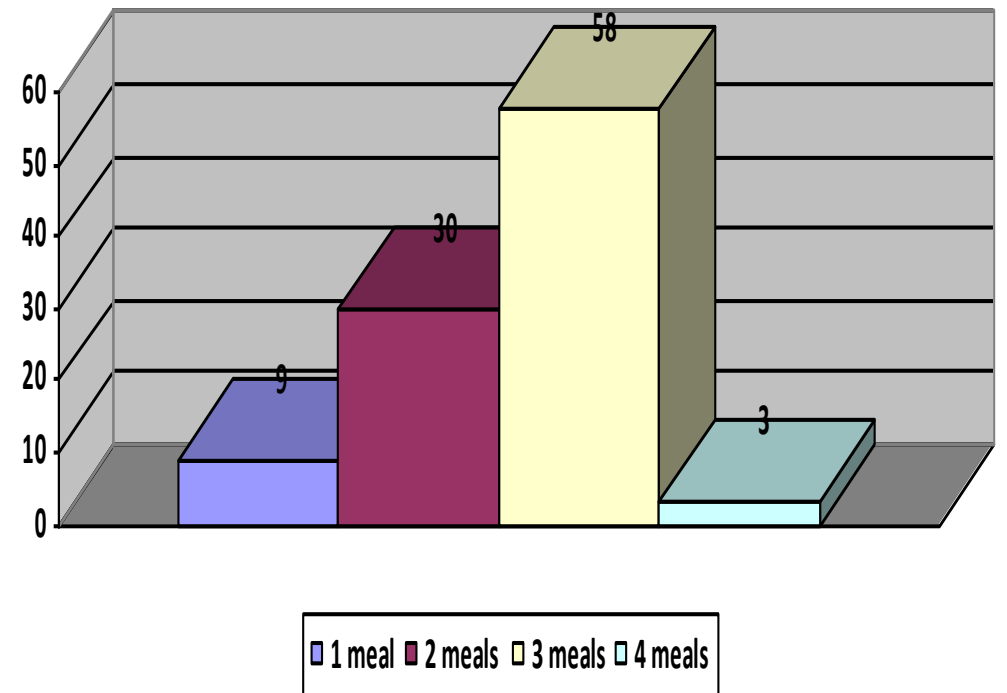
CHAPTER 3: PRESENTATION & ANALYSIS OF SURVEY FINDINGS

3.5 Livelihoods & Food Security

In the last 6 months did you have any food shortages(N=407)?



No. of meals usually eaten per day



CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.5 Livelihoods & Food Security

Household coping strategies of food shortages

<i>Household coping strategies of food shortages (N=76)</i>	Valid Percent
Diversifying food crops and starting IGAs to spread the risk	7
Grow own food to reduce on the food expenditure	5
Waiting for rain & replant early next season	20
Purchase /Hire more land for food production next season	14
Plant more crops/improve GAPs/ increase area cultivated /Stop planting sugarcanes	14
Planting drought resistant crops such as cassava, bread fruit etc	4
Secure a job/casual work such as agricultural labour	11
Reduce quantity of food & No. of meals per day to sustain the family	4
Food purchases to survive/borrowed money for food purchase	13
Savings and doing any other work available	3
Storing more food/not selling food	5
Total	100



CHAPTER 3: PRESENTATION AND ANALYSIS OF SURVEY FINDINGS

3.5 Livelihoods & Food Security

Causes of food shortage in last 6 months

<i>Causes of food shortage</i>	Freq	Valid Percent
Lack of enough & own land to grow adequate food	20	16
High food prices	1	1
Ill-health prevented family from food production	3	2
Poverty/Low incomes for enough food purchase & stocks	29	23
Planting sugarcanes instead of food crops	3	2
Poor harvest due prolonged dry spell /hail storms	67	54
Poor harvests due to pests & diseases	1	1
Theft of food in the garden	1	1
Total	125	100



CHAPTER 4: RECOMMENDATIONS & CONCLUSIONS

4.1 Conclusions

A: Environmental Health & Sanitation

- ❑ 3 in 5 h/hold respondents had attended training sessions about community health & sanitation & a significant proportion had environmental & sanitation facilities though quality & maintenance of such facilities was very low
- ❑ Low sanitation coverage is attributed to challenges of limited building materials, poverty, sickness, old age, laziness & heavy women work load



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.1 Conclusions

B: Family Health & Sanitation

- ❑ Tap & borehole are major sources of water within the target areas which were accessed in a distance of <1km. For certain reasons, a few HHs fetch water for domestic use from unsafe water sources
- ❑ A significant No. of HHs store water for domestic use in jerricans & pots while a negligible No. had drums & water tanks for water storage
- ❑ Majority wash hands with clean water & soap & were aware of diseases caused by poor sanitation, drinking/use of dirty water



CHAPTER 4: RECOMMENDATIONS & CONCLUSIONS

4.1 Conclusions

B: Family Health & Sanitation...

- ❑ Incidences of falling sick (disease burden) from malaria, flue & cough remain high across target areas among children & adults
- ❑ A greater part of target population seek medical treatment from health centers II-IV while drug shops are an emerging option of medical services in rural communities



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.1 Conclusions

C: Reproductive Health & Family Planning

- ❑ Child mothers face several challenges during pregnancy including body weaknesses, back & abdominal pain, dizziness, spitting, malaria & severe vomiting accompanied by loss of appetite
- ❑ There were also issues of *access to quality medical services specifically long distance, high transport fares, long queues, stock outs of drugs & unprofessional conduct of health staff*
- ❑ Adolescent fertility & teenage pregnancies are critical social-health issues in Buwenge rural s/county & Buwenge TC since many (65%) girls & young women b/n 13-19 yrs had began child bearing. *.Children born to young*



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.1 Conclusions

C: Reproductive Health & Family Planning

- ❑ Majority of pregnant & childbearing mothers had not received any training on making re-usable sanitary pads
- ❑ Just about three in five respondents were spending UgX.6,001-12,000 while 18% spent UgX2,000-6,000 in 3 months on sanitary pads
- ❑ Less than one-half of pregnant & child bearing mothers have knowledge of SRH
- ❑ Although more than three quarters reported to have attended FP practices, just more than one half practiced FP practices.
- ❑ Most preferred FP method was injectables –C'd not be detected by h/bands



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.1 Conclusions

B: Reproductive Health & Family Planning

- ❑ An overwhelming majority mothers accessed ANC & postnatal check immediately after delivery from skilled providers
- ❑ No. of ANC visits is influenced by area of residence, availability of health facilities, level of education & HH wealth. *However, some mothers delivered at home which may increase the risk complications & infections that may lead to death or serious illness for the mother, baby, or both.*
- ❑ Sensitization of mothers on **child spacing** through use of contraceptive methods and Infant & Young Child Feeding Practices especially breast feeding is important.



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.1 Conclusions

D: Livelihoods & Food Security

- ❑ Identify capacity gaps & also strengthen existing community based saving & credit associations
- ❑ Incidences of poverty appear to be very high in target areas of Buwenge rural & Buwenge TC
- ❑ Nearly two in five HHs were having two less meals per day while three in ten experiencing food shortages in last 6 months
- ❑ Food insecurity is attributed to prolonged dry spell (hailstorms), poverty (low incomes) for purchase of enough food & lack of own land for food production, ill-health, planting sugarcanes instead of food crops, pests & diseases, theft of food in garden & high food prices



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.2 Recommendations

A: Environmental Health & Sanitation

- ❑ Organize health & sanitation campaigns at community & school levels to facilitate improvement of existing environmental & sanitation facilities
- ❑ Encourage formation of self-interest basic work groups & active participation of men in sanitation campaigns to reduce omen workload



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.2 Recommendations

B: Family Health & Sanitation

- ❑ Build capacity of communities in rain-water harvesting techniques & distribute large-scale water harvesting facilities to comm. & schools
- ❑ Distribute ITN to vulnerable HHs to curb high incidences of malaria
- ❑ Ensure regular & adeq. Ss. of drugs for malaria, flue & cough at H/Cs
- ❑ Strengthen capacity of health centers II-IV to deliver quality of services since they play a critical role & are preferred facilities
- ❑ Monitor & regulate effectively drug shops since they are an emerging alternative source of medical services in rural communities



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.2 Recommendations

B: Family Health & Sanitation...

- ❑ Build capacity of health centre staff to adhere & exercise high level of professionalism while handling pregnant & child bearing mothers
- ❑ Strengthen health services delivery at Buwenge Health centre IV
 - i. Construction of the maternity ward & patients waiting shelter
 - ii. Expansion & renovation of mortuary
 - iii. Installation of solar power to reduce the high electricity bills
 - iv. Construction of bathrooms for mothers
 - v. Procurement of beds in surgical operation theatre



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.2 Recommendations

C: Sexual & Reproductive Health

- ❑ Train child mothers, young women & girls on family planning methods to make informed choices, child spacing with contraceptive methods & IYCCFPs especially breast feeding.
- ❑ Scale up awareness on SRH including menstrual health for adolescents out of school children & schools to prevent the likely adverse outcomes e.g. gender inequality in education & increased poverty levels
- ❑ Encourage pregnant mothers to deliver from H/centers or hospitals to prevent maternal & neonatal deaths, ensure treatment of any complications & access to information on self care & for the child



CHAPTER 4: RECOMMENDATIONS AND CONCLUSIONS

4.2 Recommendations

D: Livelihoods & Food Security

- ❑ Identify capacity gaps & strengthen existing com. based saving & credit assocs. to raise HH savings & investment into livelihood activities
- ❑ Develop & integrate a livelihood strategy into LG plans to address issues of food insecurity & rising incidences of poverty
- ❑ Integrate identified coping strategies into local strategies/plans
 - a. *Diversification of income generating sources & climate smart agriculture*
 - b. *Promotion of drought resistant crops & appropriate irrigation systems*
 - c. *H/hold savings for food purchase & food for work programs*
 - d. *Program for h/holds to access land for food prod. & storage facilities*
 - e. *Control of pests & diseases & Timely dissemination of weather information*



Thank you for listening
Any questions?

